Form **990**

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)

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

OMB No. 1545-0047

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2003 calendar year, or tax year beginning , 2003, and ending ,

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See specific instructions.

C Name of organization
UNITED WAY OF WILKES COUNTY, INC.

Number and street (or P O box if mail is not delivered to street addr) Room/suite
ONE UNITED WAY BLD, 910 C STREET

City, town or country State ZIP code + 4
NORTH WILKESBORO NC 28659

D Employer Identification Number
56-0942846

E Telephone number
(336) 651-7800

F Accounting method: ☐ Cash ☒ Accrual ☐ 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).**

H and 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 ►

H (c) Are all affiliates included? ☐ Yes ☐ No
(If 'No,' attach a list See instructions)

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

G Web site: ► N/A

J Organization type (check only one) ► ☒ 501(c) 3 ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ► ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

I Group Exemption Number ► N/A

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

L Gross receipts· Add lines 6b, 8b, 9b, and 10b to line 12 ► 1,278,429.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

REVENUE	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	1,185,349.	
	b	Indirect public support	1b	27,649.	
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash $ 1,210,014. noncash $ 2,984.)			1d 1,212,998.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 54,906.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 5,679.
	5	Dividends and interest from securities			5
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c
	7	Other investment income (describe ►)			7
	8a	Gross amount from sales of assets other than inventory — (A) Securities	8a	(B) Other	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
	9	Special events and activities (attach schedule). If any amount is from **gaming,** check here ► ☐			
	a	Gross revenue (not including $ 0. of contributions reported on line 1a)	9a	4,846.	
	b	Less· direct expenses other than fundraising expenses	9b	964.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a) See L-9 Stmt			9c 3,882.
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c
	11	Other revenue (from Part VII, line 103)			11
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 1,277,465.
EXPENSES	13	Program services (from line 44, column (B))			13 1,081,876.
	14	Management and general (from line 44, column (C))			14 43,938.
	15	Fundraising (from line 44, column (D))			15 83,617.
	16	Payments to affiliates (attach schedule)			16 9,622.
	17	**Total expenses** (add lines 16 and 44, column (A))			17 1,219,053.
NET ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 58,412.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 706,130.
	20	Other changes in net assets or fund balances (attach explanation)			20 455.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 764,997.

RECEIVED 2004

21

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash $ 1,009,807. non-cash $)	22	1,009,807.	1,009,807.		
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	37,647.	13,176.	8,659.	15,812.
26 Other salaries and wages	26	50,794.	17,778.	11,683.	21,333.
27 Pension plan contributions	27	2,640.	924.	607.	1,109.
28 Other employee benefits	28	12,730.	4,455.	2,928.	5,347.
29 Payroll taxes	29	6,766.	2,368.	1,556.	2,842.
30 Professional fundraising fees	30				
31 Accounting fees	31	5,010.	0.	5,010.	0.
32 Legal fees	32				
33 Supplies	33	6,160.	1,959.	887.	3,314.
34 Telephone	34	5,035.	1,611.	1,208.	2,216.
35 Postage and shipping	35	4,227.	1,353.	1,014.	1,860.
36 Occupancy	36	12,290.	10,201.	1,352.	737.
37 Equipment rental and maintenance	37	9,506.	4,036.	2,028.	3,442.
38 Printing and publications	38	2,476.	0.	731.	1,745.
39 Travel	39	405.	130.	97.	178.
40 Conferences, conventions, and meetings	40	2,940.	941.	706.	1,293.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	8,746.	5,146.	1,501.	2,099.
43 Other expenses not covered above (itemize):					
a INSURANCE	43a	4,201.	2,760.	647.	794.
b CAMPAIGN EXPENSES	43b	16,291.	0.	0.	16,291.
c COMPUTER & SOFTWARE MAINTENANCE	43c	2,795.	894.	671.	1,230.
d UNITED WAY OF NC DUES	43d	4,490.	1,437.	1,078.	1,975.
e See Other Expenses Stmt	43e	4,475.	2,900.	1,575.	0.
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,209,431.	1,081,876.	43,938.	83,617.

