

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
UNITED WAY OF CENTRAL CAROLINAS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
601 E FIFTH ST NO 350

City or town, state or province, country, and ZIP or foreign postal code
CHARLOTTE, NC 28202

D Employer identification number
56-0529948

E Telephone number
(704) 372-7170

G Gross receipts \$ 44,328,654

F Name and address of principal officer:
LAURA CLARK
601 E FIFTH ST NO 350
CHARLOTTE, NC 28202

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.UWCENTRALCAROLINAS.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1958

M State of legal domicile: NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
FIGHTING FOR THE EDUCATION, HEALTH, AND FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY.

2 Check this box 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)	3	28
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	62
6 Total number of volunteers (estimate if necessary)	6	10,250
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	25,926,150	36,442,612
9 Program service revenue (Part VIII, line 2g)	407,041	184,818
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	591,213	1,391,519
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,373	49,247
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,978,777	38,068,196
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	24,548,630	18,323,648
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,426,456	3,497,307
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,558,990		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,982,752	3,657,852
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	31,957,838	25,478,807
19 Revenue less expenses. Subtract line 18 from line 12	-4,979,061	12,589,389
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	27,785,395	33,908,061
21 Total liabilities (Part X, line 26)	16,624,098	11,028,041
22 Net assets or fund balances. Subtract line 21 from line 20	11,161,297	22,880,020

Part II 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
Date 2020-11-13

LAURA CLARK PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2020-11-13	Check <input type="checkbox"/> if self-employed	PTIN P01506766
Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
Firm's address ▶ 227 WEST TRADE STREET SUITE 800 CHARLOTTE, NC 28202			Phone no. (704) 998-5200	

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

UNITED WAY OF CENTRAL CAROLINAS WORKS TO CREATE LASTING CHANGE FOR THOSE MOST IN NEED THROUGH STRATEGIC COMMUNITY PHILANTHROPY IN A FIVE-COUNTY REGION.CONTINUED ON 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 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 No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 17,025,911 including grants of \$ 16,261,876) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 2,061,772 including grants of \$ 2,061,772) (Revenue \$ 46,998)
See Additional Data

4c (Code:) (Expenses \$ 136,037 including grants of \$) (Revenue \$ 137,820)
See Additional Data

(Code:) (Expenses \$ 1,247,703 including grants of \$) (Revenue \$)

2-1-1: NC 2-1-1 IS A SERVICE PROVIDED BY THE UNITED WAY OF NORTH CAROLINA. NC 2-1-1 IS NORTH CAROLINA'S RESOURCE FOR FREE INFORMATION AND REFERRAL SERVICES REGARDING HEALTH AND HUMAN SERVICES AND RESOURCES. NC 2-1-1 HAS A DATABASE OF OVER 19,000 RESOURCES, INCLUDING FOOD PANTRIES, HOMELESS SHELTERS, UTILITY AND RENT ASSISTANCE FUNDS, HEALTH CLINICS, PRESCRIPTIONS ASSISTANCE PROGRAMS, COUNSELING AND SUBSTANCE ABUSE SERVICES, CHILD CARE RESOURCES, SENIOR RESOURCES, RESOURCES FOR PERSONS WITH DISABILITIES, AND MUCH MORE.NC 2-1-1 CAN BE ACCESSED BY CALLING 2-1-1 OR GOING TO WWW.NC211.ORG. IN 2019, UNITED WAY 2-1-1 RECEIVED 25,401 CALLS AND IDENTIFIED 27,556 NEEDS FROM INDIVIDUALS IN THE FIVE-COUNTY SERVICE AREA COVERED BY UWCC, HOMELESS SERVICE PROVIDERS, THE CITY OF CHARLOTTE, MECKLENBURG COUNTY AND UNITED WAY OF CENTRAL CAROLINAS CONTINUE TO WORK TOGETHER TO MORE EFFECTIVELY SERVE THE HOMELESS BY INCORPORATING OUR REGION'S NC 2-1-1 SERVICES WITH MECKLENBURG COUNTY'S COORDINATED ENTRY. COORDINATED ENTRY IS A PORTAL OR ENTRY PROCESS THAT AIMS TO CONNECT INDIVIDUALS AND FAMILIES WHO ARE LITERALLY HOMELESS, OR THOSE AT IMMINENT RISK OF BECOMING HOMELESS TO SHELTER AND HOUSING RESOURCES IN THE CHARLOTTE-MECKLENBURG AREA. BY CONNECTING 2-1-1'S SINGLE, FULL SERVICE PLATFORM WITH THE COORDINATED ENTRY PROCESS, THOSE IN NEED OF HOUSING ASSISTANCE WILL NOW BE ABLE TO GET HELP MORE QUICKLY AND ARE POINTED TO THE RIGHT RESOURCES IN A STANDARD AND CONSISTENT MANNER.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 1,247,703 including grants of \$) (Revenue \$)

4e Total program service expenses 20,471,423

Part IV 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
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		No
4	Section 501(c)(3) organizations. 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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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	Yes	
11c	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		No
11d	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		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	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 and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
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)		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 16 main rows (2a-16) and sub-rows (a-d). Columns include question text, a grid for 'Yes/No' answers, and a grid for numerical values. Row 2a contains the value '62'. Rows 10a-11b contain numerical input fields.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 main rows and 3 sub-columns (1a, 1b, and Yes/No). Rows include: 1a (governing body members), 1b (independent members), 2 (family/business relationships), 3 (delegation of control), 4 (governing documents), 5 (asset diversion), 6 (members/stockholders), 7a (governing body power), 7b (governance decisions), 8 (meeting documentation), 8a/b (governing body/committees), 9 (unreachable officers).

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

Table with 16 main rows and 3 sub-columns (10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b). Rows include: 10a (local chapters), 10b (written policies), 11a (copy to members), 12a (conflict of interest policy), 12b (disclosure of interests), 12c (monitoring compliance), 13 (whistleblower policy), 14 (document retention), 15a/b (compensation review), 16a (joint ventures), 16b (joint venture policy).

Section C. Disclosure

Table with 3 rows. Row 17: List states (NC). Row 18: Section 6104 availability (Own website, Upon request). Row 19: Describe governing documents. Row 20: State name/address/phone number (CHILDREN AND FAMILY SERVICES CENTER).

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a 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...
List all of the organization's current key employees...
List the organization's five current highest compensated employees...
List all of the organization's former officers, key employees...
List all of the organization's former directors or trustees...

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							750,269	0	98,658	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **5**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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>	Yes	
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>		No

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDREN AND FAMILY SERVICES CENTER 601 E 5TH ST STE 450 CHARLOTTE, NC 28202	ACCOUNTING AND PAYROLL	144,631

