

PUBLIC DISCLOSURE COPY

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

A For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF CENTRAL CAROLINAS, INC.		D Employer identification number 56-0529948
	Doing business as		E Telephone number 704-372-7170
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	601 E. FIFTH ST. 350		G Gross receipts \$ 44,328,654.
	City or town, state or province, country, and ZIP or foreign postal code CHARLOTTE, NC 28202		
F Name and address of principal officer: LAURA CLARK SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> 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

Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	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	10250
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	25,926,150.	36,442,612.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	407,041.	184,818.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	591,213.	1,391,519.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,978,777.	38,068,196.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,548,630.
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.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	27,785,395.	33,908,061.
	22 Net assets or fund balances. Subtract line 21 from line 20	16,624,098.	11,028,041.
		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			
	LAURA CLARK, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOHN NORMAN	Preparer's Signature <i>John A. Norman, CPA</i> JOHN NORMAN	Date 11/13/20	Check if self-employed <input type="checkbox"/>	PTIN P01506766
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749	Phone no. 704-998-5200		
	Firm's address ▶ 227 WEST TRADE STREET, SUITE 800 CHARLOTTE, NC 28202				

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

Part III Statement of Program Service Accomplishments

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

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? [X] 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 [X] 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 \$) 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

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

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

4d Other program services (Describe on 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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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 ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed [NC]
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records [CHILDREN AND FAMILY SERVICES CENTER - 704-943-9400 601 E, 5TH STREET, STE 450, CHARLOTTE, NC 28202]

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(1) SCOTT P. VAUGHN BOARD CHAIR	3.00	X		X				0.	0.	0.
(2) R. CHANDLER ROOT BOARD VICE CHAIR	3.00	X		X				0.	0.	0.
(3) JEFFREY S. LEDFORD FINANCE & AUDIT COMMITTEE CHAIR	3.00	X		X				0.	0.	0.
(4) MATTHEW J. KOSMICKI FINANCE & AUDIT COMMITTEE VICE CHAIR	3.00	X		X				0.	0.	0.
(5) GEORGE W. BECKWITH CAMPAIGN CABINET CHAIR 2020	3.00	X		X				0.	0.	0.
(6) WILL PITTS CAMPAIGN CABINET VICE CHAIR	1.50	X		X				0.	0.	0.
(7) PEGGY L. BROOKHOUSE COMMUNITY IMPACT COMMITTEE CHAIR	3.00	X		X				0.	0.	0.
(8) C. DEE ODELL COMMUNITY IMPACT COMMITTEE VICE CHAIR	3.00	X		X				0.	0.	0.
(9) DAVID G. LEITCH GOVERNANCE & EXECUTIVE COMMITTEE CHAIR	3.00	X		X				0.	0.	0.
(10) WILLIAM E. ACKERMAN III DIRECTOR	1.50	X						0.	0.	0.
(11) DENA R. DIORIO DIRECTOR	1.50	X						0.	0.	0.
(12) SUSAN C. EDWARDS DIRECTOR	1.50	X						0.	0.	0.
(13) DONALD SCOTT KRULL GOVERNANCE & EXECUTIVE COMMITTEE CHAIR	3.00	X		X				0.	0.	0.
(14) WILLIE E. ALSTON JR. DIRECTOR	1.50	X						0.	0.	0.
(15) BETH DIGGS DIRECTOR	1.50	X						0.	0.	0.
(16) DR. JEAN A. WRIGHT DIRECTOR	1.50	X						0.	0.	0.
(17) WESLEY M. BECKNER DIRECTOR	1.50	X						0.	0.	0.