Joint Costs. Check ► [X] 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 [X] No

If 'Yes,' enter **(i)** the aggregate amount of these joint costs $ _____, **(ii)** the amount allocated to Program services $ _____; **(iii)** the amount allocated to Management and general $ _____; and **(iv)** the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ► PARTIALLY FUND MEMBER AGENCIES

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a AMOUNTS ALLOCATED AND DESIGNATED IN 2003 AND PAID OR TO BE PAID TO MEMBER AGENCIES AND PROGRAMS. THESE AMOUNTS ARE PRIMARIALY FROM CONTRIBUTIONS PLEDGED DURING THE FALL 2003 CAMPAIGN. (Grants and allocations $ 1,009,807.)	1,009,807.
b EXPENSES INVOLVING THE OPERATON OF THE UNITED WAY BUILDING, OTHER SUPPORT FOR MEMBER AGENCIES, AND PARTICIPATION IN COMMUNITY INITIATIVES RELATED TO HUMAN SERVICES. (Grants and allocations $ 0.)	72,069.
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►	1,081,876.

Part IV Balance Sheets (See 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
ASSETS	45 Cash – non-interest-bearing		23,085.	45	47.
	46 Savings and temporary cash investments		495,223.	46	513,038.
	47a Accounts receivable	47a 4,713.			
	b Less: allowance for doubtful accounts	47b	4,903.	47c	4,713.
	48a Pledges receivable	48a 1,364,863.			
	b Less. allowance for doubtful accounts	48b 233,604.	1,028,819.	48c	1,131,259.
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes & loans receivable (attach sch)	51a			
	b Less: allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		4,037.	53	4,019.
	54 Investments – securities (attach schedule)	► ☐ Cost ☐ FMV		54	
	55a Investments – land, buildings, & equipment basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b		55c	
	56 Investments – other (attach schedule)	L-56 Stmt	5,000.	56	5,456.
	57a Land, buildings, and equipment: basis	57a 196,215.			
	b Less: accumulated depreciation (attach schedule)	57b 73,489.	101,681.	57c	122,726.
	58 Other assets (describe ►)			58	
	59 **Total assets** (add lines 45 through 58) (must equal line 74)		1,662,748.	59	1,781,258.
LIABILITIES	60 Accounts payable and accrued expenses		10,955.	60	5,448.
	61 Grants payable		945,663.	61	1,010,813.
	62 Deferred revenue			62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe ►)			65	
	66 **Total liabilities** (add lines 60 through 65)		956,618.	66	1,016,261.
NET ASSETS OR FUND BALANCES	**Organizations that follow SFAS 117, check here** ► ☒ and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		487,893.	67	563,224.
	68 Temporarily restricted		218,237.	68	201,773.
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here ► ☐ 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 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)		706,130.	73	764,997.
	74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)		1,662,748.	74	1,781,258.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	1,033,210.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $ 456.		
(2)	Donated services and use of facilities $ 2,697.		
(3)	Recoveries of prior year grants $		
(4)	Other (specify): $		
	Add amounts on lines (1) through (4)	b	3,153.
c	Line a minus line b	c	1,030,057.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): DESIGNATIONS NET OF ADMIN FEE $ 247,408.		
	Add amounts on lines (1) and (2)	d	247,408.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,277,465.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	974,342.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities $ 2,697.		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify): $		
	Add amounts on lines (1) through (4)	b	2,697.
c	Line a minus line b	c	971,645.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify). DESIGNATIONS NET OF ADMIN FEE $ 247,408.		
	Add amounts on lines (1) and (2)	d	247,408.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,219,053.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE SCHEDULE				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ☐ Yes ☒ No

If 'Yes,' attach schedule – see instructions.

Part VI Other Information (See instructions)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a		X
b	If 'Yes,' enter the name of the organization ► _____ and check whether it is ☐ exempt **or** ☐ nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions — 81a: 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b	N/A	
82a	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?	82a	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: 2,697.			
83a	Did the organization comply with the *public inspection requirements for returns and exemption applications*?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations* **a** Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	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.			
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?	85g	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?	85h	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	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	88		X
89a	*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	89b		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.			
90a	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, 2003 (See instructions.)	90b	3	
91	The books are in care of ► KAREN WORLEY Telephone number ► (336) 651-7800 Located at ► 910 C STREET, NORTH WILKESBORO, NC ZIP + 4 ► 28659			
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		

