

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No. 1545-1150

2009

**Open to Public
Inspection**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , and ending

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization DAVIE COUNTY UNITED WAY, INC.</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 744</p> <p>City or town, state or country, and ZIP + 4 MOCKSVILLE NC 27028-0744</p>	<p>D Employer identification number 23-7377664</p> <p>E Telephone number 336-751-0313</p> <p>F Group Exemption Number</p>
--	--	--	--

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.davieunitedway.org

J Tax-exempt status (check only one) — 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **492,387**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	469,860
	2 Program service revenue including government fees and contracts	2	2,811
	3 Membership dues and assessments	3	
	4 Investment income	4	7,721
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not-including \$ _____ of contributions reported on line 1)	6a	11,995
	b Less: direct expenses other than fundraising expenses	6b	6,365
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	5,630	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	486,022	
Expenses	10 Grants and similar amounts paid (attach schedule) Stmt 1 Stmt 2	10	343,557
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	87,851
	13 Professional fees and other payments to independent contractors	13	4,750
	14 Occupancy, rent, utilities, and maintenance	14	7,092
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ See Statement 3)	16	52,881
	17 Total expenses. Add lines 10 through 16	17	496,131
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,109
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	394,366
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	384,257

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		249,242	22	246,710
23 Land and buildings			23	
24 Other assets (describe ▶ See Statement 4)		149,420	24	140,090
25 Total assets		398,662	25	386,800
26 Total liabilities (describe ▶ See Statement 5)		4,296	26	2,543
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		394,366	27	384,257

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <i>See Statement 6</i>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<i>See Statement 7</i> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	228,921
29	<i>See Statement 8</i> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	82,297
30	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	311,218

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MARY BETH SCEBOLD 1440 MILLING RD MOCKSVILLE NC 27028	EXEC DIR 40.00	36,185	724	0
LEANNE MURRAY 59 HICKORY TREET RD MOCKSVILLE NC 27028	BOARD 2.00	0	0	0
DON BOWLES 854 VALLEY RD SUITE 300 MOCKSVILLE NC 27028	BOARD 2.00	0	0	0
LYNNE DOSS 223 HOSPITAL ST MOCKSVILLE NC 27028	BOARD 2.00	0	0	0
JOSEPH GARY PO BOX 1221 MOCKSVILLE NC 27028	BOARD 2.00	0	0	0
JIM GILDEIN 285 MAGNOLIA AVE MOCKSVILLE NC 27028	BOARD 2.00	0	0	0
KIM HARRIS 123 SOUTH MAIN ST MOCKSVILLE NC 27028	BOARD 2.00	0	0	0
HARRY HILL PO BOX 129 MOCKSVILLE NC 27028	BOARD 2.00	0	0	0
ALAN HYLAND 369 MADISON RD MOCKSVILLE NC 27028	BOARD 2.00	0	0	0
BILL JOBERT 108 SPRINGFIELD DR ADVANCE NC 27006	PRESIDENT 2.00	0	0	0
DEANIE LITTLE 559 N. HIDDENBROOK DR ADVANCE NC 27028	BOARD 2.00	0	0	0
MARCIA PERRELL 148 WATER ST MOCKSVILLE NC 27028	BOARD 2.00	0	0	0
ERIC HERMANSON 130 YADKINVILLE RD MOCKSVILLE NC 27028	TREASURER 2.00	0	0	0
KEVIN ROBERTSON 177 LONGWOOD DR ADVANCE NC 27006	BOARD 2.00	0	0	0
KAREN SMITH 209 COUNTRY LANE APT 4 MOCKSVILLE NC 27028	BOARD 2.00	0	0	0
NEAL SMITH 743 N MAIN ST MOCKSVILLE NC 27028	BOARD 2.00	0	0	0
STEVE TUCH 7901 FAIR OAKS CT CLEMMONS NC 27012	BOARD 2.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 ▶ 39a		
b	Gross receipts, included on line 9, for public use of club facilities ▶ 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ None		
42a	The organization's books are in care of ▶ MARY BETH SCEBOLD Telephone no. ▶ 336-751-0313 622 N MAIN ST Located at ▶ MOCKSVILLE, NC ZIP + 4 ▶ 27028		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

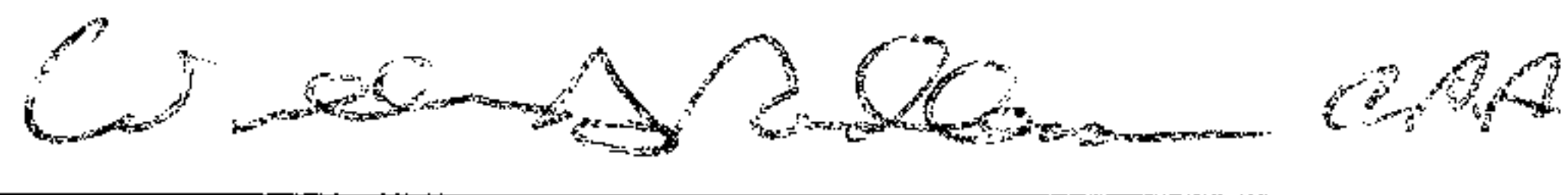
Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature  Date **07/07/10** Check if self-employed Preparer's Identifying Number (See instr.) **P00094402**