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 76,851			
	b Membership dues	1b			
	c Fundraising events	1c 1,124,663			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 35,241,098			
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		36,442,612		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a VOLUNTEER SERVICES		900099	137,820	137,820		
b NET ADMINISTRATIVE FEE		900099	46,998	46,998		
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			184,818			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		424,882			424,882	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real	41,432			
			(ii) Personal				
		b Less: rental expenses	6b	0			
		c Rental income or (loss)	6c	41,432			
	d Net rental income or (loss)			41,432			41,432
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	6,969,064			
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	5,999,077	3,350		
		c Gain or (loss)	7c	969,987	-3,350		
	d Net gain or (loss)			966,637			966,637
	8a Gross income from fundraising events (not including \$ 1,124,663 of contributions reported on line 1c). See Part IV, line 18	8a		265,846			
			8b	258,031			
		c Net income or (loss) from fundraising events			7,815		
	9a Gross income from gaming activities. See Part IV, line 19	9a					
			9b				
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
10b							
c Net income or (loss) from sales of inventory							
11a Miscellaneous Revenue		Business Code					
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			38,068,196	184,818	0	1,440,766	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments. See Part IV, line 21	18,323,648	18,323,648		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	393,525	105,746	118,903	168,876
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,424,560	651,515	732,579	1,040,466
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	140,070	31,773	43,589	64,708
9 Other employee benefits	314,396	71,317	97,837	145,242
10 Payroll taxes	224,756	60,176	68,216	96,364
11 Fees for services (non-employees):				
a Management				
b Legal	1,258		1,258	
c Accounting	62,000		62,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	954,721	420,129	408,358	126,234
12 Advertising and promotion	6,989	2,311	2,415	2,263
13 Office expenses	80,858	26,738	27,939	26,181
14 Information technology	525,289	173,705	181,503	170,081
15 Royalties				
16 Occupancy	1,326,575	358,518	474,586	493,471
17 Travel	28,040	16,748	6,765	4,527
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,211	9,085	3,670	2,456
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	82,815	22,381	29,627	30,807
23 Insurance	29,559	7,947	14,211	7,401
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UNITED WAY DUES	344,589	90,224	120,152	134,213
b VOLUNTEER EXPENSES AND	103,402	76,224	8,561	18,617
c DUES AND SUBSCRIPTIONS	18,545	4,082	4,886	9,577
d TAXES LICENSES AND FEES	6,725	47	6,613	65
e All other expenses	71,276	19,109	34,726	17,441
25 Total functional expenses. Add lines 1 through 24e	25,478,807	20,471,423	2,448,394	2,558,990
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	7,791,029	1	11,617,825
	2 Savings and temporary cash investments	2,716,393	2	4,534,372
	3 Pledges and grants receivable, net	6,582,510	3	5,416,537
	4 Accounts receivable, net	70,372	4	21,606
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	194,125	9	126,997
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,248,122		
	b Less: accumulated depreciation	1,246,742	70,754	10c 1,001,380
	11 Investments—publicly traded securities	8,259,419	11	8,947,986
	12 Investments—other securities. See Part IV, line 11	2,100,793	12	2,128,723
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	112,635
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,785,395	16	33,908,061	
Liabilities	17 Accounts payable and accrued expenses	612,810	17	990,763
	18 Grants payable	14,683,607	18	8,136,467
	19 Deferred revenue	316,284	19	86,616
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	675,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,011,397	25	1,139,195
	26 Total liabilities. Add lines 17 through 25	16,624,098	26	11,028,041
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,354,265	27	15,981,266
	28 Net assets with donor restrictions	2,807,032	28	6,898,754
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	11,161,297	32	22,880,020	
33 Total liabilities and net assets/fund balances	27,785,395	33	33,908,061	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,068,196
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,478,807
3	Revenue less expenses. Subtract line 2 from line 1	3	12,589,389
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,161,297
5	Net unrealized gains (losses) on investments	5	-964,623
6	Donated services and use of facilities	6	93,957
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,880,020

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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.
- 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?
- b** 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 56-0529948

Name: UNITED WAY OF CENTRAL CAROLINAS INC

Form 990 (2019)

Form 990, Part III, Line 4a:

COMMUNITY INVESTMENT: THE COMMUNITY INVESTMENT PROCESS IS FOCUSED ON IMPROVING EDUCATION, HEALTH AND FINANCIAL STABILITY TO BOOST ECONOMIC MOBILITY ACROSS THE REGION, WHILE ALSO HELPING PROVIDE A SAFETY NET FOR PEOPLE AND FAMILIES IN NEED. ANNUALLY, UNITED WAY CENTRAL CAROLINAS (UWCC) INVESTS IN MORE THAN 100 LOCAL NONPROFIT AGENCIES AND INITIATIVES THROUGH THE FUNDING PROVIDED BY GENEROUS CORPORATE AND INDIVIDUAL DONORS. CONTINUED ON SCHEDULE O

Form 990, Part III, Line 4b:

DESIGNATIONS TO OTHER UNITED WAYS AND OTHER 501(C)(3) ORGANIZATIONS: DONORS MAY DIRECT THEIR CONTRIBUTIONS TO OUT OF AREA UNITED WAYS OR QUALIFIED TAX-EXEMPT ORGANIZATIONS THAT PROVIDE SERVICES IN THE AREAS OF HEALTH, HOUSING, AND CHILDREN AND YOUTH. THESE FUNDS ARE RAISED AND DISTRIBUTED BY OUR UNITED WAY TO THE ORGANIZATIONS.

Form 990, Part III, Line 4c:

VOLUNTEERISM : UNITED WAY CENTRAL CAROLINAS' (UWCC'S) VOLUNTEER ENGAGEMENT EFFORTS ALIGN WITH THE OVERALL STRATEGIC DIRECTION OF THE ORGANIZATION BY FOCUSING ON GENERATING REAL IMPACT FOR OUR PARTNER NONPROFIT AGENCIES AND RAISING REVENUE TO FURTHER OUR MISSION. SKILL-BASED VOLUNTEERING AND FEE-FOR-SERVICE MANAGED PROJECTS ARE THE PRIMARY AREAS OF EMPHASIS. THROUGH OUR WEBSITE WE OFFER REFERRALS FOR INDIVIDUALS, GROUPS OR COMPANIES LOOKING FOR VOLUNTEER OPPORTUNITIES AND ENCOURAGE THEM TO MAKE ARRANGEMENTS DIRECTLY WITH THOSE AGENCIES LISTED. UWCC ALSO ENGAGES VOLUNTEERS THROUGH BOARD/COMMITTEE AND COMMUNITY INVESTMENT VOLUNTEER OPPORTUNITIES.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
SCOTT P VAUGHN BOARD CHAIR	3.00	X		X				0	0	0
R CHANDLER ROOT BOARD VICE CHAIR	3.00	X		X				0	0	0
JEFFREY S LEDFORD FINANCE & AUDIT COMMITTEE CHAIR	3.00	X		X				0	0	0
MATTHEW J KOSMICKI FINANCE & AUDIT COMMITTEE VICE CHAIR	3.00	X		X				0	0	0
GEORGE W BECKWITH CAMPAIGN CABINET CHAIR 2020	3.00	X		X				0	0	0
WILL PITTS CAMPAIGN CABINET VICE CHAIR	1.50	X		X				0	0	0
PEGGY L BROOKHOUSE COMMUNITY IMPACT COMMITTEE CHAIR	3.00	X		X				0	0	0
C DEE ODELL COMMUNITY IMPACT COMMITTEE VICE CHAIR 2020	3.00	X		X				0	0	0
DAVID G LEITCH GOVERNANCE & EXECUTIVE COMMITTEE CHAIR 2020	3.00	X		X				0	0	0
WILLIAM E ACKERMAN III DIRECTOR	1.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
DENA R DIORIO DIRECTOR	1.50	X						0	0	0
SUSAN C EDWARDS DIRECTOR	1.50	X						0	0	0
DONALD SCOTT KRULL GOVERNANCE & EXECUTIVE COMMITTEE CHAIR 2019	3.00	X		X				0	0	0
WILLIE E ALSTON JR DIRECTOR	1.50	X						0	0	0
BETH DIGGS DIRECTOR	1.50	X						0	0	0
DR JEAN A WRIGHT DIRECTOR	1.50	X						0	0	0
WESLEY M BECKNER DIRECTOR	1.50	X						0	0	0
MALCOMB D COLEY DIRECTOR	1.50	X						0	0	0
EILEEN F LITTLE DIRECTOR	1.50	X						0	0	0
JANET C PFEFFER DIRECTOR	1.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
CRANDALL C BOWLES DIRECTOR	1.50	X						0	0	0
CARI P BOYCE DIRECTOR	1.50	X						0	0	0
BRIAN FLOYD DIRECTOR	1.50	X						0	0	0
ERIC A LIVINGSTON DIRECTOR	1.50	X						0	0	0
DENISE WHITE DIRECTOR	1.50	X						0	0	0
RONALD E MESSENGER II DIRECTOR	1.50	X						0	0	0
BILL CURRENS DIRECTOR	1.50	X						0	0	0
BRIAN MIDDLETON DIRECTOR	1.50	X						0	0	0
DAVE REGNERY DIRECTOR	1.50	X						0	0	0
GARY GREER DIRECTOR	1.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
HEATH CAMPBELL DIRECTOR	1.50	X						0	0	0
NEVILLE POOLE DIRECTOR	1.50	X						0	0	0
SAAD EHTISHAM DIRECTOR	1.50	X						0	0	0
LAURA YATES CLARK PRESIDENT AND CEO	50.00			X				243,385	0	28,146
J WILFRED NEAL THRU 123119 CHIEF ADMINISTRATIVE AND FINANCIAL OFFICER	40.00			X				150,139	0	17,326
ROBERT GRANOW AS OF 2320 DIRECTOR OF FINANCE	40.00			X				0	0	0
KATHERINE FIRMIN-SELLERS CHIEF IMPACT OFFICER	40.00					X		110,670	0	6,150
RICHARD KEITH HEINS VP COUNTY OPERATIONS (THRU 6/30/19)	40.00					X		103,359	0	30,088
CLINT HILL CHIEF DEVELOPMENT OFFICER	40.00					X		142,716	0	16,948

