

**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)

**2010**

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 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name and address of principal officer:  
**United Way of the Chattahoochee Valley**  
 1100 Fifth Avenue  
 Columbus, GA 31901

**D** Employer Identification Number  
 58-0572434

**E** Telephone number  
 (706) 327-3255

**G** Gross receipts \$ 7,316,294.

**F** Name and address of principal officer:  
 Same As C Above

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If 'No,' attach a list. (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: www.unitedwayofthecv.org

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of Formation: 1952 **M** State of legal domicile: GA

**Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>United Way's purpose is to improve people's lives by raising funds from over 20,000 donors and partnering with multiple agencies to collaborate, fund programs, and identify solutions that address Basic Needs, Health, Income, and Education.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a) <u>39</u>		
	4	Number of independent voting members of the governing body (Part VI, line 1b) <u>39</u>		
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a) <u>15</u>		
	6	Total number of volunteers (estimate if necessary) <u>1,803</u>		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 <u>0.</u>		
	7b	Net unrelated business taxable income from Form 990-T, line 34 <u>0.</u>		
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h) <u>7,515,468.</u>	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) <u>7,159,461.</u>		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>23,966.</u>		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>22,188.</u>		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>44,160.</u>	<u>7,583,594.</u>	<u>7,226,990.</u>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>5,885,298.</u>		
	14	Benefits paid to or for members (Part IX, column (A), line 4) <u>5,838,754.</u>		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>799,595.</u>		
	16a	Professional fundraising fees (Part IX, column (A), line 11e) <u>779,207.</u>		
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>396,615.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <u>378,590.</u>	<u>378,590.</u>	<u>378,855.</u>
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>7,063,483.</u>	<u>6,996,816.</u>		
19	Revenue less expenses. Subtract line 18 from line 12 <u>520,111.</u>	<u>230,174.</u>		
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16) <u>7,414,785.</u>	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26) <u>5,895,139.</u>		
	22	Net assets or fund balances. Subtract line 21 from line 20 <u>1,519,646.</u>	<u>7,585,048.</u>	<u>5,767,299.</u>

**Signature Block**

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.

**Sign Here**

Signature of officer: Scott D Ferguson Date: \_\_\_\_\_  
 Type or print name and title: President

**Paid Preparer Use Only**

Print/Type preparer's name: Brad Clements Preparer's signature: Brad Clements Date: \_\_\_\_\_  
 Check  if self-employed PTIN: N/A

Firm's name: Abbott Jordan & Koon LLC Firm's EIN: N/A  
 Firm's address: 1200 Brookstone Centre Parkway Suite 105  
Columbus, GA 31904 Phone no.: 706-571-9288

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III. [X]

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: [ ]) (Expenses \$ 6,068,316. including grants of \$ ) (Revenue \$ )

See Schedule O

4b (Code: [ ]) (Expenses \$ 78,442. including grants of \$ ) (Revenue \$ )

"United Way Volunteer Center" a division of the United Way, exists to link individuals with volunteer opportunities in the local area by acting as an agent for agency needs and the individuals best suited for that opportunity. The volunteer center provides referrals ranging from one-time special events to on-going opportunities. The current data base includes over 791 active volunteers and we maintain relationships with over 105 organizations needing volunteer services. Additionally, our Volunteer newsletter has a circulation of over 5,000. Volunteer training and orientation to determine the best match for each individual is provided by our staff, 3 to 4 times monthly.

4c (Code: [ ]) (Expenses \$ 44,643. including grants of \$ ) (Revenue \$ )

"United Way Programs" in partnership with other collaborative organizations, provides low income, qualifying individuals a no cost tax preparation service called VITA, Volunteer Income Tax Assistance. The purpose of this program is to provide free tax preparation to individuals earning less than \$49,000 and ensure that they are aware of and, if eligible, receive the Earned Income Tax Credit (EITC) and Child Tax Credit available to them without paying the expensive fees charged by commercial entities. Many people who qualify for EITC and CTC do not claim it and a large percentage of individuals who do file and claim it use Refund Anticipation Loans, paying extremely high fees. For the 2010 tax year, VITA returned nearly \$3.3 million dollars back to 2,238 residents of our community while saving them approximately \$500,000 in tax preparation fees.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 6,191,401.

**Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3	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		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 a	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
b	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b	Is the organization 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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.		X

BAA

Form 990 (2010)

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Form with questions 1a through 14b regarding tax compliance, including sections on Form 1096, Form W-2G, Form W-3, and various reporting requirements.

**Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI.  X

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. . . . .		
	<b>1 a</b>		39
b	Enter the number of voting members included in line 1a, above, who are independent. . . . .		
	<b>1 b</b>		39
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? . . . . .		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
6	Does the organization have members or stockholders? . . . . .		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	X	
8a		X	
b	Each committee with authority to act on behalf of the governing body? . . . . .	X	
8b		X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	
10b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	
10b		
11a	X	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	
12a	X	
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	
12b	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	
12c	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. . . . . See Schedule O	
13	X	
13	Does the organization have a written whistleblower policy? . . . . .	
14	X	
14	Does the organization have a written document retention and destruction policy? . . . . .	
15a		X
15a	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
15b		X
15b	a The organization's CEO, Executive Director, or top management official. . . . .	
15b	b Other officers of key employees of the organization. . . . .	
15b	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	
16a		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	
16b		
16b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ GA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ Scott D Ferguson 1100 Fifth Avenue Columbus GA 31901 (706) 327-3255

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>Dr. Susan Andrews</u> Director	0	X					0.	0.	0.	
(2) <u>Mr. Wade Burford</u> Director	0	X					0.	0.	0.	
(3) <u>Ms. Audrey Hollingsworth</u> Director	0	X					0.	0.	0.	
(4) <u>Mr. Billy Blanchard</u> Director	0	X					0.	0.	0.	
(5) <u>Mr. Danny Johnson</u> Director	0	X					0.	0.	0.	
(6) <u>Mr. Victor Cross</u> Director	0	X					0.	0.	0.	
(7) <u>Dr. Larry DiChiara</u> Director	0	X					0.	0.	0.	
(8) <u>Ms. Marshelia Adams</u> Director	0	X					0.	0.	0.	
(9) <u>Mr. Robert Kidd</u> Director	0	X					0.	0.	0.	
(10) <u>Ms. Sallie Martin</u> Director	0	X					0.	0.	0.	
(11) <u>Mr. Robert Granger</u> Director	0	X					0.	0.	0.	
(12) <u>Ms. Susan Hall</u> Director	0	X					0.	0.	0.	
(13) <u>Mr. Isaiah Hugley</u> Director	0	X					0.	0.	0.	
(14) <u>Ms. Adelaide Kirk</u> Director	0	X					0.	0.	0.	
(15) <u>Dr. Ed Lopez</u> Director	0	X					0.	0.	0.	
(16) <u>Mr. Matt Loudermilk</u> Director	0	X					0.	0.	0.	
(17) <u>Mr. Eddie Lowe</u> Director	0	X					0.	0.	0.	

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) <u>Sheriff Heath Taylor</u> Director	0	X					0.	0.	0.	
(19) <u>Mr. Len Williams</u> Director	0	X					0.	0.	0.	
(20) <u>Mr. Rodney Mahone</u> Director	0	X					0.	0.	0.	
(21) <u>Mr. Josh McKoon</u> Director	0	X					0.	0.	0.	
(22) <u>Dr. Timothy S. Mescon</u> Director	0	X					0.	0.	0.	
(23) <u>Mr. Selby Rollinson</u> Director	0	X					0.	0.	0.	
(24) <u>Mr. David Passman</u> Director	0	X					0.	0.	0.	
(25) <u>Colonel Roy Plummer</u> Director	0	X					0.	0.	0.	
(26) <u>Mr. Kevin Sass</u> Director	0	X					0.	0.	0.	
(27) <u>Mr. Alan Shaw</u> Director	0	X					0.	0.	0.	
(28) <u>Mr. Murray Solomon</u> Director	0	X					0.	0.	0.	
(29) <u>Mr. Abbott Turner II</u> Director	0						0.	0.	0.	
<b>1 b Sub-total</b> .....							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							330,351.	0.	71,012.	
<b>d Total (add lines 1b and 1c)</b> .....							330,351.	0.	71,012.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 1

