

**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)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

<b>B</b> Check if applicable: <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	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>UNITED WAY OF ALAMANCE COUNTY, INC.</b>		<b>D</b> Employer identification number <b>56-0599239</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 1268</b>		<b>E</b> Telephone number <b>336-438-2000</b>
		City or town, state or country, and ZIP + 4 <b>BURLINGTON, NC 27216-1268</b>		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

Hand I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶ **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: ▶ **UWALAMANCE.ORG**

**J** Organization type (check only one)  501(c) ( **3** ) (insert no.)  4947(a)(1) or  527

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

**I** Group Exemption Number ▶ **N/A**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1921619.**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	<b>151549.</b>		
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>	<b>5500.</b>		
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>1521049.</b> noncash \$ )	<b>1e</b>			<b>1521049.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<b>13419.</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>			<b>96.</b>
	<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	<b>3549.</b>		
	<b>b</b> Less: rental expenses <b>SEE STATEMENT 2</b>	<b>6b</b>	<b>33665.</b>		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>			<b>&lt;30116.&gt;</b>	
<b>7</b> Other investment income (describe )	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>133091.</b>	<b>8a</b>	<b>140000.</b>		
	<b>134154.</b>	<b>8b</b>	<b>228489.</b>		
	<b>&lt;1063.&gt;</b>	<b>8c</b>	<b>&lt;88489.&gt;</b>		
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B) <b>STMT 3</b> <b>STMT 4</b>	<b>8d</b>			<b>&lt;89552.&gt;</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1b)	<b>9a</b>	<b>64201.</b>			
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>66565.</b>			
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a <b>SEE STATEMENT 5</b>	<b>9c</b>			<b>&lt;2364.&gt;</b>	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			<b>46214.</b>	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			<b>1458746.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>1246899.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>137091.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>153692.</b>	
	<b>16</b> Payments to affiliates (attach schedule) <b>SEE STATEMENT 6</b>	<b>16</b>		<b>17820.</b>	
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>		<b>1555502.</b>	
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		<b>&lt;96756.&gt;</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>1607550.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 7</b>	<b>20</b>		<b>31754.</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		<b>1542548.</b>	

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>			<b>STATEMENT 9</b>	
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>749209</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	749209.	749209.		
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	61000.	12627.	23485.	24888.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	131168.	27152.	50500.	53516.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	7916.	1639.	3047.	3230.
<b>28</b> Employee benefits not included on lines 25a - 27	29375.	6081.	11309.	11985.
<b>29</b> Payroll taxes	13735.	2870.	5208.	5657.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	16115.	3336.	6204.	6575.
<b>32</b> Legal fees				
<b>33</b> Supplies	9278.	537.	1005.	7736.
<b>34</b> Telephone				
<b>35</b> Postage and shipping	6260.	1296.	2410.	2554.
<b>36</b> Occupancy	15630.	3235.	6018.	6377.
<b>37</b> Equipment rental and maintenance	185.		185.	
<b>38</b> Printing and publications	7955.	1647.	3062.	3246.
<b>39</b> Travel	2912.	603.	1121.	1188.
<b>40</b> Conferences, conventions, and meetings	7548.	<39.>	5852.	1735.
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	4625.	957.	1781.	1887.
<b>43</b> Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
<b>g</b> SEE STATEMENT 8	474771.	435749.	15904.	23118.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1537682.	1246899.	137091.	153692.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A



**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....		45
	46 Savings and temporary cash investments .....	877275.	46 909416.
	47 a Accounts receivable .....	47a 680.	
	b Less: allowance for doubtful accounts .....	47b	47c 680.
	48 a Pledges receivable .....	48a 679493.	
	b Less: allowance for doubtful accounts .....	48b 85087.	48c 594406.
	49 Grants receivable .....		49
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		50b
	51 a Other notes and loans receivable .....	51a 133538.	
	b Less: allowance for doubtful accounts .....	51b	51c 133538.
	52 Inventories for sale or use .....		52
	53 Prepaid expenses and deferred charges .....	191921.	53 274820.
	54 a Investments - publicly-traded securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV 14424.	54a
	b Investments - other securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55 a Investments - land, buildings, and equipment: basis .....	55a 632660.	
	b Less: accumulated depreciation <b>STMT 12</b> .....	55b 245320.	55c 387340.
	56 Investments - other .....	SEE STATEMENT 13 0.	56 3677.
	57 a Land, buildings, and equipment: basis .....	57a 632660.	
b Less: accumulated depreciation .....	57b 245319.	57c 387341.	
58 Other assets, including program-related investments (describe <b>SEE STATEMENT 14</b> ) .....	222983.	58 195406.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	2491209.	59 2886624.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	476921.	60 578668.
	61 Grants payable .....		61
	62 Deferred revenue .....		62 16875.
	63 Loans from officers, directors, trustees, and key employees .....		63
	64 a Tax-exempt bond liabilities .....		64a
	b Mortgages and other notes payable .....		64b
	65 Other liabilities (describe <b>FUNDS HELD FOR OTHERS</b> ) .....	406738.	65 336084.
66 <b>Total liabilities.</b> Add lines 60 through 65 .....	883659.	66 931627.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	830391.	67 852635.
	68 Temporarily restricted .....	554176.	68 519616.
	69 Permanently restricted .....	222983.	69 195406.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		70
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71
	72 Retained earnings, endowment, accumulated income, or other funds .....		72
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	1607550.	73 1567657.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	2491209.	74 2499284.





Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed		
	NONE		
b	Number of employees employed in the pay period that includes March 12, 2007		5
91 a	The books are in care of CINDY BRADY Telephone no. 336-438-2000 Located at 801 HERMITAGE ROAD, BURLINGTON, NC ZIP + 4 27215		
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		X
	N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments .....					
95 Interest on savings and temporary cash investments ...			14	13419.	
96 Dividends and interest from securities .....			14	96.	
97 Net rental income or (loss) from real estate:					
a debt-financed property .....	531120	<30116.>			
b not debt-financed property .....					
98 Net rental income or (loss) from personal property					
99 Other investment income .....					
100 Gain or (loss) from sales of assets other than inventory .....					<89552.>
101 Net income or (loss) from special events .....			01	<2364.>	
102 Gross profit or (loss) from sales of inventory .....					
103 Other revenue:					
a <b>OTHER RECEIPTS</b> .....					11494.
b <b>ADMINISTRATIVE FEES FOR</b> .....					
c <b>DONOR DESIG</b> .....					34720.
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....		<30116.>		11151.	<43338.>
105 <b>Total</b> (add line 104, columns (B), (D), and (E)) .....					<62303.>

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	<b>SEE STATEMENT 17</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

**106** Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

<b>Yes</b>	<b>No</b>

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.

<b>Please Sign Here</b>	Signature of officer _____ <b>CINDY BRADY, PRESIDENT</b> Type or print name and title	Date _____	
<b>Paid Preparer's Use Only</b>	Preparer's signature _____ Firm's name (or yours if self-employed), address, and ZIP + 4 <b>APPLE, BELL, JOHNSON &amp; CO., PA</b> <b>P. O. DRAWER 2858</b> <b>BURLINGTON, NC 27216-2858</b>	Date _____ Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) _____ EIN _____ Phone no. <b>(336) 227-2022</b>

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization <b>UNITED WAY OF ALAMANCE COUNTY, INC.</b>	Employer identification number <b>56 0599239</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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
<b>CINDY BRADY</b> <b>803 HERMITAGE ROAD, BURLINGTON, NC 27</b>	<b>PRESIDENT</b> <b>40.00</b>	<b>61000.</b>	<b>3050.</b>	
Total number of other employees paid over \$50,000 ▶	<b>0</b>			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
Total number of other contractors receiving over \$50,000 for other services ▶	<b>0</b>	

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....	2a	X
b	Lending of money or other extension of credit? .....	2b	X
c	Furnishing of goods, services, or facilities? .....	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b> .....	2d	X
e	Transfer of any part of its income or assets? .....	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees? .....	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	4a	X
b	Did the organization make any taxable distributions under section 4966? .....	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person? .....	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year .....	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....	0.	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1555365.	1135146.	1225622.	1205940.	5122073.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	17459.	11480.	3621.	1505.	34065.
<b>19</b> Net income from unrelated business activities not included in line 18	<3248.>	<4375.>	<1211.>		<8834.>
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	44029.	10642.	SEE STATEMENT 18 13024.	12451.	80146.
<b>23</b> Total of lines 15 through 22	1613605.	1152893.	1241056.	1219896.	5227450.
<b>24</b> Line 23 minus line 17	1613605.	1152893.	1241056.	1219896.	5227450.
<b>25</b> Enter 1% of line 23	16136.	11529.	12411.	12199.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 104549.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 5227450.
d Add: Amounts from column (e) for lines: 18 34065. 19 <8834.> 22 80146. 26b					<b>26d</b> 105377.
e Public support (line 26c minus line 26d total)					<b>26e</b> 5122073.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 97.9842%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					<b>27c</b> N/A
d Add: Line 27a total and line 27b total					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? ..... If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? ..... If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.) **N/A**  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization

Employer identification number

UNITED WAY OF ALAMANCE COUNTY, INC.

56-0599239

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

**General Rule-**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions  
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

SCH A DONORS

UNITED WAY OF ALAMANCE COUNTY, INC.  
Burlington, North Carolina  
**SCHEDULE A PART IV-A - SUPPORT SCHEDULE**  
Federal ID# 56-0599239  
6/30/2008

LINE 26b: LIST OF GIFTS OVER 2% OF LINE 24 COLUMN (E)

There were no gifts whose total exceeded the amount shown in line 26a

Grants Allocations

UNITED WAY OF ALAMANCE COUNTY, INC.  
 Burlington, North Carolina  
 ANNUAL GRANT FOR GENERAL SUPPORT  
 Federal ID# 56-0599239  
 Fiscal Year Ended June 30, 2008