SCHEDULE A
 (Form 990 or 990-EZ)

Public Charity Status and Public Support
 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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization
 UNITED WAY OF CENTRAL CAROLINAS INC

Employer identification number
 56-0529948

Part I 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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	28,114,302	28,635,782	26,676,927	25,926,150	36,442,612	145,795,773
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	28,114,302	28,635,782	26,676,927	25,926,150	36,442,612	145,795,773
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						145,795,773

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	28,114,302	28,635,782	26,676,927	25,926,150	36,442,612	145,795,773
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	411,889	477,275	457,711	645,586	466,314	2,458,775
9	Net income from unrelated business activities, whether or not the business is regularly carried on			358			358
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						148,254,906
12	Gross receipts from related activities, etc. (see instructions)					12	1,764,028

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	98.340 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	97.720 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 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 year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.)						
13	Total support. (Add lines 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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 56-0529948

Name: UNITED WAY OF CENTRAL CAROLINAS INC

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
UNITED WAY OF CENTRAL CAROLINAS INC

Employer identification number
56-0529948

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on 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 held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III 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 XIII.
- 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**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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 XIII and complete the following table:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	2,100,793	1,996,545	3,464,173	5,209,946	5,308,439
b Contributions	3,490	1,375	3,129	22,275	115,815
c Net investment earnings, gains, and losses	48,581	125,982	299,802	473,966	-214,308
d Grants or scholarships			1,740,000	2,200,000	
e Other expenditures for facilities and programs					
f Administrative expenses	24,141	23,109	30,559	42,014	
g End of year balance	2,128,723	2,100,793	1,996,545	3,464,173	5,209,946

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 49.430 %
 - b** Permanent endowment ▶ 39.980 %
 - c** Temporarily restricted endowment ▶ 10.590 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,000		15,000
b Buildings		773,084	751,123	21,961
c Leasehold improvements		798,498	43,734	754,764
d Equipment		661,540	451,885	209,655
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,001,380

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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) POOLED FUNDS HELD BY UNITED WAY LEGACY FOUNDATION	2,128,723	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	2,128,723	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,139,195

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	35,168,134
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-964,623
b	Donated services and use of facilities	2b	93,957
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	102,029
e	Add lines 2a through 2d	2e	-768,637
3	Subtract line 2e from line 1	3	35,936,771
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,131,425
c	Add lines 4a and 4b	4c	2,131,425
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	38,068,196

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	23,449,411
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	102,029
e	Add lines 2a through 2d	2e	102,029
3	Subtract line 2e from line 1	3	23,347,382
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,131,425
c	Add lines 4a and 4b	4c	2,131,425
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	25,478,807

Part XIII Supplemental Information

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 56-0529948

Name: UNITED WAY OF CENTRAL CAROLINAS INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE PURPOSE OF THE ORGANIZATION'S ENDOWMENT IS TO PROVIDE FINANCIAL SUPPORT TO GENERAL OPERATIONS AS WELL AS SPECIFIC PROGRAMS IDENTIFIED BY DONORS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	U.S. GAAP REQUIRES THE ORGANIZATION TO RECOGNIZE A TAX BENEFIT OR EXPENSE FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. MANAGEMENT BELIEVES THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2020 AND 2019.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	DESIGNATIONS UNCOLLECTIBLE ALLOWANCE 102,029.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATIONS 2,061,772. BAD DEBT RECOVERY 69,653.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	DESIGNATIONS UNCOLLECTIBLE ALLOWANCE 102,029.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATIONS 2,061,772. BAD DEBT RECOVERY 69,653.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL CAROLINAS INC

Employer identification number
56-0529948

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p>	<p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p>
---	---

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	HI TECH SHOOTOUT GOLF TOURNAMENT (event type)	INGERSOLL RAND GOLF TOURNAMENT (event type)	(total number)	(add col. (a) through col. (c))
1 Gross receipts	1,139,500	251,009		1,390,509
2 Less: Contributions	907,528	217,135		1,124,663
3 Gross income (line 1 minus line 2)	231,972	33,874		265,846
4 Cash prizes				
5 Noncash prizes	84,295	1,510		85,805
6 Rent/facility costs	58,407	11,316		69,723
7 Food and beverages	68,834	19,590		88,424
8 Entertainment				
9 Other direct expenses	12,621	1,458		14,079
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				258,031
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				7,815

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue			
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the
Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF CENTRAL CAROLINAS INC

Employer identification number

56-0529948

Part I 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.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 144

3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	<p>AGENCIES RECEIVING DISCRETIONARY FUNDING FROM UNITED WAY OF CENTRAL CAROLINAS UNDERGO INTENSIVE PRE-SCREENING BEFORE BEING AWARDED FUNDING. SUCH SCREENING INCLUDES: 1) AN APPLICATION PROCESS THAT INCLUDES EXPLANATION OF THE PROPOSED USE OF THE FUNDING; 2) FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES; 3) VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT; AND 4) VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION. THE AGENCY IS ALSO REQUIRED TO PROVIDE UWCC WITH A FINAL REPORT AT THE END OF THE ALLOCATION PERIOD THAT VERIFIES THAT ALL FUNDING HAS BEEN USED FOR THE PURPOSES INTENDED AND ACTUAL RESULTS COMPARED TO THE PROPOSED RESULTS IN THE ORIGINAL APPLICATION. ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UWCC WILL UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDS. SUCH SCREENING INCLUDES: 1) A CERTIFICATION THAT ALL UWCC FUNDS AND DONATIONS WILL BE USED IN COMPLIANCE WITH ALL APPLICABLE ANTI-TERRORIST FINANCING AND ASSET CONTROL LAWS, STATUTES, AND EXECUTIVE ORDERS; 2) VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION; AND 3) VERIFICATION THAT THE ORGANIZATION IS NOT ON A TERRORIST WATCH LIST. IN ADDITION, WE UTILIZE VERIFICATIONS FROM GUIDESTAR CHARITY CHECK TO VERIFY THAT AGENCIES RECEIVING CONTRIBUTIONS ARE 100% COMPLIANT WITH IRS REQUIREMENTS.</p>