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 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			
(18) MALCOMB D. COLEY DIRECTOR	1.50	X					0.	0.	0.	
(19) EILEEN F. LITTLE DIRECTOR	1.50	X					0.	0.	0.	
(20) JANET C. PFEFFER DIRECTOR	1.50	X					0.	0.	0.	
(21) CRANDALL C. BOWLES DIRECTOR	1.50	X					0.	0.	0.	
(22) CARI P. BOYCE DIRECTOR	1.50	X					0.	0.	0.	
(23) BRIAN FLOYD DIRECTOR	1.50	X					0.	0.	0.	
(24) ERIC A. LIVINGSTON DIRECTOR	1.50	X					0.	0.	0.	
(25) DENISE WHITE DIRECTOR	1.50	X					0.	0.	0.	
(26) RONALD E. MESSENGER II DIRECTOR	1.50	X					0.	0.	0.	
1b Subtotal							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							750,269.	0.	98,658.	
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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a 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	2 a VOLUNTEER SERVICES	Business Code	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						
	6 a 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.	
	7 a 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.		
8 a Gross income from fundraising events (not including \$ 1,124,663. of contributions reported on line 1c). See Part IV, line 18	8a		265,846.				
		b Less: direct expenses	8b		258,031.		
		c Net income or (loss) from fundraising events			7,815.		7,815.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	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 (nonemployees):				
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 Sch. 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 on 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 X

		(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 receivables from 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	10a 2,248,122.		
	b Less: accumulated depreciation	10b 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 33)	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 32, 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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
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 on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2019)

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 fails 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 grants.")	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	98.34 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	97.72 %

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 in line 12 on 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 (as 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 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>		
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):		
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).		

Schedule A (Form 990 or 990-EZ) 2019

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. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result 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			

Schedule A (Form 990 or 990-EZ) 2019

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.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number

56-0529948

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,500,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,047,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,075,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 762,114.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 2,310,383.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 1,300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" 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.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public service. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.

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 make 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 program
 - 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, 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 on 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 49.43 %
 - b Permanent endowment 39.98 %
 - c Term endowment 10.59 %
- 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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 10c.)				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		
(B) LEGACY FOUNDATION	2,128,723.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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. (Col. (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO DESIGNATED AGENCIES	561,076.
(3) CAMPAIGNS PROCESSED FOR OTHERS	378,681.
(4) SECURITY DEPOSITS	2,940.
(5) DEFERRED LEASE INCENTIVE	196,498.
(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 FASB 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.

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.

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.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DESIGNATIONS UNCOLLECTIBLE ALLOWANCE 102,029.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 2,061,772.

BAD DEBT RECOVERY 69,653.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 2,131,425.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DESIGNATIONS UNCOLLECTIBLE ALLOWANCE 102,029.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 2,061,772.

BAD DEBT RECOVERY 69,653.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 2,131,425.

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, line 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.

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

2 a 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		HI TECH SHOOTOUT GOLF TOURNAMENT (event type)	INGERSOLL RAND GOLF TOURNAMENT (event type)	NONE (total number)	
Revenue	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.
Direct Expenses	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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	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 to be 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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash 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.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
SAFE ALLIANCE, INC. 601 EAST 5TH STREET SUITE 400 CHARLOTTE, NC 28202	56-0529967	501(C)3	457,942.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COMMUNITIES IN SCHOOLS OF CHAR-MECK, INC - 601 EAST 5TH STREET SUITE 300 - CHARLOTTE, NC 28202	58-1661795	501(C)3	434,849.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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.**

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
NC MEDASSIST 4428 TAGGART CREEK ROAD SUITE 101 CHARLOTTE, NC 28208	56-2018957	501(C)3	336,688.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COMMUNITY LINK PROGRAMS OF TRAVELERS AID SOCIETY OF CENTRAL CAROLINAS, INC. - 601 EAST 5TH STREET SUITE 220 - CHARLOTTE, NC	56-0530008	501(C)3	314,931.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CRISIS ASSISTANCE MINISTRY (MECKLENBURG) - 500-A SPRATT STREET - CHARLOTTE, NC 28206	56-1416719	501(C)3	282,564.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHARLOTTE FAMILY HOUSING, INC. 300 HAWTHORNE LANE CHARLOTTE, NC 28204	58-1599120	501(C)3	249,850.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
YMCA OF GREATER CHARLOTTE 500 EAST MOREHEAD STREET CHARLOTTE, NC 28202	56-1045299	501(C)3	224,361.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Schedule I (Form 990)