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i> .....	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0



**Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b> 48,193.				
	<b>b</b> Membership dues .....	<b>1 b</b>				
	<b>c</b> Fundraising events .....	<b>1 c</b>				
	<b>d</b> Related organizations .....	<b>1 d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 7,111,268.				
	<b>g</b> Noncash contributions included in lns 1a-1f: \$	124,290.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 7,159,461.				
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>					
	<b>2 a</b> -----					
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> -----					
	<b>e</b> -----					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....	▶				
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....	▶	17,486.		17,486.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross Rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	94,006.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	89,304.			
		<b>c</b> Gain or (loss) .....	4,702.			
	<b>d</b> Net gain or (loss) .....	▶	4,702.	4,702.		
	<b>8 a</b> Gross income from fundraising events (not including: \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
		<b>c</b> Net income or (loss) from fundraising events .....	▶			
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
		<b>c</b> Net income or (loss) from gaming activities .....	▶			
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>				
<b>b</b> Less: cost of goods sold .....		<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory .....		▶				
Miscellaneous Revenue		Business Code				
<b>11 a</b> Kickoff Banquet .....		24,875.	24,875.			
<b>b</b> Administration Fee .....		11,211.	11,211.			
<b>c</b> Miscellaneous .....		5,035.	5,035.			
<b>d</b> All other revenue .....		4,220.	4,220.			
<b>e Total.</b> Add lines 11a-11d .....	▶	45,341.				
<b>12 Total revenue.</b> See instructions .....	▶	7,226,990.	50,043.	0.	17,486.	

**Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,838,754.	5,838,754.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	330,351.	99,105.	109,016.	122,230.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	291,821.	85,890.	94,440.	111,491.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	46,535.	9,772.	22,802.	13,961.
9 Other employee benefits	60,718.	13,078.	29,407.	18,233.
10 Payroll taxes	49,782.	15,537.	14,282.	19,963.
11 Fees for services (non-employees):				
a Management				
b Legal	5,554.		5,554.	
c Accounting	15,230.	3,000.	12,230.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	5,663.	3,631.	2,032.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	27,216.	8,753.	8,578.	9,885.
17 Travel	9,749.	3,589.	2,031.	4,129.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	66,580.	12,317.	27,631.	26,632.
22 Depreciation, depletion, and amortization	39,552.	11,865.	11,866.	15,821.
23 Insurance	8,187.	2,426.	3,994.	1,767.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Maintenance	29,812.	9,111.	6,558.	14,143.
b Awards	28,106.	25,509.		2,597.
c Supplies	25,771.	14,155.	1,615.	10,001.
d Kick-off	25,193.	1,306.	23,887.	
e Printing and Publications	18,376.	9,762.		8,614.
f All other expenses	73,866.	23,841.	32,877.	17,148.
25 Total functional expenses. Add lines 1 through 24f	6,996,816.	6,191,401.	408,800.	396,615.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Balance Sheet**

		(A)		(B)		
		Beginning of year		End of year		
ASSETS	1	Cash – non-interest-bearing.....	59,693.	1	77,855.	
	2	Savings and temporary cash investments.....	2,598,406.	2	2,374,477.	
	3	Pledges and grants receivable, net.....	3,987,595.	3	4,226,464.	
	4	Accounts receivable, net.....	8,550.	4	58.	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).....		6		
	7	Notes and loans receivable, net.....		7		
	8	Inventories for sale or use.....		8		
	9	Prepaid expenses and deferred charges.....	23,486.	9	2,487.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a	742,925.		
	b	Less: accumulated depreciation.....	10b	336,036.	10c	406,889.
	11	Investments – publicly traded securities.....	300,349.	11	492,805.	
	12	Investments – other securities. See Part IV, line 11.....		12		
	13	Investments – program-related. See Part IV, line 11.....		13		
	14	Intangible assets.....		14		
	15	Other assets. See Part IV, line 11.....	7,733.	15	4,013.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).....	7,414,785.	16	7,585,048.		
LIABILITIES	17	Accounts payable and accrued expenses.....	5,895,139.	17	5,767,299.	
	18	Grants payable.....		18		
	19	Deferred revenue.....		19		
	20	Tax-exempt bond liabilities.....		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.....		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22		
	23	Secured mortgages and notes payable to unrelated third parties.....		23		
	24	Unsecured notes and loans payable to unrelated third parties.....		24		
	25	Other liabilities. Complete Part X of Schedule D.....		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25.....	5,895,139.	26	5,767,299.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>					
	27	Unrestricted net assets.....	1,103,107.	27	1,339,836.	
	28	Temporarily restricted net assets.....	416,539.	28	477,913.	
	29	Permanently restricted net assets.....		29		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds.....		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund.....		31		
	32	Retained earnings, endowment, accumulated income, or other funds.....		32		
33	<b>Total net assets or fund balances.</b> .....	1,519,646.	33	1,817,749.		
34	<b>Total liabilities and net assets/fund balances.</b> .....	7,414,785.	34	7,585,048.		