Additional Data

Software ID:
Software Version:
EIN: 56-0529948
Name: UNITED WAY OF CENTRAL CAROLINAS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SALVATION ARMY - CHARLOTTE AREA COMMAND 4015 STUART ANDREW BOULEVARD ROAD CHARLOTTE, NC 28217	58-0660607	501(C)3	838,720				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
YWCA CENTRAL CAROLINAS 3420 PARK ROAD CHARLOTTE, NC 28209	56-0532139	501(C)3	556,577				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SAFE ALLIANCE INC 601 EAST 5TH STREET SUITE 400 CHARLOTTE, NC 28202	56-0529967	501(C)3	457,942				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHILD CARE RESOURCES INC 4600 PARK ROAD SUITE 400 CHARLOTTE, NC 28209	56-1316030	501(C)3	456,844				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMUNITIES IN SCHOOLS OF CHAR-MECK INC 601 EAST 5TH STREET SUITE 300 CHARLOTTE, NC 28202	58-1661795	501(C)3	434,849				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CARE RING 601 E 5TH STREET SUITE 140 CHARLOTTE, NC 28202	56-0621073	501(C)3	398,850				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NC MEDASSIST 4428 TAGGART CREEK ROAD SUITE 101 CHARLOTTE, NC 28208	56-2018957	501(C)3	336,688				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHARLOTTE SPEECH AND HEARING CENTER INC 741 KENILWORTH AVENUE SUITE 100 CHARLOTTE, NC 28204	56-0892041	501(C)3	333,706				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMUNITY LINK PROGRAMS OF TRAVELERS AID SOCIETY OF CENTRAL CAROLINAS INC 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	56-0530008	501(C)3	314,931				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
ADA JENKINS FAMILIES AND CAREERS DEVELOPMENT CENTER 212 GAMBLE STREET DAVIDSON, NC 28036	56-1927067	501(C)3	289,742				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CRISIS ASSISTANCE MINISTRY (MECKLENBURG) 500-A SPRATT STREET CHARLOTTE, NC 28206	56-1416719	501(C)3	282,564				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COUNCIL FOR CHILDREN'S RIGHTS 601 EAST 5TH STREET SUITE 510 CHARLOTTE, NC 28202	56-1325184	501(C)3	252,064				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHARLOTTE FAMILY HOUSING INC 300 HAWTHORNE LANE CHARLOTTE, NC 28204	58-1599120	501(C)3	249,850				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
MENTAL HEALTH AMERICA OF CENTRAL CAROLINAS INC 3701 LATROBE DRIVE SUITE 140 CHARLOTTE, NC 28211	56-0674267	501(C)3	227,670				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YMCA OF GREATER CHARLOTTE 500 EAST MOREHEAD STREET CHARLOTTE, NC 28202	56-1045299	501(C)3	224,361				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
HOPE HAVEN INC 3815 NORTH TRYON STREET CHARLOTTE, NC 28206	58-1314284	501(C)3	223,001				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
URBAN LEAGUE OF CENTRAL CAROLINAS INC 740 WEST 5TH STREET CHARLOTTE, NC 28202	56-1218704	501(C)3	208,670				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
BIG BROTHERS BIG SISTERS OF GREATER CHARLOTTE 3801 EAST INDEPENDENCE BOULEVARD CHARLOTTE, NC 28205	56-2264009	501(C)3	201,698				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHARLOTTE COMMUNITY HEALTH CLINIC 8401 MEDICAL PLAZA DRIVE SUITE 300 CHARLOTTE, NC 28262	56-2274174	501(C)3	198,977				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
RENAISSANCE WEST COMMUNITY INITIATIVE 3610 NOBLES AVENUE CHARLOTTE, NC 28208	27-1396021	501(C)3	177,353				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TEEN HEALTH CONNECTION INC 3541 RANDOLPH ROAD CHARLOTTE, NC 28211	56-1719715	501(C)3	165,772				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHARLOTTE CENTER FOR LEGAL ADVOCACY 1431 ELIZABETH AVENUE CHARLOTTE, NC 28204	56-1202940	501(C)3	147,382				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LATIN AMERICAN COALITION 4938 CENTRAL AVENUE SUITE 100 CHARLOTTE, NC 28205	58-1945776	501(C)3	137,996				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
GOODWILL INDUSTRIES OF THE SOUTHERN SOUTHERN PIEDMONT 5301 WILKINSON BOULEVARD CHARLOTTE, NC 28208	56-0844639	501(C)3	135,357				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TURNING POINT INC PO BOX 952 MONROE, NC 28111	58-1698701	501(C)3	118,737				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
UNION COUNTY CRISIS ASSISTANCE MINISTRY INC 1333 WEST ROOSEVELT BOULEVARD MONROE, NC 28110	58-1631417	501(C)3	116,698				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RIGHT MOVES FOR YOUTH INC 2211 WEST MOREHEAD STREET SUITE 102 CHARLOTTE, NC 28208	56-1834718	501(C)3	115,808				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
33181 AMERICAN RED CROSS CAROLINAS PIEDMONT 2425 PARK ROAD CHARLOTTE, NC 28203	53-0196605	501(C)3	112,500				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FLORENCE CRITTENTON SERVICES 1300 BLYTHE BOULEVARD CHARLOTTE, NC 28203	56-0577626	501(C)3	104,888				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
A CHILD'S PLACE 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	58-1911741	501(C)3	101,072				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CROSSROADS CORPORATION 3623 LATROBE AVE SUITE 208 CHARLOTTE, NC 28211	26-2787742	501(C)3	100,000				PROGRAM OPERATING COST
KINDERMOURN INC 1320 HARDING PLACE CHARLOTTE, NC 28204	56-1221194	501(C)3	98,781				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GIRL SCOUTS HORNETS' NEST COUNCIL 7007 IDLEWILD ROAD CHARLOTTE, NC 282125677	56-0563842	501(C)3	97,122				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
BOYS AND GIRLS CLUB OF CABARRUS COUNTY INC 247 SPRING STREET NW CONCORD, NC 28025	56-0577630	501(C)3	95,343				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMUNITY HEALTH SERVICES OF UNION COUNTY INC 1338-C EAST SUNSET DRIVE MONROE, NC 281124362	46-0495947	501(C)3	94,525				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
THE RELATIVES INC 119 EAST 8TH STREET CHARLOTTE, NC 28202	56-1082022	501(C)3	85,049				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LEGAL AID OF NORTH CAROLINA INC 1431 ELIZABETH AVENUE CHARLOTTE, NC 28204	31-1784161	501(C)3	84,136				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
RAIN INC 601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	56-1825247	501(C)3	81,749				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MECKLENBURG COUNTY COUNCIL - BOY SCOUTS OF AMERICA 1410 EAST 7TH STREET CHARLOTTE, NC 28204	56-0529957	501(C)3	81,432				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
THE LEARNING COLLABORATIVE 3241 SAM DRENAN ROAD CHARLOTTE, NC 28205	56-1668333	501(C)3	81,050				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNION COUNTY COMMUNITY SHELTER 160 MEADOW STREET MONROE, NC 28110	58-2121860	501(C)3	75,000				PROGRAM OPERATING COST
COMMUNITY FREE CLINIC INC 528 LAKE CONCORD ROAD NORTH EAST UNIT A CONCORD, NC 28025	58-2131301	501(C)3	68,934				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE ARC OF GASTON COUNTY INC 200 E FRANKLIN BLVD GASTONIA, NC 28052	56-0771889	501(C)3	64,140				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
THOMPSON CHILD & FAMILY FOCUS 6800 SAINT PETERS LANE MATHEWS, NC 28105	56-0547460	501(C)3	50,642				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MOORESVILLE AREA CHRISTIAN MISSION INC 266 NORTH BROAD STREET MOORESVILLE, NC 28115	56-0667685	501(C)3	49,500				PROGRAM OPERATING COST
CENTRAL NC COUNCIL BOY SCOUTS OF AMERICA 2500 ABLEMARLE ROAD ALBEMARLE, NC 28001	56-0532132	501(C)3	46,252				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HEALTHREACH COMMUNITY CLINIC 400 EAST STATEVILLE AVENUE SUITE 300 MOORESVILLE, NC 28115	20-1020941	501(C)3	45,950				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
AMERICAN RED CROSS WESTERN NORTH CAROLINA CHAPTER 2425 PARK ROAD CHARLOTTE, NC 28203	53-0196605	501(C)3	45,400				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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E2D INC PO BOX 1299 DAVIDSON, NC 28036	46-5008759	501(C)3	44,750				PROGRAM OPERATING COST
UNITED WAY OF YORK COUNTY SC 226 NORTHPARK DRIVE SUITE 100 ROCK HILL, SC 29730	57-0360058	501(C)3	42,976				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CABARRUS COOPERATIVE CHRISTIAN MINISTRY FOUNDATION 246 COUNTRY CLUB DRIVE NE CONCORD, NC 28025	56-1320818	501(C)3	42,787				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COUNCIL ON AGING IN UNION COUNTY INC 1401 SKYWAY DRIVE MONROE, NC 28110	56-1081558	501(C)3	40,064				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ON MY GENIUS CAMPAIGN 4930 POPLAR GROVE DRIVE CHARLOTTE, NC 28270	81-1281603	501(C)3	40,000				PROGRAM OPERATING COST
UNION-ANSON COUNTY HABITAT FOR HUMANITY INC 2520 WEST ROOSEVELT BOULEVARD MONROE, NC 28110	56-1704668	501(C)3	38,722				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CVAN WOMEN'S PROGRAM PO BOX 1749 CONCORD, NC 280261749	57-0749038	501(C)3	38,439				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
LAKE NORMAN COMMUNITY HEALTH CLINIC 14230 HUNTERS ROAD HUNTERSVILLE, NC 28078	04-3723062	501(C)3	36,302				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SALVATION ARMY CABARRUS 216 PATTERSON AVENUE SE CONCORD, NC 28025	58-0660607	501(C)3	35,728				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