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

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a Admin Fee on Desig Curren					32,894.
b Rent from UW Bldg					22,012.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	5,679.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					3,882.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				5,679.	58,788.
105 **Total** (add line 104, columns (B), (D), and (E)) ►					64,467.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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).
93A	A SERVICE FEE IS CHARGED ON DESIGNATIONS BY CONTRIBUTORS
	IN ORDER TO COVER OPERTAING EXPENSES FOR THE PERFORMANCE OF
	EXEMPT ACTIVITIES. WITHOUT THE SERVICE FEES SOME PORTIONS OF
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) N/A

(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
	%			
	%			
	%			
	%			

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

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

Please ► [signature] 11/9/04 Date

Volunteer Treasurer

	Date	Check if	Preparer's SSN or PTIN (see General Instruction W)

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 Section 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

2003

Name of the organization

UNITED WAY OF WILKES COUNTY, INC.

Employer identification number

56-0942846

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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 and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ►	NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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
NONE		
Total number of others receiving over $50,000 for professional services ►	NONE	

Part III Statements About Activities (See 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.)	1		X
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.			
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? See Part V, Form 990	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	X	
e Transfer of any part of its income or assets?	2e		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b Do you have a section 403(b) annuity plan for your employees?	3b		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X	

Part IV Reason for Non-Private Foundation Status (See instructions.)

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 supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4) (See 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,146,496.	1,196,306.	1,112,966.	1,128,496.	4,584,264.
16 Membership fees received					
17 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	20,763.				20,763.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	7,034.	12,235.	11,848.	11,068.	42,185.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets See L-22 Stmt	48.				48.
23 Total of lines 15 through 22	1,174,341.	1,208,541.	1,124,814.	1,139,564.	4,647,260.
24 Line 23 minus line 17	1,153,578.	1,208,541.	1,124,814.	1,139,564.	4,626,497.
25 Enter 1% of line 23	11,743.	12,085.	11,248.	11,396.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	► 26a	92,530.
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 1999 through 2002 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts	► 26b	519,268.
c Total support for section 509(a)(1) test. Enter line 24, column (e)	► 26c	4,626,497.
d Add Amounts from column (e) for lines. 18 42,185. 19 ____ 22 48. 26b 519,268.	► 26d	561,501.
e Public support (line 26c minus line 26d total)	► 26e	4,064,996.
f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))**	► 26f	87.86 %

27 Organizations described on line 12:

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:

(2002) _____ (2001) _____ (2000) _____ (1999) _____

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 11, 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:

(2002) _____ (2001) _____ (2000) _____ (1999) _____

c Add: Amounts from column (e) for lines: 15 ____ 16 ____ 17 ____ 20 ____ 21 ____	► 27c	
d Add: Line 27a total ____ and line 27b total ____	► 27d	
e Public support (line 27c total minus line 27d total)	► 27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ► 27f		
g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))**	► 27g	%
h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))**	► 27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.

Part V Private School Questionnaire (See instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	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?	29		
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?	30		
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?	31		
	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table —			
If the amount on line 40 is — / **The lobbying nontaxable amount is —**			
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	41		
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			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		
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)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	**(a)** 2003	**(b)** 2002	**(c)** 2001	**(d)** 2000	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See 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
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines **c** through **h.**)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51 a (i)		X
(ii) Other assets	a (ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)		X
(iii) Rental of facilities, equipment, or other assets	b (iii)		X
(iv) Reimbursement arrangements	b (iv)		X
(v) Loans or loan guarantees	b (v)		X
(vi) Performance of services or membership or fundraising solicitations	b (vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► ☐ Yes ☒ No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Form 990, Page 1, Part I, Line 9
Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
APPLE FESTIVAL	1,981.	0.	1,981.	0.	1,981.
CHICKEN Q	2,865.	0.	2,865.	964.	1,901.
Total	4,846.	0.	4,846.	964.	3,882.

Form 990, Page 2, Part II, Line 43
Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Consulting Re FGP/Sr Comp	2,900.	2,900.	0.	0.
MISCELLANEOUS	1,575.	0.	1,575.	0.
Total	4,475.	2,900.	1,575.	0.

Form 990, Page 3, Part IV, Line 56
Investments - Other Statement

Line 56 – Investments - Other:	Beginning of Year	End of Year
Other Investments		5,456.
Total		5,456.