BAA

Form 990 (2010)

**Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,226,990.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,996,816.
3	Revenue less expenses. Subtract line 2 from line 1	3	230,174.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,519,646.
5	Other changes in net assets or fund balances (explain in Schedule O). See Schedule O	5	67,929.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,817,749.

**Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

Form 990 (2010)

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

**Public Charity Status and Public Support**

**2010**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization **United Way of the Chattahoochee Valley** Employer identification number **58-0572434**

**Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 exempt 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)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <b>11 g (i)</b>		
(ii) A family member of a person described in (i) above? <b>11 g (ii)</b>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <b>11 g (iii)</b>		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)	2,894,132.	7,017,156.	6,675,546.	7,515,468.	7,159,461.	31,261,763.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 <b>Total.</b> Add lines 1 through 3.	2,894,132.	7,017,156.	6,675,546.	7,515,468.	7,159,461.	31,261,763.
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).						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						31,261,763.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.	2,894,132.	7,017,156.	6,675,546.	7,515,468.	7,159,461.	31,261,763.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	45,722.	51,931.	4,577.	23,966.	22,188.	148,384.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 <b>Total support.</b> Add lines 7 through 10.						31,410,147.
12 Gross receipts from related activities, etc (see instructions).					12	0.
13 <b>First five years.</b> 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 <b>stop here</b> .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	99.5 %
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	99.4 %
16a <b>33-1/3% support test – 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b <b>33-1/3% support test – 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test – 2010.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test – 2009.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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"/>	

**Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
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 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.						
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.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
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.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2010. 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 – 2009. 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



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

**2010**

<b>Name of the organization</b> United Way of the Chattahoochee Valley	<b>Employer identification number</b> 58-0572434
---	---

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 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 an organization 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 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions 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 990-EZ, that received from any one contributor, during the year, 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:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.**

**Schedule B (Form 990, 990-EZ, or 990-PF) (2010)**

Name of organization

Employer identification number

United Way of the Chattahoochee Valley

58-0572434

**Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Aflac ----- 1932 Wynnton Road ----- Columbus, GA 31999 -----	\$ 400,000. -----	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ ----- -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ ----- -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ ----- -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ ----- -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ ----- -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

United Way of the Chattahoochee Valley

Employer identification number

58-0572434

**Noncash Property** (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Name of organization

United Way of the Chattahoochee Valley

Employer identification number

58-0572434

**Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... ▶ \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Name of the organization: United Way of the Chattahoochee Valley; Employer identification number: 58-0572434

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution...

Table with 2 columns: Held at the End of the Tax Year. Rows include total number of conservation easements, total acreage restricted, number of easements on historic structures, and monitoring details.

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets... 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art... 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Escrow and Custodial Arrangements.** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

**Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Term endowment  %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		30,925.		30,925.
b Buildings		589,490.	249,999.	339,491.
c Leasehold improvements				
d Equipment		106,359.	69,886.	36,473.
e Other		16,151.	16,151.	0.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				406,889.

<b>Investments—Other Securities.</b> See Form 990, Part X, line 12. N/A		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990 Part X, column (B) line 12.)		