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HOPE HAVEN INC 3815 NORTH TRYON STREET CHARLOTTE, NC 28206	58-1314284	501(C)3	223,001.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
URBAN LEAGUE OF CENTRAL CAROLINAS, INC. - 740 WEST 5TH STREET - CHARLOTTE, NC 28202	56-1218704	501(C)3	208,670.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHARLOTTE COMMUNITY HEALTH CLINIC 8401 MEDICAL PLAZA DRIVE SUITE 300 CHARLOTTE, NC 28262	56-2274174	501(C)3	198,977.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
TEEN HEALTH CONNECTION, INC 3541 RANDOLPH ROAD CHARLOTTE, NC 28211	56-1719715	501(C)3	165,772.	0.			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.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
LATIN AMERICAN COALITION 4938 CENTRAL AVENUE SUITE 100 CHARLOTTE, NC 28205	58-1945776	501(C)3	137,996.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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TURNING POINT, INC. PO BOX 952 MONROE, NC 28111	58-1698701	501(C)3	118,737.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
RIGHT MOVES FOR YOUTH, INC. 2211 WEST MOREHEAD STREET SUITE 102 CHARLOTTE, NC 28208	56-1834718	501(C)3	115,808.	0.			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.	0.			PROGRAM OPERATING COST
FLORENCE CRITTENTON SERVICES 1300 BLYTHE BOULEVARD CHARLOTTE, NC 28203	56-0577626	501(C)3	104,888.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CROSSROADS CORPORATION 3623 LATROBE AVE, SUITE 208 CHARLOTTE, NC 28211	26-2787742	501(C)3	100,000.	0.			PROGRAM OPERATING COST
KINDERMOURN, INC. 1320 HARDING PLACE CHARLOTTE, NC 28204	56-1221194	501(C)3	98,781.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
GIRL SCOUTS, HORNETS' NEST COUNCIL 7007 IDLEWILD ROAD CHARLOTTE, NC 28212-5677	56-0563842	501(C)3	97,122.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Schedule I (Form 990)