Firm's name (or yours if self-employed), address, and ZIP + 4 **GRAY, CALLISON & COMPANY, PA
3813 Forrestgate Drive
Winston-Salem, NC 27103** EIN **56-1285792** Phone no. **336-760-3210**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form **8868**
(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization DAVIE COUNTY UNITED WAY, INC.	Employer identification number 23-7377664
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 744	
	City, town or post office, state, and ZIP code: For a foreign address, see instructions. MOCKSVILLE NC 27028-0744	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● The books are in the care of ► **Mary Beth Forst**

Telephone No. ► **336-751-0313** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year **2009** or

► tax year beginning _____ , and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	407,985	475,702	491,696	411,168	469,860	2,256,411
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,270	2,825	3,435	3,594	2,811	15,935
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	411,255	478,527	495,131	414,762	472,671	2,272,346
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						2,272,346

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	411,255	478,527	495,131	414,762	472,671	2,272,346
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,182	5,793	9,299	8,177	7,721	33,172
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,182	5,793	9,299	8,177	7,721	33,172
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			4,586	1,668	5,630	11,884
13 Total support. (Add lines 9, 10c, 11, and 12.)	413,437	484,320	509,016	424,607	486,022	2,317,402
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.06 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.48 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2 %

- 19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part III, Line 12 - Other Income Detail

Special Fundraising Events \$ **11,884**

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 10 - Payments to Affiliates

Name and Address	Purpose	Amount of Payment
United Way of America Dues		2,277
Total		<u>2,277</u>

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations

Name and Address	Date of Gift	Description of Property	Class of Activity	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
Allocations & awards								
				341,280				
Total				<u>341,280</u>				

Federal Statements**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
Expenses	\$
Office supplies	3,065
Travel & meetings	3,007
Contract services	21,170
Insurance	2,382
License fees	200
Campaign expense	7,002
Dues & subscriptions	977
Board expense	199
Bank charges	303
Miscellaneous	1,317
Telephone/Internet	2,189
Postage	1,730
211 Project	2,660
Day of Caring	4,606
Davie Place Disaster Fund	1,462
Other	612
Total	<u>\$ 52,881</u>

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Pledges Receivable	\$ 202,902	\$ 183,133
Less Allowance	65,486	51,641
Property & Equipment	31,309	24,640
Less Accumulated Depreciation	22,357	19,425
Other Receivables	3,052	3,383
	<u>149,420</u>	<u>140,090</u>

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$ 4,296	\$ 2,543
	<u>4,296</u>	<u>2,543</u>

Federal Statements**Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description

The mission of the Davie County United Way, Inc. is to advance the common good of Davie County by uniting the resources of the community to identify and address the most pressing human needs.

Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service AccomplishmentsDescription

Davie County United Way and its Partner Agencies helped a total of 8,676 people in Davie County in 2009; 1,203 of which received benefit from Davie County United Way alone.

This was accomplished by Davie County United Way operating four direct programs that benefit the community and funding 22 additional programs facilitated by partner agencies that advance the common good in the areas of Children & Youth; Health & Wellness and Crisis Intervention.

Specifically, in the area of Children & Youth

- 1,985 children have a safer environment.
- 958 children have experienced enhanced character development and/or self esteem.
- 2,159 children have taken steps toward achieving their potential.

Health & Wellness

- 969 seniors have experienced improved well being.
- 1,243 clients have received physical, emotional and/or psychological caring.
- 2,298 people have reported improved health.
- 274 people benefitted from Davie County United Way's Day of Caring program.
- 495 claims through Davie County United Way's Prescription Drug Discount Card program have saved Davie County residents an average of 38% off the cost of their prescription medication.

Crisis Intervention

- 865 people have received basic necessities and/or assistance in response to a disaster; facilitating a return to self sufficiency.
- 181 people (60 families) have been saved from eviction/foreclosure by the DCUW Home Loss Prevention program.
- 335 people were connected to the services they need by receiving important information and referral through Call 211 Services and the Davie County United Way office.

Statement 8 - Form 990-EZ, Part III, Line 29 - Statement of Program Service AccomplishmentsDescription

All other program services:

Call 211 Services - Provides access to information on all human services available in Davie County and other counties statewide.

Day of Caring/Housing Repair Asst Coalition - Volunteers that include local

Federal Statements**Statement 8 - Form 990-EZ, Part III, Line 29 - Statement of Program Service
Accomplishments (continued)****Description**

businesses, civic groups, churches and families come together to complete various projects that benefit individual and nonprofit organizations in need within the community.

The Home Loss Prevention - A collaboration between Davie County United Way and other nonprofit organizations to provide Davie County residents with mortgage and/or rent assistance during times of temporary need due to emergency situations such as medical problems, recent unemployment, or natural disaster.

Davie Place Disaster Fund - Fund benefits the victims of disaster by replacing basic necessities such as clothing, medical needs, toiletries, and other items to provide emotional comfort.

Other Community Initiatives - Participation in community initiatives including Minority Teen Pregnancy, Affordable & Accessible Childcare, Suicide Prevention and Intervention, and Transportation.