Form 990  
 Part II Column B  
 Line 22

ABSS/21st Century Community Learning Centers/Project Kids	\$	29,000
Alamance Cares		1,734
Alamance County 4-H Programs		4,022
Alamance Co. Community Services		10,515
Alamance County Community YMCA		28,500
Alamance County Dispute Settlement Center		13,760
Alamance County Meals on Wheels		24,161
Alamance ElderCare		15,500
AlaMAP of ARMC		10,000
Allied Churches of Alamance County		25,262
American Red Cross		41,351
Burlington Development Corporation		30,000
Burlington Housing Authority		8,670
Burlington Senior Adult Leisure Services		3,320
Centro La Comunidad		35,910
Christian Counseling Center		10,064
Christmas Cheer of Alamance County		7,098
Consumer Credit Counseling Service		18,638
Crossroads: Sexual Assault Response & Resource Center		22,240
Family Abuse Services of Alamance County		33,660
Friendship Adult Day Services		22,671
Girl Scouts, Tarheel Triad Council		1,643
OE Enterprises, Inc. - Alamance Office		7,963
Old North State Council/Boy Scouts of Alamance County		30,773
Open Door Clinic of Alamance County		10,300
Positive Attitude Youth Center		8,872
Residential Treatment Services of Alamance County		50,495
Roadrunner Tutoring - Andrews Elementary School		24,750
Salvation Army		31,430
Salvation Army Boys Club and Girls Club		84,100
Sickle Cell Disease Association of the Piedmont		6,000
Teen to Teen Theater - Burlington Recreation & Parks		260
The ARC of Alamance County		14,910
Women's Resource Center in Alamance County		14,895
2-1-1		10,998
		<hr/>
Program Services		693,465
		<hr/>
Community Services		68,036
Facilities for agencies		39,552
Grant Expenditures		16,192
		<hr/>
		817,245
Donor designated amounts		615,005
(Less designations included in program services above)		(185,351)
		<hr/>
	\$	<u>1,246,899</u>

**United Way of Alamance County, Inc.**  
**Burlington, North Carolina**  
**Stock Sales**  
**June 30, 2008**

Form 990 line 8

	<b># of</b>				<b>Amt</b>	<b>Amt</b>	<b>Realized</b>
	<b>Shs.</b>	<b>Description</b>	<b>Date Rec'd</b>	<b>Date Sold</b>	<b>Rec'd</b>	<b>Sold</b>	<b>G/L</b>
1	250.000	Wyeth	6/1/07	7/10/07	14,335.00	13,994.83	(340.17)
2	300.000	Nokia	9/12/07	9/13/07	9,998.22	9,998.22	-
3	150.000	Albemarle	11/27/07	11/28/07	6,088.51	6,088.51	-
4	502.000	Lincoln National	12/17/07	12/17/07	28,057.08	28,057.08	-
5	145.000	Williams Cos	12/18/07	12/19/07	5,006.20	5,006.20	-
6	44.000	MidCarolina	12/3/07	12/5/07	504.99	504.99	-
7	25.000	MidCarolina	12/3/07	12/6/07	267.49	267.49	-
8	529.000	MidCarolina	12/3/07	12/7/07	6,511.67	6,511.67	-
9	12.000	Wachovia	12/7/07	12/13/07	431.15	431.15	-
10	201.000	MidCarolina	12/3/07	12/11/07	2,460.23	2,460.23	-
11	100.000	Royal Bank	12/26/07	1/3/08	5,104.00	5,001.45	(102.55)
12	30.000	Fannie Mae	1/7/08	1/14/08	1,079.68	1,079.68	-
13	161.000	Lab Corp	6/2/08	6/5/08	11,880.19	11,850.36	(29.83)
14	270.000	Pfizer	6/2/08	6/5/08	5,227.20	5,091.95	(135.25)
15	569.320	SSGA Emer	5/21/08	5/28/08	16,999.90	16,544.44	(455.46)
16	270.000	Lab Corp	5/22/08	5/23/08	20,202.34	20,202.34	-
					<u>134,153.85</u>	<u>133,090.59</u>	<u>(1,063.26)</u>

## United Way of Alamance County 2008 Board of Directors

Milele Archibald – '09  
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**\*\*\* Board Members with underscored names  
are also members of the Executive Committee**



United Way  
of Alamance County

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Fax: 438-2009  
[www.uwalamance.org](http://www.uwalamance.org)

### **Staff**

President – Cindy Brady

Resource Development Director – Heather Jordan

Resource Development Associate – Jordan Morris

Financial Administrator – Wanda Murray

Administrative Assistant – Ruth Pruitt

The United Way of Alamance County, as an organization of donors and volunteers, exists to support the community in addressing its human service needs. We strive to identify those needs, to educate and involve the community, and to acquire, organize, and allocate funds for the benefit of those with insufficient resources in a manner that ensures accountability and maximum effectiveness.

2007 DEPRECIATION AND AMORTIZATION REPORT

RENT

1

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	SOUTHWOOD CHAIR	012189	200DB	7.00	17	236.			236.	236.		0.
2	BRASS TRAY TABLE	012189	200DB	7.00	17	223.			223.	223.		0.
3	BUTLER TRAY	012189	200DB	7.00	17	258.			258.	258.		0.
4	BOTTOM TUFTED CHAIRS	012189	200DB	7.00	17	575.			575.	575.		0.
5	PRINT	012189	200DB	7.00	17	127.			127.	127.		0.
6	4 SIDE ARM CHAIRS	042789	200DB	7.00	17	601.			601.	601.		0.
7	1 PLAID LOVE SEAT	111489	200DB	7.00	17	536.			536.	536.		0.
8	TABLES & CHAIRS	022191	200DB	7.00	17	1065.			1065.	1065.		0.
9	J. TROUTMAN PAINTING	070193	200DB	10.00	17	1000.			1000.	1000.		0.
10	6' WOODEN BOOKSHELF	022893	200DB	7.00	17	138.			138.	138.		0.
11	2 JILL TROUTMAN PAINTINGS	070195	200DB	10.00	17	2000.			2000.	2000.		0.
12	FRAMED JILL TROUTMAN PRINT	070196	200DB	7.00	17	150.			150.	150.		0.
13	CONFERENCE TABLE & 10 CHAIRS	110198	200DB	7.00	17	5000.			5000.	4833.		0.
14	CUBICLE FURNITURE (711)	040198	200DB	7.00	17	1994.			1994.	1994.		0.
15	OFFICE FURNITURE-TODAY'S OFF	031299	200DB	7.00	17	22485.			22485.	22485.		0.
16	50 FABRIC BORDEAUX CHAIRS	051900	200DB	7.00	17	2102.			2102.	2102.		0.
17	11 FOLDING TABLES (18 X 72)	071800	200DB	7.00	17	758.			758.	724.		34.
18	5 FOLDING TABLES (18 X 72)	081500	200DB	7.00	17	344.			344.	329.		15.

