PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ 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 F	or the	2020 calendar year, or tax year beginning JUL	1, 2020 and	lending J≀	JN 30, 2021		
B c	heck if oplicable	C Name of organization			D Employer ic	lentifica	tion number
	Addres	S UNITED WAY OF CENTRAL CAROLINAS, I	NC.				
	Name change	Doing business as			56-052	9948	
	Initial return Final return/	Number and street (or P.O. box if mail is not delive 601 E. FIFTH ST.		Room/suite 350	E Telephone n 704-372-		
	termin- ated	City or town, state or province, country, and ZI	P or foreign postal code		G Gross receipts \$		23,832,728.
	Amend return		0 1		H(a) Is this a gr	oup retu	ırn
	Application	F Name and address of principal officer: LAURA	YATES CLARK		for subord		
	pendin	SAME AS C ABOVE			H(b) Are all subord	inates inclu	uded? Yes No
ΙT	ax-exe	mpt status: X 501(c)(3)	(insert no.) 4947(a)(1)	or 527	If "No," att	tach a lis	st. See instructions
J۷	Vebsit	e: WWW.UWCENTRALCAROLINAS.ORG			H(c) Group exe	mption	number >
K F	orm of	organization: X Corporation Trust Asso	ociation Other ►	L Year	of formation: 195		State of legal domicile: NC
Pa	rt I	Summary					
•	1	Briefly describe the organization's mission or most si	gnificant activities: TO FIG	HT FOR ED	UCATION, HEA	LTH	
Governance	1	AND FINANCIAL STABILITY FOR OUR COMMUNI	TY (SEE SCH O).				
rna	2 (Check this box 🕨 🔲 if the organization disconti	inued its operations or dispo	sed of more	than 25% of its r	net asset	ts.
ove	3	Number of voting members of the governing body (P	art VI, line 1a)			3	26
	4	Number of independent voting members of the gove	rning body (Part VI, line 1b)				26
es &	5	Total number of individuals employed in calendar yea	ar 2020 (Part V, line 2a)			5	51
Activities		Fotal number of volunteers (estimate if necessary) \dots				6	950
Λcti		Total unrelated business revenue from Part VIII, colu				7a	0.
_	b	Net unrelated business taxable income from Form 99	90-T, Part I, line 11			7b	0.
					Prior Year		Current Year
<u>e</u>					36,442,		21,216,365.
enr		Program service revenue (Part VIII, line 2g)		184,		71,322.	
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, a			1,391,		1,291,749.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			,	247.	679,540.
		Total revenue - add lines 8 through 11 (must equal Pa			38,068,		23,258,976.
		Grants and similar amounts paid (Part IX, column (A)			18,323,		21,748,036.
		Benefits paid to or for members (Part IX, column (A),			2 405	0.	0.
es		Salaries, other compensation, employee benefits (Pa			3,497,		3,131,986.
Expenses		Professional fundraising fees (Part IX, column (A), line				0.	0.
ă		Total fundraising expenses (Part IX, column (D), line 2	· · · · · · · · · · · · · · · · · · ·		2 (57	050	1 000 264
ш		Other expenses (Part IX, column (A), lines 11a-11d, 1			3,657,		1,998,364.
		Total expenses. Add lines 13-17 (must equal Part IX,			25,478,		26,878,386.
s		Revenue less expenses. Subtract line 18 from line 12			12,589,		-3,619,410.
Net Assets or Fund Balances		Fold consts (Dark V. Para 40)		Ве	ginning of Current 33,908,		End of Year 29,734,806.
sse Bala	20	Total assets (Part X, line 16)			11,028,		8,722,795.
let /	21 ²	Total liabilities (Part X, line 26)			22,880,		21,012,011.
Pa	rt II	Net assets or fund balances. Subtract line 21 from lin Signature Block	IE 20		22,000,	020.	21,012,011.
		ties of perjury, I declare that I have examined this return, in	cluding accompanying schedule	e and etateme	inte and to the hee	t of my k	nowledge and helief it is
		and complete. Declaration of preparer (other than officer)					nowleage and belief, it is
ii uo,	001100	, and complete. Boolaidion of proparor (other than omoor)	15 baood on an information of w	mon proparor	That arry knowledge	·-	
Sigr	,	Signature of officer			Date		
Her	1	LAURA YATES CLARK, PRESIDENT AND C	EO				
	"	Type or print name and title					
		<u>, </u>	Preparer's signature		Date	heck	PTIN
Paid	ļ		OHN NORMAN	0:	2/03/22 if	elf-employed	P01506766
Prep		Firm's name CLIFTONLARSONALLEN LLP			Firm's E		41-0746749
Use	[Firm's address > 227 WEST TRADE STREET, SU	ITE 800				
	1	CHARLOTTE, NC 28202			Phone n	0.704-9	998-5200
May	tha ID	S discuss this return with the preparer shown above	2 Soc instructions		11 110110 11		X Ves No