Form 990, Page 6, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	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).
	EXEMPT ACTIVITIES COULD BE JEOPARDIZED.
93B	RENT IS COLLECTED FROM TENANT AGENCIES TO OFFSET THE COST OF OPERATING A COMMUNITY SERVICE BLDG AND OTHER OPERATING EXPENSES. THIS BUILDING PROVIDES A CENTRAL LOCATION FOR ACTIVITIES AND ELIMINATES DUPLICATED COSTS. ALL TENANTS MUST BE NON-PROFIT AGENCIES.
101	INCOME WAS OBTIANED THROUGH FUNDRAISING ACTIVITIES TO HELP SUPPLEMENT CAMPAIGN REVENUE. THE FUNDRAISING EFFORT ASSISTED THE UNITED WAY OF WILKES TO ACCOMPLISH THE CAMPAIGN OBJECTIVES.

Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
MISCELLANEOUS	48.				48.
Total	48.				48.

Supporting Statement of:

Form 990 p 1/Line 16

Description	Amount
UNITED WAY OF AMERICA DUES	9,622.
Total	9,622.

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
UNREALIZED GAINS/LOSSES ON INVESTMENTS	456.
ROUNDING	-1.
Total	455.

United Way of Wilkes County, Inc **56-0942846**
2003 Form 990, Page 2
Part II, Line 22
Grants & Allocations

Amounts allocaated and designated in 2003 to be paid in 2004

American Heart Association--Wilkes Unit	$	654
American Red Cross--Wilkes Alleghany Unit		50,881
Catherine H. Barber Memorial Homeless Shelter		13,780
Centro Latino		-
Child Abuse Prevention Team		30,210
Communities in Schools		45,000
Community Health Connection, Inc.		5,000
Ebenezer Gardens Christian Children's Home		36,600
Foster Grandparents Program		30,400
Foster Parents Association		5,000
Hospice of Wilkes		62,000
Legal Services of the Blue Ridge		5,000
MESH		8,053
North Carolina Choices (State United Way agencies)		524
Old Hickory Boy Scout Council		22,500
Outcomes Based Management		-
Pastoral Care and Counseling Center of Wilkes		909
Rainbow Center of Wilkes, Inc.		54,379
Respite Care of Wilkes and Senior Citizens Center		47,500
Samaritan Kitchen		15,370
Senior Companions Program		30,500
Sheltered Aide for Families in Emergencies (SAFE)		38,000
Smart Start		5,300
Summer Program for Exceptional Children (SPEC)		17,500
Tarheel Triad Girl Scout Council, Inc.		30,512
Volunteers for Wilkes Literacy		12,000
Wilkes Adult Development Activity Program (ADAP)		47,000
Wilkes Center for the Deaf and Hard of Hearing		38,500
Wilkes County 4-H Program		16,000
Wilkes Developmental Day School		40,000
Wilkes Family Resource Center		9,000
Wilkes Prison Ministry		136
Wilkes Rescue Squad		42,000
Wilkes Senior Citizens Council		19,500
YMCA of Greater Greensboro		62,000
Blue Ridge Opportunity Council (The CARE Connection)		37,796
Crisis Fund (Combined with Blue Ridge Opportunity Council)		-
Medical Emergency Funds (Combined with Blue Ridge Opportunity Council)		-
State employees combined campaign designations		7,844
Out of County Designations		68,685
Total of allocations and designations as of end of year	$	956,033

Adjustments to prior year allocations and designations:

Additional amount prorated to all agencies based on a late-received contribution	$	50,000
Foster Parents Association (agency did not need)		-
Crisis Fund		-
Medical Emergency Fund		-
BROC Children's Christmas Fund		2,500
Community Health Connection		(10,689)
Centro Latino		-
North Carolina Choices (State United Way agencies)		-
Out of County Designations		11,963
Adjustment due to rounding of allocations to whole dollars per month		- (1)
Total of adjustments of allocations and designations	$	53,774
TOTAL ALLOCATIONS AND DESIGNATIONS TO AGENCIES AND PROGRAMS	$	1,009,807

United Way of Wilkes County, Inc **56-0942846**
2003 Form 990, Page 3, Line 57
Depreciation Schedule