2007 DEPRECIATION AND AMORTIZATION REPORT

RENT

1

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	WORKSTATION @ 719 HERMITAGE	092500	200DB	7.00	17	280.			280.	267.		13.
20	(D)POSTAGE MACHINE (D)KENMORE	042790	200DB	7.00	17	2852.			2852.	2852.		0.
21	REFRIGERATOR	100192	200DB	7.00	17	350.			350.	350.		0.
22	TV/VCR	010192	200DB	7.00	17	367.			367.	367.		0.
23	PHONE SYSTEM	031299	200DB	7.00	17	35645.			35645.	35645.		0.
24	MICROWAVE	031299	200DB	7.00	17	130.			130.	130.		0.
25	(D)REFRIGERATOR (D)OUTSIDE SIGN 711	031299	200DB	7.00	17	636.			636.	636.		0.
26	HERMITAGE OUTSIDE SIGN 719	040599	200DB	7.00	17	2507.			2507.	2507.		0.
27	HERMITAGE OUTSIDE SIGN 803	040599	200DB	7.00	17	2256.			2256.	2256.		0.
28	HERMITAGE OUTSIDE SIGN 803	040599	200DB	7.00	17	3593.			3593.	3593.		0.
29	HERMITAGE	050599	200DB	7.00	17	1202.			1202.	1202.		0.
30	PC ANYWHERE - WANDA INTERNET	070199	200DB	3.00	17	483.			483.	483.		0.
31	SETUP/INSTALLATION PARALLEL PRINTER	021400	200DB	5.00	17	1554.			1554.	1554.		0.
32	SWITCH	071499	200DB	5.00	17	202.			202.	202.		0.
33	VIRUS SOFTWARE	071499	200DB	3.00	17	64.			64.	63.		0.
34	6 DELL COMPUTERS ADOBE PAGEMAKER	092799	200DB	5.00	17	12222.			12222.	12222.		0.
35	SOFTWARE	121799	200DB	3.00	17	706.			706.	706.		0.
36	UMAX SCANNER	121799	200DB	5.00	17	514.			514.	514.		0.

2007 DEPRECIATION AND AMORTIZATION REPORT

RENT

1

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	(D)PRINTER - HP DESKJET	12/17/99	200DB	5.00	17	514.			514.	514.		0.
38	10 DELL COMPUTERS	04/07/00	200DB	5.00	17	16672.			16672.	16672.		0.
39	ZIP DRIVE - DELISA HARD DRIVE - REPLACE	04/07/00	200DB	5.00	17	359.			359.	359.		0.
40	ON RUTH'S	06/15/00	200DB	5.00	17	256.			256.	256.		0.
41	UPGRADE DELISA'S OLD PC	06/15/00	200DB	5.00	17	96.			96.	96.		0.
42	(D)Y2K - ARC COMPUTERS	09/15/99	200DB	5.00	17	144.			144.	144.		0.
43	TELEPHONE & SOFTWARE INSTALL.	05/12/00	200DB	7.00	17	2065.			2065.	2065.		0.
44	REFRIGERATOR	05/10/00	200DB	7.00	17	300.			300.	300.		0.
45	PC UPGRADES	07/10/00	200DB	5.00	17	563.			563.	563.		0.
46	PHONE UPGRADE @ 719 HERMITAGE	07/19/00	200DB	7.00	17	1960.			1960.	1872.		87.
47	PHONE	08/30/00	200DB	7.00	17	105.			105.	100.		5.
48	FIRE EXTINGUISHERS	10/17/00	200DB	7.00	17	225.			225.	215.		10.
49	OUTSIDE SIGNS	10/12/00	200DB	7.00	17	421.			421.	402.		19.
50	NETWORK ANTIVIRUS SOFTWARE	02/05/01	200DB	3.00	17	3401.			3401.	3401.		0.
51	SIGNS/PLAQUES	03/08/01	200DB	7.00	17	4149.			4149.	3964.		185.
52	PHONE UPGRADE	04/06/01	200DB	7.00	17	3773.			3773.	3605.		168.
53	SERVER AND BACKUP EXEC	02/19/03	200DB	5.00	17	5379.			5379.	5070.		310.
54	(D)LAND	09/26/97	NC	1.00		50380.			50380.			0.