FRIENDSHIP TRAYS ATTN THE BULB 2410A DISTRIBUTION STREET CHARLOTTE, NC 28203	56-1201496	501(C)3	35,000				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DISABILITY RIGHTS AND RESOURCES 5801 EXECUTIVE CENTER DRIVE SUITE 101 CHARLOTTE, NC 28212	56-1268845	501(C)3	34,532				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
HABITAT FOR HUMANITY CABARRUS COUNTY 8 CHURCH STREET SUITE 101 CONCORD, NC 28025	56-1678395	501(C)3	34,404				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LOGAN COMMUNITY DAY CARE ASSOCIATION INC 204 BOOKER DRIVE SW CONCORD, NC 28025	23-7210127	501(C)3	32,033				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
ACADEMIC LEARNING CENTER INC 2353 CONCORD LAKE ROAD CONCORD, NC 28025	56-1963975	501(C)3	32,030				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMUNITIES IN SCHOOLS OF NORTH CAROLINA 222 NORTH PERSON STREET SUITE 203 RALEIGH, NC 27601	56-1677831	501(C)3	30,875				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT, PROGRAM OPERATING COST
FIFTH STREET MINISTRIES (DIAKONOS) 1421 5TH STREET STATESVILLE, NC 28687	58-1821225	501(C)3	30,640				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED WAY OF GASTON COUNTY INC 200 E FRANKLIN BLVD GASTONIA, NC 28052	56-0653356	501(C)3	30,543				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
GRACE MAR SERVICES 615 E 6TH STREET SUITE 116 CHARLOTTE, NC 28202	80-0235887	501(C)3	30,000				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHARLOTTE CENTER FOR URBAN MINISTRY INC 1210 N TRYON STREET CHARLOTTE, NC 282063256	56-1474475	501(C)3	29,699				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
BETHLEHEM CENTER OF CHARLOTTE INC 2705 BALTIMORE AVENUE CHARLOTTE, NC 28203	56-0543244	501(C)3	27,017				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
REFUGEE SUPPORT SERVICES OF THE CAROLINAS INC 8911 ALPINE CIRCLE CHARLOTTE, NC 28270	20-5972063	501(C)3	26,300				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
ESTHER HOUSE OF STANLY COUNTY 313 NORTH 2ND STREET ALBEMARLE, NC 28001	46-1652623	501(C)3	25,698				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ASPIRE COMMUNITY CAPITAL 6406 BEECHER DRIVE CHARLOTTE, NC 28215	47-1562918	501(C)3	25,000				PROGRAM OPERATING COST
SOUTH TRYON COMMUNITY UNITED METHODIST CHURCH (BROOKHILL COMMUNITY CENTER) 2516 S TRYON STREET CHARLOTTE, NC 28203	56-2256591	501(C)3	25,000				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STILLETTO BOSS UNIVERSITY 10518 ENGLISH SETTER WAY CHARLOTTE, NC 28209	82-1467018	501(C)3	25,000				PROGRAM OPERATING COST
WEST SIDE COMMUNITY LAND TRUST 2910 PARKWAY AVENUE CHARLOTTE, NC 28208	82-1143067	501(C)3	25,000				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED WAY OF FORSYTH COUNTY INC 301 NORTH MAIN STREET SUITE 1700 WINSTON SALEM, NC 27101	23-7357234	501(C)3	24,348				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
FAMILIES FIRST IN CABARRUS COUNTY INC 985 CENTRAL DRIVE NW CONCORD, NC 28027	47-1302015	501(C)3	23,268				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EXCHANGE SCAN 207 WALNUT STREET STATESVILLE, NC 28687	56-1758810	501(C)3	23,085				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
FREEDOM SCHOOL PARTNERS 1030 AROSA AVENUE CHARLOTTE, NC 28203	56-2169158	501(C)3	22,913				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DAVIDSON-CORNELIUS CHILD DEVELOPMENT CENTER PO BOX 848 DAVIDSON, NC 28036	56-0891613	501(C)3	22,500				PROGRAM OPERATING COST
SANDRA AND LEON LEVINE JEWISH COMMUNITY CENTER 5007 PROVIDENCE ROAD CHARLOTTE, NC 28226	56-1100696	501(C)3	21,495				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CAMINO COMMUNITY DEVELOPMENT CORP 133 STETSON DRIVE CHARLOTTE, NC 28223	56-2015959	501(C)3	20,130				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
LAKEWOOD NEIGHBORHOOD ALLIANCE INC 330 LAKEWOOD AVENUE CHARLOTTE, NC 28208	38-4015347	501(C)3	18,000				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NORTH END COMMUNITY COALITION 1833 STROUD PARK COURT CHARLOTTE, NC 28206	81-2943846	501(C)3	17,310				PROGRAM OPERATING COST
WEST BOULEVARD NEIGHBORHOOD COALITION PO BOX 669755 CHARLOTTE, NC 28266	30-0401238	501(C)3	17,310				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COLTRANE LIFE CENTER INC 321 CORBAN AVENUE SOUTH EAST CONCORD, NC 28025	56-1222998	501(C)3	16,942				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
HEALTHQUEST OF UNION COUNTY 415 EAST FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)3	16,781				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST PETER'S EPISCOPAL CHURCH ATTN AUGUSTINE LITERACY PROJECT 124 SKYLAND AVENUE CHARLOTTE, NC 28205	58-1488751	501(C)3	16,350				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COMMON WEALTH ASSOCIATES INC ATTN COMMON WEALTH CHARLOTTE 5301 WILKINSON BOULEVARD ROAD CHARLOTTE, NC 28208	30-0842673	501(C)3	15,260				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COPS & BARBERS INC 3720 N TRYON STREET 102 CHARLOTTE, NC 28206	82-3268245	501(C)3	15,000				PROGRAM OPERATING COST
FEED MY LAMBS 2209 US-74 WADESBORO, NC 28170	56-2158694	501(C)3	14,786				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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YBM LEADERSHIP ACADEMY 416 MCCULLOUGH DRIVE SUITE 215 CHARLOTTE, NC 28262	26-2984776	501(C)3	14,500				PROGRAM OPERATING COST
COMMUNITY SHELTER OF UNION COUNTY 160 MEADOW STREET MONROE, NC 28110	58-2121860	501(C)3	14,107				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ROWAN COUNTY UNITED WAY INC 1930 JAKE ALEXANDER BVD W STE B SALISBURY, NC 281471186	56-0642828	501(C)3	12,664				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
THE MOORESVILLE AREA CHRISTIAN MISSION INC 266 NORTH BROAD STREET MOORESVILLE, NC 28115	56-0667685	501(C)3	11,230				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE MEDICAL FOUNDATION OF NORTH CAROLINA INC 123 WEST FRANKLIN STREET SUITE 510 CHAPEL HILL, NC 27516	56-6057494	501(C)3	10,800				DONOR DESIGNATED FOR GENERAL SUPPORT
SOUTHSIDE RIDES FOUNDATION INC 2846 FREEDOM DRIVE CHARLOTTE, NC 28208	20-2790909	501(C)3	10,500				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HOLLA 207 WHEELER STREET WADESBORO, NC 28170	51-0562858	501(C)3	10,450				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
HENDERSON COUNTY UNITED WAY INC 32 SMYTH AVE SUITE 100 HENDERSONVILLE, NC 28792	56-0890133	501(C)3	10,031				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OPERA CAROLINA 1600 ELIZABETH AVENUE CHARLOTTE, NC 28204	56-6019660	501(C)3	10,000				DONOR DESIGNATED FOR GENERAL SUPPORT
HIDDEN VALLEY COMMUNITY DEVELOPMENT CORPORATION PO BOX 560511 CHARLOTTE, NC 282560511	56-1862380	501(C)3	9,880				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ROANOKE VALLEY UNITED WAY INC 1001 HAMILTON STREET ROANOKE RAPIDS, NC 27870	56-6010154	501(C)3	8,400				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF STANLY COUNTY INC 116 E NORTH ST ALBEMARLE, NC 28001	56-0841588	501(C)3	8,137				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED WAY OF LINCOLN COUNTY INC 101 E MAIN STREET FL 2 LINCOLNTON, NC 28092	23-7125926	501(C)3	7,885				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
HABITAT FOR HUMANITY OF THE CHARLOTTE REGION 20310 N MAIN STREET CORNELIUS, NC 28031	56-1366233	501(C)3	7,491				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ANSON COUNTY PARTNERSHIP FOR CHILDREN 117 SOUTH GREENE STREET WADESBORO, NC 28170	56-1987729	501(C)3	6,492				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
UNITED WAY OF THE GREATER TRIANGLE INC 800 PARK OFFICES DRIVE SUITE 204 DURHAM, NC 27709	56-1949103	501(C)3	6,478				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNITED WAY OF THE MIDLANDS (SC) 1818 BLANDING STREET COLUMBIA, SC 29201	57-0314396	501(C)3	6,165				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF CLEVELAND COUNTY NC INC 132 W GRAHAM STREET SHELBY, NC 28150	56-6030073	501(C)3	5,940				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CABARRUS MEALS ON WHEELS INC 1701 SOUTH MAIN STREET KANNAPOLIS, NC 28081	56-1172942	501(C)3	5,713				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
MISTY MEADOWS MITEY RIDERS INC 455 PROVIDENCE ROAD S WEDDINGTON, NC 28173	56-2045099	501(C)3	5,500				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HOSPICE OF GASTON COUNTY INC 258 E GARRISON BOULEVARD GASTONIA, NC 28054	58-1341530	501(C)3	5,303				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CLECO PRIMARY CARE NETWORK 808 SCHENCK ST SHELBY, NC 28150	56-1889125	501(C)3	5,200				DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JDRF INTERNATIONAL ATTNWESTERN NC CHAPTER 205 REGENCY EXECUTIVE PARK DRIVE SUITE CHARLOTTE, NC 28217	23-1907729	501(C)3	5,054				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CAMP FIRE 1801 MAIN STREET SUITE 200 KANSAS CITY, MO 64108	13-1623921	501(C)3	5,000				DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF CENTRAL CAROLINAS INC