Equipment	Life	Purch Date	Cost	Reserve 12/31/2002	Depreciation 2003	Reserve 12/31/2003	Book Value Dispositions
Land							
United Way Bldg		9/1/1988	12,500				
Solomon Bldg		8/31/1998	70,080				
Sale of Solomon Property			-70,080				
Land Total			**12,500**				
Building							
United Wa	40	9/1/1988	128,079	45,895	3,202	49,097	
New Heatir	10	Oct-03	28,000		1,400	1,400	
Building Total			**156,079**	**45,895**	**4,602**	**50,497**	
Equipment							
Video Playe	5	7/1/1990	588	588	0	588	
taken out of service 2003			-588			-588	
Copier	5	Jul-92	5,531	5,531	0	5,531	
disposed of in 2003			-5,531			-5,531	
3 Workstati	5	Jun-95	274	274	0	274	
Hdwe Surge	4	Jun-95	697	697	0	697	
Shredder	5	Jun-95	206	206	0	206	
Chair	5	May-96	155	155	0	155	
1 40 and 1 :	5	Jul-96	193	193	0	193	
Display Boa	5	Aug-96	529	529	0	529	
Telephones	5	May-97	1,511	1,511	0	1,511	
Victor Calcu	5	Jun-97	75	75	0	75	
Victor Calcu	5	Oct-97	75	75	0	75	
4 drawer file	5	Oct-97	126	126	0	126	
Printer HP I	5	Dec-97	482	482	0	482	
disposed of in 2003			-482			-482	
TV/VCR and	4	Oct-98	249	249	0	249	
Sofa & Chair	5	Jul-98	906	815	91	906	
Monitor	4	Dec-98	130	130	0	130	
Sharp Plain F	4	May-99	184	161	23	184	
disposed of in 2003			-184			-184	
Canon BJC5(	4	Jun-99	200	175	25	200	
Publisher De	4	May-99	100	87	12	100	
UWA Campa	4	Dec-99	6,500	5,688	813	6,500	
4 computers	4	Jun-99	5,040	4,410	630	5,040	
PC Anywhere	4	Jun-99	155	136	19	155	
New Server (	4	Jan-00	3,894	2,434	973	3,407	
Win Proxy Sc	4	Jan-00	118	74	29	103	
Used Gatewa	2	Jun-00	400	400	0	400	
disposed of in 2003			-400			-400	
Events Tent	5	May-01	1,000	300	200	500	
2 Computer I	3	Sep-02	280	47	93	140	
Fire Proof Sa	5	Aug-02	240	24	48	72	
Awning front	5	Jul-02	666	67	133	200	
Sign for front	5	Jul-02	375	38	75	113	
Windows 20(	3	Jun-02	704	117	235	352	
Iomega Zip D	3	Jun-02	387	65	129	194	
Installation -	3	Jun-02	741	124	247	371	
Quickbooks I	3	Apr-02	319	53	106	160	
Used GE Ref	3	Oct-03	100	0	17	17	
Epson 1660F	3	Aug-03	314	0	52	52	
HP Deskjet 5	3	May-03	158	0	26	26	
Microsoft Pic	3	May-03	52	0	9	9	
Sony Cyber-S	3	May-03	307	0	51	51	
HP LJ1200SI	3	May-03	300	0	50	50	
12 Folding Ta	5	May-03	560	0	56	56	
Equipment Total			**27,636**	**26,034**	**4,144**	**22,992**	**0**
Total Fixed Assets			**196,215**	**71,929**	**8,746**	**73,489**	**0**

United Way of Wilkes County
Board of Directors and Key Employees

Schedule 4
2003 Form 990
Part V

Board Members (They attend a one-hour meeting each month plus annually a 3 hour planning session). Officers attend occasional additional meetings. Board Members are not compensated.

Officers

President Bob Whelan	Johnston Casuals P O Box 668 N Wilkesboro NC 28659
Dan Little Past President	Central Carolina Bank 924 Main Street N Wilkesboro NC 28659
Karen Worley **Treasurer**	216 Gaddys Ridge Rd. Wilkesboro, N.C. 28697
Melissa Lackey **Assistant Treasurer**	Gardner Glass Products P O Box 1570 North Wilkesboro, NC 28659
Richard Collier **2003/2004 Campaign Chair**	Louisiana Pacific – (LP) P O Box 98 Roaring River NC 28669
VP Counsel	Michael Duncan 107 East Main Street Wilkesboro NC 28697
Melissa Walker **Secretary** (non-voting)	United Way of Wilkes County 910 C Street North Wilkesboro, NC 28659