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BOYS AND GIRLS CLUB OF CABARRUS COUNTY, INC. - 247 SPRING STREET NW - CONCORD, NC 28025	56-0577630	501(C)3	95,343.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COMMUNITY HEALTH SERVICES OF UNION COUNTY, INC. - 1338-C EAST SUNSET DRIVE - MONROE, NC 28112-4362	46-0495947	501(C)3	94,525.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
LEGAL AID OF NORTH CAROLINA, INC. 1431 ELIZABETH AVENUE CHARLOTTE, NC 28204	31-1784161	501(C)3	84,136.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
MECKLENBURG COUNTY COUNCIL - BOY SCOUTS OF AMERICA - 1410 EAST 7TH STREET - CHARLOTTE, NC 28204	56-0529957	501(C)3	81,432.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
UNION COUNTY COMMUNITY SHELTER 160 MEADOW STREET MONROE, NC 28110	58-2121860	501(C)3	75,000.	0.			PROGRAM OPERATING COST
COMMUNITY FREE CLINIC, INC. 528 LAKE CONCORD ROAD NORTH EAST U CONCORD, NC 28025	58-2131301	501(C)3	68,934.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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THE ARC OF GASTON COUNTY INC 200 E. FRANKLIN BLVD. GASTONIA, NC 28052	56-0771889	501(C)3	64,140.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
THOMPSON CHILD & FAMILY FOCUS 6800 SAINT PETER'S LANE MATHEWS, NC 28105	56-0547460	501(C)3	50,642.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
MOORESVILLE AREA CHRISTIAN MISSION, INC. - 266 NORTH BROAD STREET - MOORESVILLE, NC 28115	56-0667685	501(C)3	49,500.	0.			PROGRAM OPERATING COST
CENTRAL NC COUNCIL, BOY SCOUTS OF AMERICA - 2500 ABLEMARLE ROAD - ALBEMARLE, NC 28001	56-0532132	501(C)3	46,252.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
HEALTHREACH COMMUNITY CLINIC 400 EAST STATEVILLE AVENUE SUITE 30 MOORESVILLE, NC 28115	20-1020941	501(C)3	45,950.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
E2D, INC. PO BOX 1299 DAVIDSON, NC 28036	46-5008759	501(C)3	44,750.	0.			PROGRAM OPERATING COST
UNITED WAY OF YORK COUNTY, SC 226 NORTH PARK DRIVE SUITE 100 ROCK HILL, SC 29730	57-0360058	501(C)3	42,976.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CABARRUS COOPERATIVE CHRISTIAN MINISTRY FOUNDATION - 246 COUNTRY CLUB DRIVE NE - CONCORD, NC 28025	56-1320818	501(C)3	42,787.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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COUNCIL ON AGING IN UNION COUNTY, INC. - 1401 SKYWAY DRIVE - MONROE, NC 28110	56-1081558	501(C)3	40,064.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
ON MY GENIUS CAMPAIGN 4930 POPLAR GROVE DRIVE CHARLOTTE, NC 28270	81-1281603	501(C)3	40,000.	0.			PROGRAM OPERATING COST
UNION-ANSON COUNTY HABITAT FOR HUMANITY, INC. - 2520 WEST ROOSEVELT BOULEVARD - MONROE, NC 28110	56-1704668	501(C)3	38,722.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CVAN WOMEN'S PROGRAM PO BOX 1749 CONCORD, NC 28026-1749	57-0749038	501(C)3	38,439.	0.			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.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
SALVATION ARMY CABARRUS 216 PATTERSON AVENUE, SE CONCORD, NC 28025	58-0660607	501(C)3	35,728.	0.			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.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT, PROGRAM OPERATING COST
DISABILITY RIGHTS AND RESOURCES 5801 EXECUTIVE CENTER DRIVE SUITE 1 CHARLOTTE, NC 28212	56-1268845	501(C)3	34,532.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Schedule I (Form 990)