2007 DEPRECIATION AND AMORTIZATION REPORT

RENT

1

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	(D) BUILDING	09/26/97	SL	39.00	17	151143.			151143.	37948.		3714.
56	(D) ACQUISITION FEES	01/01/98	SL	39.00	17	1260.			1260.	305.		31.
57	(D) IMPROVEMENTS	03/15/98	SL	39.00	17	48336.			48336.	11517.		1188.
58	(D) IMPROVEMENTS	03/12/99	SL	39.00	17	4854.			4854.	1031.		119.
59	(D) IMPROVEMENTS (OVERHANGS)	12/05/00	SL	39.00	17	5600.			5600.	939.		138.
60	(D) IMPROVEMENTS	06/30/04	SL	39.00	17	9622.			9622.	750.		236.
61	LAND	09/30/97	NC	1.00		52500.			52500.			0.
62	BUILDING	09/30/97	SL	39.00	17	97944.			97944.	24591.		2511.
63	ACQUISITION FEES	01/01/98	SL	39.00	17	960.			960.	234.		25.
64	IMPROVEMENTS (CIP)	12/31/00	SL	39.00	17	39022.			39022.	6546.		1001.
65	IMPROVEMENTS VACANT LOT MEMORIAL	06/30/04	SL	39.00	17	48109.			48109.	3752.		1234.
66	DRIVE	09/30/97	NC	1.00		40100.			40100.			0.
67	LAND	06/30/98	NC	1.00		35000.			35000.			0.
68	BUILDING	06/30/98	SL	39.00	17	90260.			90260.	20927.		2314.
69	ACQUISITION FEES	06/30/98	SL	39.00	17	780.			780.	181.		20.
70	IMPROVEMENTS	03/12/99	SL	39.00	17	36674.			36674.	7796.		940.
71	IMPROVEMENTS	06/30/04	SL	39.00	17	6414.			6414.	500.		164.
72	IMPROVEMENTS TO PARKING LOTS	10/02/00	SL	15.00	16	14400.			14400.	6480.		960.

2007 DEPRECIATION AND AMORTIZATION REPORT

RENT

1

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
73	EQUIPMENT	063004	200DB	5.00	17	1915.			1915.	1522.		210.
74	CS-50 HANDSET LIFTER (D)KONICA	123104	200DB	5.00	17	349.			349.	248.		40.
75	COPIER-TRADED #251	121004	200DB	7.00	17	2300.			2300.	1294.		144.
76	KONICA COPIER-TRADED #258	121004	200DB	5.00	17	2300.			2300.	1637.		265.
77	10 COMPUTERS ANDAR COMPUTER	123104	200DB	5.00	17	1000.			1000.	712.		115.
78	SOFTWARE VISUAL ACCOUNTMATE	123104	SL	3.00	16	12077.		6038.	6039.	5033.		1006.
79	SOFTWARE UPGRADE FAX DONATED BY WISHART	011805	SL	3.00	16	4601.			4601.	3706.		895.
80	NORRIS	063006	200DB	5.00	17	100.			100.	43.		23.
81	HPLJ 4240 PRINTER	032806	200DB	5.00	17	1019.			1019.	499.		208.
82	DELL DIMENSION E310-P4 (D)AIR CONDITIONING	042506	200DB	5.00	17	1296.			1296.	557.		295.
83	AND HEATING SYSTEM FOR	063007	200DB	5.00	17	12769.			12769.	638.		4246.
84	COMPUTER SOFTWARE	082306	SL	3.00	16	2850.			2850.	792.		950.
85	COMPUTER SOFTWARE	093006	SL	3.00	16	2850.			2850.	713.		950.
86	COMPUTER	093007	200DB	5.00	19B	1326.			1326.			265.
87	279.92	121507	200DB	5.00	19B	280.			280.			56.
	* TOTAL 990 RENTAL DEPR					925927.		6038.	919889.	285414.	0.	25109.

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
	1	3549.
TOTAL TO FORM 990, PART I, LINE 6A		3549.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		25109.	
RENTAL EXPENSES		8556.	
- SUBTOTAL -	1		33665.
TOTAL TO FORM 990, PART I, LINE 6B			33665.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SEE ATTACHED	133091.	134154.	0.	<1063.>
TO FORM 990, PART I, LINE 8	133091.	134154.	0.	<1063.>

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
GROUP SALE #9	04/27/90	06/30/08	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	9303.	0.	8441.	<862.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SALE OF 711 HERMITAGE ROAD BUILDING	09/26/97	06/30/08	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	140000.	283964.	6463.	62800.	<87627.>
TO FM 990, PART I, LN 8	140000.	293267.	6463.	71241.	<88489.>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 5

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
OYSTER ROAST	33406.		33406.	35793.	<2387.>
HABITAT HOUSE PROJECT	18795.		18795.	4778.	14017.
AUTO GIVEAWAY	12000.		12000.	25994.	<13994.>
TO FM 990, PART I, LINE 9	64201.		64201.	66565.	<2364.>