<b>Investments—Program Related.</b> (See Form 990, Part X, line 13) N/A		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

<b>Other Assets.</b> (See Form 990, Part X, line 15) N/A	
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B), line 15)	

<b>Other Liabilities.</b> (See Form 990, Part X, line 25)	
(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)		7,226,990.
2	Total expenses (Form 990, Part IX, column (A), line 25)		6,996,816.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		230,174.
4	Net unrealized gains (losses) on investments		67,929.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		67,929.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		298,103.

**Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements		1	7,305,707.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2a	67,929.	
	b Donated services and use of facilities	2b	10,788.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIV)	2d		
	e Add lines 2a through 2d	2e		78,717.
3	Subtract line 2e from line 1		3	7,226,990.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,226,990.

**Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		1	7,007,604.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	10,788.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIV)	2d		
	e Add lines 2a through 2d	2e		10,788.
3	Subtract line 2e from line 1		3	6,996,816.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,996,816.

**Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**2010**

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**United Way of the Chattahoochee Valley**

Employer identification number

**58-0572434**

**General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Red Cross Russ 1103 Broad Street Phenix City, AL 36867	63-6000073		80,000.	0.			Emergency services
(2) American Red Cross West 3940 Rosemont Dr. Columbus, GA 31904	58-0603135		260,000.	0.			Emergency Services
(3) Boys and Girls Clubs of 1700 Buena Vista Roads Columbus, GA 31906	58-1174393		375,248.	0.			Education and Career Development
(4) Bridges Learning Center 1327 Warren Williams Ro Columbus, GA 31901	20-3708321		34,000.	0.			Autism Treatment
(5) Chattahoochee Council 5480 Schatulga Road Columbus, GA 31907	58-0601576		165,000.	0.			Scouting
(6) Columbus Community Cent 3952 Steam Mill Road Columbus, GA 31907	58-6003031		129,347.	0.			Youth Development
(7) Crisis Center of Russe 910 14th Street Phenix City, AL 36867	63-0985199		67,000.	0.			Domestic Violence Treatment
(8) Easter Seals of West Ge PO Box 1690 Fortson, GA 31808	58-1919206		477,000.	0.			Educate Disabled Children

2 Enter total number of section 501(c)(3) and government organizations. **22**

3 Enter total number of other organizations. **2**

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**



# Continuation Sheet for Schedule I (Form 990)

2010

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 2

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Name of the organization United Way of the Chattahoochee Valley Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Employer identification number 58-0572434							
Feeding the Valley Food Bank 5928 Coca Cola Blvd Columbus, GA 31909	58-1498131		268,000.				Food distribution
Girl Scouts of Historic Georgia 1344 13th Avenue Columbus, GA 31901	58-0656338		205,000.				Scouting
Girls Incorporated of Columbus PO Box 4040 Columbus, GA 31914	58-6011441		470,630.				Health and Education
Homeless Resource Network PO Box 811 Columbus, GA 31902	58-2147861		141,414.				Homeless Services
Hope Harbour (Columbus) Al PO Box 4182 Columbus, GA 31914	58-1399257		102,000.				Shelter and Services
House of Restoration 1202 12th Court Phenix City, AL 36867	63-1268541		113,000.				Essential Services
Marion County Family Connection PO Box 512 Buena Vista, GA 31803	58-2381589		75,000.				Midnight Basketball
Open Door Community House 2405 - 2nd Avenue Columbus, GA 31901	58-0601980		153,000.				Home for Women in Crisis
Russell County Child Advocacy 67 Downing Street Phenix City, AL 36869	58-2352811		92,000.				Child Advocacy
Teen Advisors 1316 Wildwood Avenue Columbus, GA 31906	58-2108493		76,000.				School programs



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**United Way of the Chattahoochee Valley**