Employer identification number
56-0529948

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LAURA YATES CLARK PRESIDENT AND CEO	(i)	243,385	0	0	12,169	15,977	271,531	0
	(ii)	0	0	0	0	0	0	0
2 J WILFRED NEAL THRU 123119 CHIEF ADMINISTRATIVE AND FINANCIAL O	(i)	150,139	0	0	7,507	9,819	167,465	0
	(ii)	0	0	0	0	0	0	0
3 CLINT HILL CHIEF DEVELOPMENT OFFICER	(i)	142,716	0	0	7,136	9,812	159,664	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization

UNITED WAY OF CENTRAL CAROLINAS INC

Employer identification number

56-0529948

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	<p>UNITED WAY OF CENTRAL CAROLINAS (UWCC) FIGHTS FOR THE EDUCATION, HEALTH AND FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY. WITH MORE THAN 62 YEARS OF EXPERIENCE, WE ARE A STRATEGIC COMMUNITY LEADER, CONVENER AND ADVOCATE WITH IN-DEPTH KNOWLEDGE OF THE COMMUNITIES WE SERVE, THE CHALLENGES THAT AFFECT THEM AND THE ORGANIZATIONS HAVING THE MOST IMPACT. UWCC FOCUSES ON SUPPORTING A BROAD RANGE OF LOCAL HEALTH AND HUMAN SERVICE PROGRAMS TO HELP DRIVE ECONOMIC MOBILITY WITH A FOCUS ON EDUCATION, HEALTH, FINANCIAL STABILITY AND BASIC NEEDS. UWCC ALLOCATES FUNDING TO OVER 100 HEALTH AND HUMAN SERVICE ORGANIZATIONS IN ANSON, CABARRUS, MECKLENBURG, IREDELL, AND UNION COUNTIES. THE FUNDING IS ALLOCATED THROUGH THREE GRANT PROCESSES: IMPACT GRANTS PROVIDE ANNUAL FUNDING TO NON-PROFITS WORKING TO SUPPORT THE CONTINUUM OF SERVICES FROM BASIC NEEDS, EDUCATION, HEALTH AND FINANCIAL SERVICES ACROSS OUR FIVE-COUNTY FOOTPRINT. UNITED NEIGHBORHOODS WORKS TO CHANGE THE ODDS FOR THOSE IN OUR MOST UNDER-RESOURCED NEIGHBORHOODS BY SUPPORTING COMMUNITY-DRIVEN HOLISTIC NEIGHBORHOOD TRANSFORMATION AND REVITALIZATION EFFORTS. UNITE CHARLOTTE SUPPORTS NEW AND GRASSROOTS ORGANIZATIONS THROUGH GRANTS AND CAPACITY-BUILDING ACTIVITIES FOCUSED ON IMPROVING RACIAL EQUITY AND INCREASING SOCIAL CAPITAL. IN ADDITION, UWCC PROVIDES EMERGENCY RELIEF TO INDIVIDUALS IN OUR COMMUNITY EFFECTED BY CRISIS SITUATIONS. BEGINNING IN MARCH 2020, UWCC, IN COLLABORATION WITH FOUNDATION FOR THE CAROLINAS (FFTC), BEGAN A FUNDRAISING CAMPAIGN TO SUPPORT RELIEF EFFORTS AS A RESULT OF THE IMPACTS FROM THE COVID-19 PANDEMIC. AS OF JUNE 30, 2020, APPROXIMATELY \$19,428,000 HAD BEEN RAISED TO SUPPORT RELIEF EFFORTS IN MECKLENBURG COUNTY AND \$500,000 FOR THE BALANCE OF THE FIVE-COUNTY AREA. THESE FUNDS ARE REPORTED AS GRANTS AND CONTRIBUTIONS IN THE STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2020. A COMMITTEE COMPOSED OF DONORS AND COMMUNITY LEADERS DIRECTED THE ALLOCATION PROCESS FOR MECKLENBURG COUNTY AND \$14,988,000 HAD BEEN FUNDED OR WAS COMMITTED AS OF JUNE 30, 2020. UWCC RECEIVED NO FEE FOR THE ADMINISTRATION OF THESE FUNDS.</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>UNITED WAY OF CENTRAL CAROLINAS (UWCC) WORKS TO CREATE LASTING CHANGE FOR THOSE MOST IN NEED THROUGH STRATEGIC COMMUNITY PHILANTHROPY IN ANSON, CABARRUS, MECKLENBURG, AND UNION COUNTIES AND THE MOORESVILLE/LAKE NORMAN REGION (THE FIVE-COUNTY REGION) AND IS HOME TO NEARLY 1.5 MILLION PEOPLE UWCC INVESTS ANNUALLY INTO THE COMMUNITY TO FURTHER THE ORGANIZATION'S COMMUNITY IMPACT STRATEGY, WHICH FOCUSES ON IMPROVING EDUCATION, HEALTH AND FINANCIAL STABILITY TO BOOST ECONOMIC MOBILITY ACROSS THE REGION, WHILE ALSO HELPING PROVIDE A SAFETY NET FOR PEOPLE AND FAMILIES IN NEED. WE ACCOMPLISH WHAT NO SINGLE AGENCY CAN DO ALONE. OUR NIMBLE APPROACH ALLOWS US TO RESPOND TO THE EVOLVING NEEDS OF THE COMMUNITY BOTH YEAR-ROUND AND DURING CRISIS SITUATIONS. IN SUPPORTING OUR NONPROFIT PARTNERS, UNITED WAY IS ADVANCING THEIR MISSION BY PROVIDING: LEADERSHIP: WITH OVER 62 YEARS' EXPERIENCE, WE ARE EXPERTS IN THE CAUSES WE FIGHT FOR. WE RESPOND AND SOLVE COMPLEX PROBLEMS, LEAD CONVERSATIONS ON SOCIAL ISSUES, AND LEVERAGE COMMUNITY VOICES TO WORK TOGETHER IN CREATING CHANGE. EFFICIENCY: BY POOLING RESOURCES, WE FUND LOCAL NONPROFITS AND EMPOWER THEM TO FOCUS ON FULFILLING THEIR MISSION AND PROVIDING SERVICES DIRECTLY AND QUICKLY TO THE PEOPLE WHO NEED THEM MOST. UNRESTRICTED OPERATING GRANTS ALLOW FOR FLEXIBILITY IN USING FUNDS WHEREVER THE GREATEST NEEDS EXIST. ACCOUNTABILITY: WE VET OUR PARTNER AGENCIES THROUGH AN EXTENSIVE COMMUNITY-BASED EVALUATION PROCESS, REQUIRING THEM TO TRACK OUTCOMES EVERY YEAR SO OUR DONORS KNOW THAT THEIR GIFTS WILL BE USED WISELY AND EFFICIENTLY.</p>