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LOGAN COMMUNITY DAY CARE ASSOCIATION, INC. - 204 BOOKER DRIVE SW - CONCORD, NC 28025	23-7210127	501(C)3	32,033.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COMMUNITIES IN SCHOOLS OF NORTH CAROLINA - 222 NORTH PERSON STREET SUITE 203 - RALEIGH, NC 27601	56-1677831	501(C)3	30,875.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
UNITED WAY OF GASTON COUNTY INC 200 E FRANKLIN BLVD GASTONIA, NC 28052	56-0653356	501(C)3	30,543.	0.			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.	0.			PROGRAM OPERATING COST
CHARLOTTE CENTER FOR URBAN MINISTRY, INC - 1210 N TRYON STREET - CHARLOTTE, NC 28206-3256	56-1474475	501(C)3	29,699.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
REFUGEE SUPPORT SERVICES OF THE CAROLINAS, INC. - 8911 ALPINE CIRCLE - CHARLOTTE, NC 28270	20-5972063	501(C)3	26,300.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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ESTHER HOUSE OF STANLY COUNTY 313 NORTH 2ND STREET ALBEMARLE, NC 28001	46-1652623	501(C)3	25,698.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
ASPIRE COMMUNITY CAPITAL 6406 BEECHER DRIVE CHARLOTTE, NC 28215	47-1562918	501(C)3	25,000.	0.			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.	0.			PROGRAM OPERATING COST
STILLETTO BOSS UNIVERSITY 10518 ENGLISH SETTER WAY CHARLOTTE, NC 28209	82-1467018	501(C)3	25,000.	0.			PROGRAM OPERATING COST
WEST SIDE COMMUNITY LAND TRUST 2910 PARKWAY AVENUE CHARLOTTE, NC 28208	82-1143067	501(C)3	25,000.	0.			PROGRAM OPERATING COST
UNITED WAY OF FORSYTH COUNTY INC 301 NORTH MAIN STREET, SUITE 1700 WINSTON SALEM, NC 27101	23-7357234	501(C)3	24,348.	0.			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.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
EXCHANGE SCAN 207 WALNUT STREET STATESVILLE, NC 28687	56-1758810	501(C)3	23,085.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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DAVIDSON-CORNELIUS CHILD DEVELOPMENT CENTER - PO BOX 848 - DAVIDSON, NC 28036	56-0891613	501(C)3	22,500.	0.			PROGRAM OPERATING COST
SANDRA AND LEON LEVINE JEWISH COMMUNITY CENTER - 5007 PROVIDENCE ROAD - CHARLOTTE, NC 28226	56-1100696	501(C)3	21,495.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CAMINO COMMUNITY DEVELOPMENT CORP. 133 STETSON DRIVE CHARLOTTE, NC 28223	56-2015959	501(C)3	20,130.	0.			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.	0.			PROGRAM OPERATING COST
NORTH END COMMUNITY COALITION 1833 STROUD PARK COURT CHARLOTTE, NC 28206	81-2943846	501(C)3	17,310.	0.			PROGRAM OPERATING COST
WEST BOULEVARD NEIGHBORHOOD COALITION - PO BOX 669755 - CHARLOTTE, NC 28266	30-0401238	501(C)3	17,310.	0.			PROGRAM OPERATING COST
COLTRANE L.I.F.E. CENTER, INC. 321 CORBAN AVENUE SOUTH EAST CONCORD, NC 28025	56-1222998	501(C)3	16,942.	0.			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.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
ST. PETER'S EPISCOPAL CHURCH ATTN: AUGUSTINE LITERACY PROJECT - 124 SKYLAND AVENUE - CHARLOTTE, NC 28205	58-1488751	501(C)3	16,350.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
COMMON WEALTH ASSOCIATES, INC. ATTN: COMMON WEALTH CHARLOTTE - 5301 WILKINSON BOULEVARD ROAD - CHARLOTTE, NC 28208	30-0842673	501(C)3	15,260.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COPS & BARBERS INC. 3720 N. TRYON STREET #102 CHARLOTTE, NC 28206	82-3268245	501(C)3	15,000.	0.			PROGRAM OPERATING COST
FEED MY LAMBS 2209 US-74 WADESBORO, NC 28170	56-2158694	501(C)3	14,786.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
YBM LEADERSHIP ACADEMY 416 MCCULLOUGH DRIVE, SUITE 215 CHARLOTTE, NC 28262	26-2984776	501(C)3	14,500.	0.			PROGRAM OPERATING COST
COMMUNITY SHELTER OF UNION COUNTY 160 MEADOW STREET MONROE, NC 28110	58-2121860	501(C)3	14,107.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
ROWAN COUNTY UNITED WAY, INC. 1930 JAKE ALEXANDER BVD. W, STE B SALISBURY, NC 28147-1186	56-0642828	501(C)3	12,664.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
THE MEDICAL FOUNDATION OF NORTH CAROLINA INC. - 123 WEST FRANKLIN STREET, SUITE 510 - CHAPEL HILL, NC 27516	56-6057494	501(C)3	10,800.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SOUTHSIDE RIDES FOUNDATION INC. 2846 FREEDOM DRIVE CHARLOTTE, NC 28208	20-2790909	501(C)3	10,500.	0.			PROGRAM OPERATING COST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
OPERA CAROLINA 1600 ELIZABETH AVENUE CHARLOTTE, NC 28204	56-6019660	501(C)3	10,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HIDDEN VALLEY COMMUNITY DEVELOPMENT CORPORATION - PO BOX 560511 - CHARLOTTE, NC 28256-0511	56-1862380	501(C)3	9,880.	0.			PROGRAM OPERATING COST
ROANOKE VALLEY UNITED WAY, INC. 1001 HAMILTON STREET ROANOKE RAPIDS, NC 27870	56-6010154	501(C)3	8,400.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2 LINCOLNTON, NC 28092	23-7125926	501(C)3	7,885.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
ANSON COUNTY PARTNERSHIP FOR CHILDREN - 117 SOUTH GREENE STREET - WADESBORO, NC 28170	56-1987729	501(C)3	6,492.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 THE GREATER TRIANGLE INC - 800 PARK OFFICES DRIVE, SUITE 204 - DURHAM, NC 27709	56-1949103	501(C)3	6,478.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
UNITED WAY OF THE MIDLANDS (SC) 1818 BLANDING STREET COLUMBIA, SC 29201	57-0314396	501(C)3	6,165.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CABARRUS MEALS ON WHEELS, INC. 1701 SOUTH MAIN STREET KANNAPOLIS, NC 28081	56-1172942	501(C)3	5,713.	0.			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.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
HOSPICE OF GASTON COUNTY INC 258 E GARRISON BOULEVARD GASTONIA, NC 28054	58-1341530	501(C)3	5,303.	0.			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.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
JDRF INTERNATIONAL ATTN:WESTERN NC CHAPTER - 205 REGENCY EXECUTIVE PARK DRIVE, SUITE - CHARLOTTE, NC 28217	23-1907729	501(C)3	5,054.	0.			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.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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.