FORM 990	OTHER EXPENSES			STATEMENT 8
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
MARKETING CONSULTANT COMMUNITY COUNCIL	2117.	2117.		
PROGRAMS & PROJEC COMPUTER PROGRAMMING	442.	442.		
& MAINTENANCE	2538.	2538.		
INSURANCE - GENERAL	494.	494.		
MISCELLANEOUS	54.	54.		
SUBSCRIPTIONS	121.	121.		
WEB SITE	331.	331.		
MARKETING CONSULTANT	3938.		3938.	
BAD DEBT	152.		152.	
ADVERTISING	1935.		1935.	
COMPUTER PROGRAMMING & MAINTENANCE	4720.		4720.	
INSURANCE - GENERAL	2697.		2697.	
MISCELLANEOUS	101.		101.	
SUBSCRIPTIONS	225.		225.	
BANK CHARGES	1520.		1520.	
WEB SITE	616.		616.	
MARKETING CONSULTANT	4173.			4173.
COMPUTER PROGRAMMING & MAINTENANCE	5003.			5003.
INSURANCE - GENERAL	973.			973.
MISCELLANEOUS	2607.			2607.
DONOR CULTIVATION	9271.			9271.
WEB SITE	653.			653.
LICENSE	200.			200.
SUBSCRIPTIONS	238.			238.
DESIGNATIONS	429654.	429654.		
ROUNDING	<2.>	<2.>		
TOTAL TO FM 990, LN 43	474771.	435749.	15904.	23118.



FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 10

DESCRIPTION OF PROGRAM SERVICE ONE

SEE ATTACHED SCHEDULE FOR PART II COLUMN B LINE 22. THE UNITED WAY OF ALAMANCE COUNTY, INC. IS ORGANIZED TO STUDY COMMUNITY SOCIAL PROBLEMS AND TO ORGANIZE RESPONSES TO THESE PROBLEMS THAT THE BOARD OF DIRECTORS BELIEVES ARE MOST APPROPRIATE FOR UNITED WAY ACTION. FUNDS THAT ARE RAISED THROUGH AN ANNUAL CAMPAIGN ARE ALLOCATED TO ORGANIZATIONS MEETING PRIORITY NEEDS IN THE AREAS OF SUPPORTING THE ELDERLY, NURTURING YOUTH, MEETING BASIC NEEDS, AND STRENGTHENING FAMILIES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	693465.	1123119.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 11  
PART III

EXPLANATION

SOLICITATION OF FUNDS TO DISTRIBUTE TO TAX EXEMPT ORGANIZATIONS.

FORM 990 DEPRECIATION OF ASSETS HELD FOR INVESTMENT STATEMENT 12

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
SOUTHWOOD CHAIR	236.	236.	0.
BRASS TRAY TABLE	223.	223.	0.
BUTLER TRAY	258.	258.	0.
BUTTOM TUFTED CHAIRS	575.	575.	0.
PRINT	127.	127.	0.
4 SIDE ARM CHAIRS	601.	601.	0.
1 PLAID LOVE SEAT	536.	536.	0.
TABLES & CHAIRS	1065.	1065.	0.
J. TROUTMAN PAINTING	1000.	1000.	0.
6' WOODEN BOOKSHELF	138.	138.	0.
2 JILL TROUTMAN PAINTINGS	2000.	2000.	0.
FRAMED JILL TROUTMAN PRINT	150.	150.	0.
CONFERENCE TABLE & 10 CHAIRS	5000.	4833.	167.

CUBICLE FURNITURE (711)	1994.	1994.	0.
OFFICE FURNITURE-TODAY'S OFF	22485.	22485.	0.
50 FABRIC BORDEAUX CHAIRS	2102.	2102.	0.
11 FOLDING TABLES (18 X 72)	758.	758.	0.
5 FOLDING TABLES (18 X 72)	344.	344.	0.
WORKSTATION @ 719 HERMITAGE	280.	280.	0.
TV/VCR	367.	367.	0.
PHONE SYSTEM	35645.	35645.	0.
MICROWAVE	130.	130.	0.
OUTSIDE SIGN 719 HERMITAGE	2256.	2256.	0.
OUTSIDE SIGN 803 HERMITAGE	3593.	3593.	0.
OUTSIDE SIGN 803 HERMITAGE	1202.	1202.	0.
PC ANYWHERE - WANDA	483.	483.	0.
INTERNET SETUP/INSTALLATION	1554.	1554.	0.
PARALLEL PRINTER SWITCH	202.	202.	0.
VIRUS SOFTWARE	64.	63.	1.
6 DELL COMPUTERS	12222.	12222.	0.
ADOBE PAGEMAKER SOFTWARE	706.	706.	0.
UMAX SCANNER	514.	514.	0.
10 DELL COMPUTERS	16672.	16672.	0.
ZIP DRIVE - DELISA	359.	359.	0.
HARD DRIVE - REPLACE ON RUTH'S	256.	256.	0.
UPGRADE DELISA'S OLD PC	96.	96.	0.
TELEPHONE & SOFTWARE INSTALL.	2065.	2065.	0.
REFRIGERATOR	300.	300.	0.
PC UPGRADES	563.	563.	0.
PHONE UPGRADE @ 719 HERMITAGE	1960.	1959.	1.
PHONE	105.	105.	0.
FIRE EXTINGUISHERS	225.	225.	0.
OUTSIDE SIGNS	421.	421.	0.
NETWORK ANTIVIRUS SOFTWARE	3401.	3401.	0.
SIGNS/PLAQUES	4149.	4149.	0.
PHONE UPGRADE	3773.	3773.	0.
SERVER AND BACKUP EXEC	5379.	5380.	<1.>
LAND	52500.	0.	52500.
BUILDING	97944.	27102.	70842.
ACQUISTION FESS	960.	259.	701.
IMPROVEMENTS (CIP)	39022.	7547.	31475.
IMPROVEMENTS	48109.	4986.	43123.
VACANT LOT MEMORIAL DRIVE	40100.	0.	40100.
LAND	35000.	0.	35000.
BUILDING	90260.	23241.	67019.
ACQUISTION FEES	780.	201.	579.
IMPROVEMENTS	36674.	8736.	27938.
IMPROVEMENTS	6414.	664.	5750.
IMPROVEMENTS TO PARKING LOTS	14400.	7440.	6960.
EQUIPMENT	1915.	1732.	183.
CS-50 HANDSET LIFTER	349.	288.	61.
KONICA COPIER-TRADED #258	2300.	1902.	398.
10 COMPUTERS	1000.	827.	173.
ANDAR COMPUTER SOFTWARE	12077.	12077.	0.
VISUAL ACCOUNTMATE SOFTWARE			
UPGRADE	4601.	4601.	0.