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Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 1</p>	<p>THE COMMUNITY INVESTMENT PROCESS: IN FISCAL YEAR 2019, UWCC'S BOARD OF DIRECTORS VOTED TO MOVE FROM A FISCAL YEAR GRANT CYCLE TO A CALENDAR YEAR GRANT CYCLE. TO EFFECT THIS CHANGE, UWCC FUNDED A ONE-TIME 18-MONTH GRANT PERIOD BEGINNING JULY 1, 2019 AND CONCLUDING DECEMBER 31, 2020. IN FUTURE YEARS, THE IMPACT GRANTS, UNITED NEIGHBORHOODS, AND UNITE CHARLOTTE GRANT CYCLES WILL BEGIN JANUARY 1 AND CONCLUDE DECEMBER 31. ALL GRANT APPLICATIONS ARE ASSESSED THROUGH A COMMUNITY-LED REVIEW PROCESS, IN WHICH STAFF AND DEDICATED VOLUNTEERS EVALUATE AND IDENTIFY THE LOCAL COLLABORATIONS AND APPROACHES THAT CAN CREATE A LASTING IMPACT. WE MAXIMIZE EVERY CENT THAT DONORS ENTRUST WITH US BY DIRECTING IT TOWARD CRITICAL PROGRAMS THAT FIGHT FOR THE EDUCATION, HEALTH AND FINANCIAL STABILITY OF EVERY PERSON ACROSS OUR FIVE-COUNTY REGION: ANSON, CABARRUS, MECKLENBURG, UNION AND MOORESVILLE/LAKE NORMAN. UWCC HOSTS ORIENTATION SESSIONS IN THE LATE SUMMER OF EACH YEAR. THESE SESSIONS HELP FAMILIARIZE INTERESTED VOLUNTEERS WITH THE ROLE OF SERVING ON A COMMUNITY GRANT PANEL, INCLUDING THE IMPORTANCE OF BUILDING A STRONGER COMMUNITY BY INVESTING IN A SYSTEM OF QUALITY AGENCIES THAT HELP PEOPLE IN NEED. PANELS OF VOLUNTEERS IN EACH REGION WILL READ, REVIEW AND EVALUATE APPLICATIONS AND HOST PRESENTATIONS BY APPLICANT AGENCIES. THE GRANT PANELS THEN COMPARATIVELY EVALUATE THE PROPOSALS AND RECOMMEND FUNDING AMOUNTS TO UWCC'S BOARD OF DIRECTORS. UWCC'S BOARD OF DIRECTORS APPROVE GRANT AWARDS AND AGREEMENTS. AGENCIES ARE NOTIFIED OF AWARDS. UWCC'S IMPACT GRANTS AND UNITED NEIGHBORHOODS FUNDING CYCLE BEGINS ANNUALLY ON JANUARY 1 AND CONCLUDES DECEMBER 31. IN ORDER FOR A PARTNER AGENCY TO BE ELIGIBLE TO RECEIVE FUNDS ALLOCATED BY UWCC, THEY MUST SUBMIT APPLICATIONS THAT INCLUDE GOALS, STRATEGIES, AND OUTCOMES THAT ARE LINKED TO UWCC'S IMPACT STRATEGY. THE PROPOSED ACTIVITIES AND TARGET OUTCOMES MUST BE SPECIFIC, MEASURABLE, ATTAINABLE, REALISTIC, TIMELY, AND UNAMBIGUOUS. AGENCIES SUBMIT ANNUAL REPORTS ON PROGRAM OUTCOMES. THROUGH THIS DISCIPLINE, AGENCIES CONTINUALLY IMPROVE THEIR PROGRAMS, MAKING MEASURABLE AND LASTING CHANGE IN THE LIVES OF THE PEOPLE THEY ARE SERVING. IN ADDITION, EACH ORGANIZATION IS REQUIRED TO COMPLY WITH AN ANNUAL FINANCIAL CERTIFICATION PROCESS THAT IS CONDUCTED BY UWCC. RESULTS FROM AGENCY PROGRAMS FUNDED BY UWCC: THE GOALS OF EACH PROGRAM MUST BE CLEARLY TIED TO THE SPECIFIC OBJECTIVES IN THE FOUR FOCUS AREAS ASSOCIATED WITH IMPROVING ECONOMIC MOBILITY. THROUGH THIS DISCIPLINE, AGENCIES CONTINUALLY IMPROVE THEIR PROGRAMS, MAKING MEASURABLE AND LASTING CHANGE IN THE LIVES OF THE PEOPLE THEY ARE HELPING. CONSIDER THESE OUTCOMES FROM INVESTMENTS IN AGENCY PROGRAMS: 89% OF CHILDREN IN UWCC PARTNER PROGRAMS RECEIVED QUALITY EARLY EDUCATION 85% OF INDIVIDUALS IN UWCC PARTNER PROGRAMS ACCESSED PRIMARY & SPECIALTY CARE 94% FAMILIES AND INDIVIDUALS IN UWCC PARTNER PROGRAMS BUILT SAVINGS & ASSETS 90% OF INDIVIDUALS IN UWCC PARTNER PROGRAMS AVOIDED HOMELESSNESS</p>

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 1	S

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	BEGINNING IN MARCH 2020, UWCC, IN COLLABORATION WITH FOUNDATION FOR THE CAROLINAS (FFTC), BEGAN A FUNDRAISING CAMPAIGN TO SUPPORT RELIEF EFFORTS AS A RESULT OF THE IMPACTS FROM THE COVID-19 PANDEMIC. AS OF JUNE 30, 2020, APPROXIMATELY \$19,428,000 HAD BEEN RAISED TO SUPPORT RELIEF EFFORTS IN MECKLENBURG COUNTY AND \$500,000 FOR THE BALANCE OF THE FIVE-COUNTY AREA. THESE FUNDS ARE REPORTED AS GRANTS AND CONTRIBUTIONS IN THE STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2020. A COMMITTEE COMPOSED OF DONORS AND COMMUNITY LEADERS DIRECTED THE ALLOCATION PROCESS FOR MECKLENBURG COUNTY AND \$14,988,000 HAD BEEN FUNDED OR WAS COMMITTED AS OF JUNE 30, 2020. UWCC RECEIVED NO FEE FOR THE ADMINISTRATION OF THESE FUNDS.