Terms Complete in 2003

Vaughn Hayes	Lowe's Companies P.O. Box 1111 North Wilkesboro, N.C. 28659
Mark Welborn	Tyson Foods P.O. Box 88

	Wilkesboro, N.C. 28697
Lin Brooks	Applefield Executive Properties 406 W. Main Street Wilkesboro, NC 28697
Nelson Martin	Town of North Wilkesboro Parks and Recreation P O Box 218 N Wilkesboro NC 28659
Kathleen Humphrey	Shelter Aid to Families in Emergencies P O Box 445 Wilkesboro NC 28697

Terms complete in 2004

Lisa Pardee	Northwest General Insurance Agency 211 Sixth Street N Wilkesboro NC 28659
Rev. Nelson Granade	First Baptist Church P O Box 458 North Wilkesboro, NC 28659
Arnold Lakey	192 E Magnolia Rd. North Wilkesboro, N.C. 28659
David Stackhouse	Louisana Pacific P O Box 98 Roaring River NC 28669

Terms complete in 2005

David Henson	Wilkes Regional Medical Center P O Box 609 N Wilkesboro NC 28659
Jean Graf	Vision 20/20 256 Triple Cove Road Wilkesboro NC 28697
Dr. Larry Cartner	Wilkes County Board of Education 201 West Main Street Wilkesboro NC 28697

Carolyn Anderson	Bank of America 200 W Main Street Wilkesboro NC 28697
Cindy Bentley	WRMC 1918 West Park Drive North Wilkesboro NC 28659
Francie Rogers	104 Pine Street N Wilkesboro NC 28659
Randy Perdue	Northwestern Bank P O Box 2368 North Wilkesboro NC 28659

Terms complete in 2006

Laurie Austen	CompuCredit 418 Building - Brushy Mtn Road Wilkesboro NC 28697
Ken Nolan	Town of Wilkesboro 203 West Main Street Wilkesboro NC 28697
Gary Stone	Reins Sturdivant/Scenic Memorial P O Box 1027 Moravian Falls NC 28654
Dane Mastin	Sheriff of Wilkes County 513 Clark Road Wilkesboro NC 28697

Key Employees (Worked approximately 40 hours per week)

		Salary	Benefits
Michael Lentz	Executive Director	$37,647	$5,367
Melissa Walker	Finance Director	$26,780	$4,325

ADDRESS: **One United Way Building, 910 C Street, North Wilkesboro, NC 28659**
Phone: **(336) 651-7800**

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

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

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

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

Note: ***Form 990-T corporations*** *requesting an automatic 6-month extension—check this box and complete Part I only* . . . ▶ ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	United Way of Wilkes County, Inc.	56 : 0942846
	Number, street, and room or suite no. If a P.O. box, see instructions. One United Way Building, 910 C Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. North Wilkesboro, NC 28659	

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

☑ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

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

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until August 15, 2004, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☑ calendar year 2003 or
▶ ☐ tax year beginning _____ , 20___, and ending _____ , 20___.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . $ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . $ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . . $ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Melissa Walker Title ▶ Director of Finance Date ▶ 3-31-04

• If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box . . ▶ ☑

Note: ***Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.***

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print	Name of Exempt Organization		Employer identification number
	United Way of Wilkes County, Inc		**56 : 0942846**
File by the extended due date for filing the return See instructions	Number, street, and room or suite no If a P O. box, see instructions. **One United Way Building, 910 C Street**		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions **North Wilkesboro, NC 28659**		

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

☑ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• If the organization does **not** have an office or place of business in the United States, check this box . . . . . ▶ ☐

• If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole** group, check this box ▶ ☐ . If it is for **part** of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **November 15** , 20**04**

5 For calendar year **2003** , or other tax year beginning _____, 20___ and ending _____, 20____.

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

7 State in detail why you need the extension **Additional time is needed to do our account analysis and compile transcations in order to file a complete and accurate return.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . $ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 . . . . . $ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions . . . . . $

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Clara Nickerman Title ▶ **Director of Finance** Date ▶ 8/25/04

Notice to Applicant—To Be Completed by the IRS

☐ We **have** approved this application. Please attach this form to the organization's return

☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

☐ We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested

☐ Other _____

_____ By. _____ _____
Director Date

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	**Name**
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)