FAX DONATED BY WISHART NORRIS	100.	66.	34.
HPLJ 4240 PRINTER	1019.	707.	312.
DELL DIMENSION E310-P4	1296.	852.	444.
COMPUTER SOFTWARE	2850.	1742.	1108.
COMPUTER SOFTWARE	2850.	1663.	1187.
COMPUTER	1326.	265.	1061.
279.92	280.	56.	224.
<b>TOTAL TO FORM 990, PART IV, LN 55</b>	<b>632660.</b>	<b>245320.</b>	<b>387340.</b>

FORM 990 OTHER INVESTMENTS STATEMENT 13

DESCRIPTION	VALUATION METHOD	AMOUNT
SECURITIES AND OTHER INVESTMENTS	COST	3677.
<b>TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B</b>		<b>3677.</b>

FORM 990 OTHER ASSETS STATEMENT 14

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
BENEFICIAL INTEREST IN PERPETUAL TRUST	222983.	195406.
<b>TOTAL TO FORM 990, PART IV, LINE 58</b>	<b>222983.</b>	<b>195406.</b>

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 15

DESCRIPTION	AMOUNT
RENTAL LOSS DESIGNATIONS	5007. <615005.>
<b>TOTAL TO FORM 990, PART IV-B</b>	<b>&lt;609998.&gt;</b>

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 16

DESCRIPTION	AMOUNT
RENTAL LOSS DESIGNATIONS	<5007.> 528813.
TOTAL TO FORM 990, PART IV-A	523806.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 17

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
103A	ENDOWMENT INCOME FROM BENEFICIAL INTEREST IN PERPETUAL TRUST
103B	ADMINISTRATIVE FEES FROM DESIGNATIONS BY DONORS
103C	OTHER ADMINISTRATIVE FEES
103D	OTHER ADMINISTRATIVE FEES
103E	REFUND FOR TELEPHONE EXCISE TAX

SCHEDULE A OTHER INCOME STATEMENT 18

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
ENDOWMENT INCOME FROM BENEFICIAL INTEREST IN PERPETUAL TRUST	8959.	8914.	8716.	8110.
ADMINISTRATIVE FEES FROM FEMA MISCELLANEOUS	1644.	1728.	913.	1893.
ADMINISTRATIVE FEES ON DONOR DESIGNATIONS	0.	0.	3395.	2448.
TOTAL TO SCHEDULE A, LINE 22	33426.	0.	0.	0.
	44029.	10642.	13024.	12451.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2007

Department of the Treasury Internal Revenue Service (77)

For calendar year 2007 or other tax year beginning JUL 1, 2007, and ending JUN 30, 2008

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing organization name (UNITED WAY OF ALAMANCE COUNTY, INC.), address (PO BOX 1268, BURLINGTON, NC 27216-1268), EIN (56-0599239), and other identifying information.

H Describe the organization's primary unrelated business activity. OFFICE SPACE RENT

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of CINDY BRADY Telephone number 336-438-2000

Table for Part I: Unrelated Trade or Business Income. Columns include (A) Income, (B) Expenses, and (C) Net. Rows include gross receipts, cost of goods sold, and total income of 3549.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table for Part II: Deductions Not Taken Elsewhere. Rows include compensation of officers, salaries, repairs, interest, taxes, charitable contributions, depreciation, and total deductions of 1000.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
Controlled group members (sections 1561 and 1563) check here
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)
c Income tax on the amount on line 34
36 Trusts Taxable at Trust Rates. See instructions for tax computation.
37 Proxy tax. See instructions
38 Alternative minimum tax
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
b Other credits (see instructions)
c General business credit. Check here and indicate which forms are attached:
d Credit for prior year minimum tax (attach Form 8801 or 8827)
e Total credits. Add lines 40a through 40d
41 Subtract line 40e from line 39
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)
43 Total tax. Add lines 41 and 42
44a Payments: A 2006 overpayment credited to 2007
b 2007 estimated tax payments
c Tax deposited with Form 8868
d Foreign organizations: Tax paid or withheld at source (see instructions)
e Backup withholding (see instructions)
f Other credits and payments: Form 2439 Other
45 Total payments. Add lines 44a through 44f
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
49 Enter the amount of line 48 you want: Credited to 2008 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country?
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year
2 Purchases
3 Cost of labor
4a Additional section 263A costs
b Other costs (attach schedule)
5 Total. Add lines 1 through 4b
6 Inventory at end of year
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer Date Title
Preparer's signature Date Check if self-employed Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no.