Part IV Supplemental Information

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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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

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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- 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.

Only section 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?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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 aren't 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 12/31/19) CHIEF ADMINISTRATIVE AND FINANCIAL OFFICER	(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.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

[Lined area for supplemental information]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for 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

FORM 990, PAGE 1, PART I, LINE 1

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

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
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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.

FORM 990, PART III, LINE 1

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

Name of the organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
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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.

FORM 990, PAGE 2, PART III, LINE 1

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.

Name of the organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
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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

Name of the organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
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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 INDIVIDUAL IN UWCC PARTNER PROGRAMS AVOIDED HOMELESSNESS

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

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

Name of the organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
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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.

FORM 990, PART III, LINE 4A
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

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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.

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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 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-ROUND 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

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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.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

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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.

EXPENSES \$ 1,247,703. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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.

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 MEMBER 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.

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

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BEEN PROVIDED FROM TIME TO TIME AS WARRANTED.

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.

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.

FORM 990, PAGE 12, PART XII, LINE 2C

OVERSIGHT AND SELECTION PROCESS IS UNCHANGED FROM PRIOR YEAR.

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.

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

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

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

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year, D Employer identification number, E Unrelated business activity code, F Group exemption number, G Check organization type.

H Enter the number of the organization's unrelated trades or businesses. 1 PARKING. Describe the only (or first) unrelated trade or business here.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No. If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of CHILDREN AND FAMILY SERVICES CENTE Telephone number 704-943-9400

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

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

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Depreciation, 21 Less depreciation claimed, 22 Depletion, 23 Contributions to deferred compensation plans, 24 Employee benefit programs, 25 Excess exempt expenses, 26 Excess readership costs, 27 Other deductions, 28 Total deductions, 29 Unrelated business taxable income before net operating loss deduction, 30 Deduction for net operating loss, 31 Unrelated business taxable income.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	3,380.
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	3,380.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	3,380.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	3,380.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

Sign Here	Signature of officer	Date	PRESIDENT AND CEO	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<i>John A. Norman, Jr.</i>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOHN NORMAN	<i>John A. Norman, Jr.</i>	11/13/20		P01506766
	Firm's name	Firm's address		Firm's EIN	Phone no.
CLIFTONLARSONALLEN LLP	227 WEST TRADE STREET, SUITE 800 CHARLOTTE, NC 28202		41-0746749	704-998-5200	