Employer identification number  
**58-0572434**

<b>Types of Property</b>				
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art			
2	Art—Historical treasures			
3	Art—Fractional interests			
4	Books and publications			
5	Clothing and household goods			
6	Cars and other vehicles			
7	Boats and planes			
8	Intellectual property			
9	Securities—Publicly traded	X	20	124,290 . FMV
10	Securities—Closely held stock			
11	Securities—Partnership, LLC, or trust interests			
12	Securities—Miscellaneous			
13	Qualified conservation contribution—Historic structures			
14	Qualified conservation contribution—Other			
15	Real estate—Residential			
16	Real estate—Commercial			
17	Real estate—Other			
18	Collectibles			
19	Food inventory			
20	Drugs and medical supplies			
21	Taxidermy			
22	Historical artifacts			
23	Scientific specimens			
24	Archeological artifacts			
25	Other ▶ ( )			
26	Other ▶ ( )			
27	Other ▶ ( )			
28	Other ▶ ( )			
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		29	
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?			Yes No X
b	If 'Yes,' describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?			X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?			X
b	If 'Yes,' describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule M (Form 990) 2010

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Name of the organization

United Way of the Chattahoochee Valley

Employer identification number

58-0572434

**Form 990, Part III, Line 1 - Organization Mission**

United Way's purpose is to improve people's lives by raising funds from over 20,000 donors and partnering with multiple agencies to collaborate, fund programs, and identify solutions that address Basic Needs, Health, Income, and Education. Funding is based on meeting a community need, measurable outcomes and good stewardship. United Way ranks 93rd out of 1,250 United Way's nationwide for total dollars raised.

**Form 990, Part III, Line 4a - Program Service Accomplishments**

"Allocation Services" United Way's Community Investment Process invests in local programs to create positive change in people's lives. Funding is awarded based on a programs ability to demonstrate that they fulfill a need in the community, make a measurable difference in the lives of those they serve and exercise good financial management and stewardship. Volunteers representing a cross section of the community review each program and make the funding decisions. For the 2010 fiscal year, United Way had 26 Community Partners and provided funding to 49 programs. United Way funded programs provided services to more than 100,000 persons. During this time period, 4,500,000 pounds of food were distributed through one of the Community Partners resulting in a savings of \$3,500,000 to local agencies. United Way promotes education through programs providing results based programming after-school and during the summer. For 2010, 38,653 youth were served in such programs and provided with opportunities to improve their academic performance and overall health and well-being. Through this results based and volunteer led process, the community can be assured that their dollars are invested wisely in programs that truly make a difference in people's lives.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

The Board of Directors, or its designated sub-committee, is charged with review of the IRS Form 990 before filing. The 990 is made available for review to the

Name of the organization

United Way of the Chattahoochee Valley

Employer identification number

58-0572434

**Form 990, Part VI, Line 11b - Form 990 Review Process (continued)**

appropriate level of management and they are given adequate time to perform as detailed a review as is considered necessary. We believe the makeup of our Board ensures there are qualified individuals familiar with the Organization and process to accept responsibility for the preparation of the 990.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

Board members are required to complete an annual questionnaire regarding conflicts.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

No documents available to the public.

Form 990, Part XI, Line 5  
Other Changes in Net Assets or Fund Balances

Net Unrealized Gains or Losses on Investments.....	\$	67,929.
	Total	<u>\$ 67,929.</u>

United Way of the Chattahoochee Valley

58-0572434

Form 990, Part VIII, Line 11d  
Other Revenue

Description	Bus. Code	Total Revenue	Related or Exempt Function Revenue	Unrelated Business Revenue	Revenue Excluded From Tax
Luncheon Income		\$ 2,720.	\$ 2,720.		
Victory Celebration Incom		1,500.	1,500.		
Totals		<u>4,220.</u>	<u>4,220.</u>	\$ 0.	\$ 0.

Form 990, Part IX, Line 24f  
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Bank charges	6,151.	4,497.	1,654.	
Consulting	500.		500.	
Dues and subscriptions	4,333.	20.	4,313.	
Equipment and furniture	8,748.	1,850.	6,898.	
Luncheon	3,127.		3,127.	
Misc. Expense	4,732.		4,712.	20.
Postage and Shipping	7,694.	2,559.	2,165.	2,970.
Special events	1,157.	1,157.		
Staff development	300.		300.	
Telephone & networks	17,171.	10,135.	2,977.	4,059.
Training	16,872.	3,623.	3,150.	10,099.
Victory celebration	3,081.		3,081.	
Total	<u>\$ 73,866.</u>	<u>\$ 23,841.</u>	<u>\$ 32,877.</u>	<u>\$ 17,148.</u>