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**(see instr. on pg 20)

1 Description of property

<b>(1) RENTAL INCOME FROM FOR PROFIT AGENCIES</b>		
(2)		
(3)		
(4)		
<b>2 Rent received or accrued</b>		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) <b>SEE STATEMENT 19</b>
(1)	3549.	8556.
(2)		
(3)		
(4)		
Total	0.	3549.
<b>Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....		3549.
		<b>Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ... <b>8556.</b>

**Schedule E - Unrelated Debt-Financed Income** (See instructions on page 20)

<b>1</b> Description of debt-financed property	<b>2</b> Gross income from or allocable to debt-financed property	<b>3</b> Deductions directly connected with or allocable to debt-financed property		
		<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6</b> Column 4 divided by column 5	<b>7</b> Gross income reportable (column 2 x column 6)	<b>8</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			0.	0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (See instructions on page 21)

<b>1</b> Name of Controlled Organization	<b>2</b> Employer Identification Number	<b>Exempt Controlled Organizations</b>			
		<b>3</b> Net unrelated income (loss) (see instructions)	<b>4</b> Total of specified payments made	<b>5</b> Part of column 4 that is included in the controlling organization's gross income	<b>6</b> Deductions directly connected with income in column (5)
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

<b>7</b> Taxable Income	<b>8</b> Net unrelated income (loss) (see instructions)	<b>9</b> Total of specified payments made	<b>10</b> Part of column 9 that is included in the controlling organization's gross income	<b>11</b> Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			0.	0.
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....	0.	0.				0.

**Schedule J - Advertising Income** (see instructions on page 22)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II</b> (lines 1-5) .....	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			0.

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FORM 990-T                      DEDUCTIONS CONNECTED WITH RENTAL INCOME                      STATEMENT 19

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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
EXPENSES ALLOCABLE TO RENTAL SPACE		8556.	
- SUBTOTAL -	1		8556.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			8556.

**Depreciation and Amortization RENT 1**  
**(Including Information on Listed Property)**

**2007**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment  
Sequence No. **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**UNITED WAY OF ALAMANCE COUNTY, INC.**

**56-0599239**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

<b>1</b> Maximum amount. See the instructions for a higher limit for certain businesses .....	<b>1</b>	<b>125000.</b>
<b>2</b> Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
<b>3</b> Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	<b>500000.</b>
<b>4</b> Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
<b>5</b> Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b> Listed property. Enter the amount from line 29 .....	<b>7</b>	
<b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
<b>9</b> Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	<b>9</b>	
<b>10</b> Carryover of disallowed deduction from line 13 of your 2006 Form 4562 .....	<b>10</b>	
<b>11</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
<b>12</b> Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	<b>12</b>	
<b>13</b> Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 .....	<b>13</b>	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

<b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	<b>14</b>	
<b>15</b> Property subject to section 168(f)(1) election .....	<b>15</b>	
<b>16</b> Other depreciation (including ACRS) .....	<b>16</b>	<b>4761.</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2007 .....	<b>17</b>	<b>20027.</b>
<b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property		<b>1606.</b>	<b>5 YRS.</b>	<b>HY</b>	<b>200DB</b>	<b>321.</b>
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

<b>21</b> Listed property. Enter amount from line 28 .....	<b>21</b>	
<b>22</b> Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	<b>25109.</b>
<b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	----------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ..... **25**

**26** Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%						
	:	%						
	:	%						

**27** Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%				S/L -		
	:	%				S/L -		
	:	%				S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ..... **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... **29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles) .....												
<b>31</b> Total commuting miles driven during the year .....												
<b>32</b> Total other personal (noncommuting) miles driven .....												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 .....												
<b>34</b> Was the vehicle available for personal use during off-duty hours? .....												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? .....												
<b>36</b> Is another vehicle available for personal use? .....												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

**42** Amortization of costs that begins during your 2007 tax year:

(a)	(b)	(c)	(d)	(e)	(f)
	:				
	:				

**43** Amortization of costs that began before your 2007 tax year ..... **43**

**44 Total.** Add amounts in column (f). See the instructions for where to report ..... **44**

United Way of Alamance County, Inc.  
 Burlington, North Carolina  
 Analysis of Unrelated Business Income  
 30-Jun-08

Form 990-T Part I  
 Line

6 For Profit Agencies		
Fairway Home Health Care	1,599.00	
PACE (Harriet Reid)	<u>1,950.00</u>	
For Profit Rental Income		3,549.00
Total Rental Income		<u>31,609.00</u>
% of Rent from For Profit Agencies		<u>11.23%</u>
6 Expenses Allocable to Rental Space (after adjusting entries)		
Depreciation Expense	20,482.74	
Interest expense	-	
Insurance	2,406.00	
Miscellaneous	20.65	
Telephone	10,610.25	
Utilities	15,293.32	
Grounds & Lawn Maintenance	1,515.00	
Custodial Service	12,000.00	
Bldg Maintenance & Repairs	9,711.49	
Equipment Repair & Maintenance	2,967.80	
Technology Maintenance	<u>1,198.99</u>	
		76,206.24
For Profit %		<u>11.23%</u>
Expenses allocable to For Profit Agencies		<u>8,556.30</u>
Net income (loss) from For Profit Agencies		<u><u>(5,007.30)</u></u>