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>MORE THAN 100 COMMUNITY VOLUNTEERS HELPED MAKE FUNDING DECISIONS DURING A RIGOROUS FIVE-MONTH PROCESS TO EVALUATE REQUESTS AND ENSURE GRANTS WERE DISTRIBUTED OBJECTIVELY AND ALIGNED WITH UWCC'S GOALS. THE COMMUNITY INVESTMENT PROCESS INCLUDES THREE FUNDING STREAMS: UNITED NEIGHBORHOODS IS CHANGING THE ODDS IN DISINVESTED COMMUNITIES BY SUPPORTING RESIDENT-DRIVEN REVITALIZATION EFFORTS THAT IMPROVE ECONOMIC MOBILITY, SO THAT A PERSON'S ZIP CODE NO LONGER DETERMINES THEIR FUTURE SUCCESS IN THE CHARLOTTE REGION. UWCC LAUNCHED UNITED NEIGHBORHOODS IN SEPTEMBER 2017 WITH AN INVESTMENT OVER THREE YEARS INTO THE GRIER HEIGHTS AND RENAISSANCE WEST NEIGHBORHOODS IN CHARLOTTE. THE INITIATIVE FOCUSES ON PARTNERSHIPS WITH RESIDENTS, COMMUNITY LEADERS, BUSINESSES, AND NONPROFITS, BACKED BY MULTI-YEAR FUNDING AND STAFF RESOURCES FROM UWCC. FROM 2018-2020, NEARLY TWO DOZEN COMMUNITY PARTNERS PROVIDED SUPPORT THROUGH THE UNITED NEIGHBORHOODS PROGRAM. WHETHER HELPING FAMILIES BECOME FINANCIALLY STABLE AND FIND AFFORDABLE HOUSING OR PREPARING CHILDREN TO ENTER SCHOOL READY TO READ AND LEARN, THE NEEDS OF THESE COMMUNITIES ARE UNIQUE. THAT SAME YEAR WE AWARDED SIX "BUILDING BLOCK GRANTS". THESE GRANTS SUPPORT NEIGHBORHOODS IN THE EARLY STAGES OF COMPREHENSIVE REVITALIZATION. GRANTS ARE FOCUSED ON BUILDING THE CAPACITY OF "COMMUNITY QUARTERBACK ORGANIZATIONS, FUNDING COMMUNITY ENGAGEMENT ACTIVITIES, AND COMPLETING RESIDENT-DRIVEN NEIGHBORHOOD PLANNING TO IDENTIFY NEEDS AND SOLUTIONS. UNITE CHARLOTTE SUPPORTS NEW AND GRASSROOTS ORGANIZATIONS THROUGH GRANTS AND CAPACITY-BUILDING ACTIVITIES FOCUSED ON IMPROVING RACIAL EQUITY AND INCREASING SOCIAL CAPITAL. THROUGH THIS INITIATIVE, UWCC SUPPORTS DOZENS OF SMALL AND GRASSROOTS ORGANIZATIONS THE MAJORITY FOUNDED AND LED BY PEOPLE OF COLOR. UNITE CHARLOTTE WAS FOUNDED AS A COLLABORATIVE EFFORT WITH OTHER LOCAL FUNDERS AND COMMUNITY LEADERS TO ADDRESS ISSUES THAT LED TO THE UNREST IN CHARLOTTE DURING THE FALL OF 2016. THROUGH THIS INITIATIVE, DOZENS OF SMALL ORGANIZATIONS WORKING OUTSIDE THE SPOTLIGHT TO SUPPORT AND EMPOWER DISINVESTED COMMUNITIES HAVE RECEIVED GRANTS RANGING FROM \$5,000 TO \$15,000, AS WELL AS CAPACITY-BUILDING TRAINING, UNITED WAY FUNDING, TECHNICAL ASSISTANCE AND GUIDANCE HELP TO STABILIZE AND GROW NONPROFITS, PREPARING THEM TO SECURE ADDITIONAL PUBLIC AND PRIVATE FUNDING. WE ALSO WORK TO STRENGTHEN THE LEADERSHIP CAPABILITIES WITHIN UNITE CHARLOTTE ORGANIZATIONS IN ORDER TO GROW A MORE DIVERSE AND INCLUSIVE PIPELINE OF LEADERS FOR CHARLOTTE'S NONPROFIT SECTOR. IMPACT GRANTS SUPPORT AGENCIES ACROSS OUR FIVE-COUNTY REGION THAT WORK COLLABORATIVELY TO PROVIDE COMPREHENSIVE AND COORDINATED SERVICES THAT WILL IMPROVE ECONOMIC MOBILITY AND ACHIEVE RESULTS GREATER THAN ANY SINGLE ORGANIZATION. UWCC SHIFTED ITS COMMUNITY IMPACT STRATEGY TWO YEARS AGO AND CONTINUES TO IMPLEMENT STRATEGIES IDENTIFIED BY THE CHARLOTTE-MECKLENBURG OPPORTUNITY TASK FORCE REPORT. UNITED WAY FOCUSES ON IMPROVING ECONOMIC MOBILITY THROUGH</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>H EDUCATION, HEALTH, AND FINANCIAL STABILITY WHILE SIMULTANEOUSLY FOCUSING ON BUILDING STRONGER NEIGHBORHOODS, INCREASING RACIAL EQUITY, AND IMPROVING THE SYSTEMS THAT SERVE OUR CHILDREN AND FAMILIES. CRITICAL NEEDS - UNITED WAY UNDERSTANDS THAT MANY PEOPLE ACROSS OUR FIVE-COUNTY SERVICE REGION ARE LIVING IN A CRISIS SITUATION EVERY DAY. UWCC IS COMMITTED TO CHANGING THAT BY PROVIDING FLEXIBLE FUNDING TO MORE THAN 100 NONPROFITS WORKING YEAR-ROUNDED TO MEET THE NEEDS OF OUR MOST VULNERABLE RESIDENTS. COVID-19 PANDEMIC: BEGINNING IN MARCH 2020, UWCC, IN COLLABORATION WITH FOUNDATION FOR THE CAROLINAS (FFTC), BEGAN A FUNDRAISING CAMPAIGN TO SUPPORT RELIEF EFFORTS AS A RESULT OF THE IMPACTS FROM THE COVID-19 PANDEMIC. AS OF JUNE 30, 2020, APPROXIMATELY \$19,428,000 HAD BEEN RAISED TO SUPPORT RELIEF EFFORTS IN MECKLENBURG COUNTY AND \$500,000 FOR THE BALANCE OF THE FIVE-COUNTY AREA. THESE FUNDS ARE REPORTED AS GRANTS AND CONTRIBUTIONS IN THE STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2020. A COMMITTEE COMPOSED OF DONORS AND COMMUNITY LEADERS DIRECTED THE ALLOCATION PROCESS FOR MECKLENBURG COUNTY AND \$14,988,000 HAD BEEN FUNDED OR WAS COMMITTED AS OF JUNE 30, 2020. UWCC RECEIVED NO FEE FOR THE ADMINISTRATION OF THESE FUNDS. LAKE ARBOR CRISIS: WHEN HUNDREDS OF LAKE ARBOR APARTMENT RESIDENTS IN WEST CHARLOTTE WERE SUDDENLY DISPLACED DUE TO UNSAFE LIVING CONDITIONS, UWCC RAISED \$268,000 TO HELP WITH RENT, SECURITY DEPOSITS AND MOVING COSTS IN LESS THAN A MONTH. WE ALSO CONVENED A TEAM OF MORE THAN A DOZEN AGENCIES TO RELOCATE THE RESIDENTS TO AVOID BECOMING HOMELESS.</p>

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE TAX PREPARER PRESENTS THE FORM 990 TO THE FINANCE AND AUDIT COMMITTEE FOR DETAILED REVIEW AND APPROVAL. THE ENTIRE FORM 990 IS EMAILED TO THE COMMITTEE SEVERAL DAYS IN ADVANCE OF THE REVIEW. ONCE APPROVED, THE ENTIRE FORM 990 IS EMAILED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENT, AT LEAST SEVERAL DAYS BEFORE FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO ANNUALLY DISCLOSE ANY CONFLICT OF INTEREST AND SIGN A CONFLICT OF INTEREST STATEMENT. THIS IS DONE AT THE FIRST BOARD MEETING OF THE YEAR. THE EXECUTIVE ASSISTANT TO THE EXECUTIVE DIRECTOR ENSURES THAT EACH BOARD MEMBERS SUBMITS THE FORM AND REPORTS CONFLICTS OF INTEREST TO THE EXECUTIVE DIRECTOR. IN THE EVENT OF A CONFLICT DURING THE YEAR, THAT BOARD MEMBER WILL RECUSE HIMSELF/HERSELF FROM ANY DISCUSSION OR VOTE.

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	WITH REGARD TO ALL OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION, A SEARCH FIRM WAS NOT USED IN EACH INSTANCE AT THE TIME OF THEIR HIRE. HOWEVER, SALARIES HAVE BEEN DETERMINED WITH REFERENCE TO NATIONAL AND REGIONAL SALARY SURVEYS FOR BOTH NON-PROFIT AND FOR-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND SCOPE. BASED ON THESE SURVEYS, A RANGE OF SALARIES WAS DETERMINED FOR EACH LEVEL OF RESPONSIBILITY. WITHIN THAT RANGE, MERIT INCREASES HAVE BEEN PROVIDED FROM TIME TO TIME AS WARRANTED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	IN ADDITION TO POSTING THE FORM 990 ON ITS WEBSITE, THE ORGANIZATION MAKES ITS FEDERAL TAX RETURNS AVAILABLE FOR INSPECTION UPON REQUEST.

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Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE CONFLICT OF INTEREST POLICY AND BYLAWS ARE AVAILABLE UPON REQUEST.

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Return Reference	Explanation
FORM 990, PAGE 12, PART XII, LINE 2C	OVERSIGHT AND SELECTION PROCESS IS UNCHANGED FROM PRIOR YEAR.

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Return Reference	Explanation
FORM 990, PAGE 1, BOX G	GROSS RECEIPTS INCLUDES \$6,969,064 IN PROCEEDS FROM THE SALE OF SECURITIES DUE TO REBALANCING OF THE ORGANIZATION'S INVESTMENT PORTFOLIO.