	1990 (2020) UNITED WAY OF CENTRAL CAROLINAS, INC.	56-0529948	Page 4
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	UWCC WORKS TO CREATE LASTING CHANGE FOR THOSE MOST IN NEED THROUGH		
	STRATEGIC COMMUNITY PHILANTHROPY IN THE FIVE-COUNTY REGION WHICH IS		
	HOME TO NEARLY 1.5 MILLION PEOPLE. CONTINUED ON SCHEDULE O.		
	Did the organization undertake any significant program services during the year which were not listed on the		
2		X Vec	No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	[] l es	140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	X No
Ū	If "Yes," describe these changes on Schedule O.		140
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	• •	
	revenue, if any, for each program service reported.	,,	
4a	(Code:) (Expenses \$ 16,468,721. including grants of \$ 15,829,386.) (Revenue	\$)
	COMMUNITY INVESTMENT: THE COMMUNITY INVESTMENT PROCESS IS FOCUSED ON		
	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 119 LOCAL NONPROFIT		
	AGENCIES AND INITIATIVES THROUGH THE FUNDING PROVIDED BY GENEROUS		
	CORPORATE, PUBLIC SECTOR AND INDIVIDUAL DONORS.		
	CONTINUED ON SCHEDULE O		
41-	(Code:) (Expenses \$ 5,087,228. including grants of \$ 4,936,919.) (Revenue		
4b	(Code:) (Expenses \$	\$,
	MECKLENBURG COUNTY AND THE STATE OF NORTH CAROLINA TO DISTRIBUTE FUNDS		
	TO ORGANIZATIONS AND COALITIONS THAT, TOGETHER, WORK TO END		
	HOMELESSNESS AND PROMOTE PUBLIC SAFETY.		
	CONTINUED ON SCHEDULE O.		
4c	(Code:) (Expenses \$ 978,487. including grants of \$ 978,487.) (Revenue	\$)
	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.		
	DISTRIBUTED BY OUR ONTIED WAY TO THE ORGANIZATIONS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 931,259. including grants of \$ 3,244.) (Revenue \$	71,322.)	
4e	Total program service expenses ▶ 23,465,695.		

Form **990** (2020)

4e Total program service expenses ▶

56-0529948

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	ء ا		x
-		6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
٨	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	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١	77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	۱	v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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Form 990 (2020) UNITED WAY OF CENTRAL CAROL Part IV Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı
	Schedule J	23	х	ı
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ı
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ı
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ı
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ı
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ı
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ı
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	_		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			ı
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			17
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
C		28c		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	ļ .		
O_	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			l
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
032004	. 12-23-20	Form	99U ((2020)

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

22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, illide for the capital system critique with or within the year covered by the return of the state of the s						Yes	No
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines is and 2a is greater than 250, you may be required to e_nage (see instructions) 3a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to g-flip (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b Dif Yes, 1 sain it field a form 9005 of 10 fish year? "I "No" to fine 8b, you'velow an explanation on Schedule O 3b Dif Yes, 1 sain it field a form 9005 of 10 fish year?" "I "No" to fine 8b, you'velow an explanation on Schedule O 3c Different than 1 show that year of the strength of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 4a X 4b If Yes, 1 enter the name of the foreign country be seen structions for filing requirements for finicNEH form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X bid and the party motify the organization file form 8880 ft. 6b Did any taxable party notify the organization file form 8880 ft. 6c Did the organization have organization file form 8880 ft. 6c Did the organization near that seductible as charitable contributions? 6c Did the organization near apyment in excess of \$75 made pathy as a contribution and partly for goods and services provided to the payor? 7a X Y 16 Yes, 1 did the organization excess a payment in excess of \$75 made pathy as a contribution and partly for goods and services provided to the payor? 7b Did the organization sellew apyment in excess of \$75 made pathy as a contribution and partly for goods and services provided to the payor? 7b If Yes, 1 did the organization sellew apyment in excess of \$75 made pathy as a contribution and partly for goods and services provided to the foreign sellent to file form 8282? 7c Did the organization sellent payment in excess of \$75 made pathy as contribution or organization formation and partly for which it was required to file form 8282? 7c Did the organization sell		filed for the calendar year ending with or within the year covered by this return	2a	51			
38 Did the organization have unrelated business gross income of \$1,000 or more during the year? 48 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a toreign country is (with a sa barin account, securities account, or other financial account in a toreign country is (with a sa barin account, securities account, or other financial account in a toreign country. 59 Be instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 50 Was the organization has prospected as sa barin account, securities account, or other financial accounts (FBAR). 50 Was the organization and party to a prohibited tax shelter transaction? 51 A X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 51 A X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 52 A X b If 'Yes,' in did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 52 Organization that may receive deductible as charitable contributions? 53 D If 'Yes,' indicate the number of Forms 8882 first during the year or the was experient of the organization neither appears to the value of the goods or services provided? 53 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 54 Did the organization received an contribution of qualified intellectual property for which it was required to the payor in the organization received an contribution of qualified intellectual property for which it was required. 55 Did the organization received an contribution of qualified intellectual property of the organization flee Form 8889 as required? 56 Did the organization received an contribution of qualified intellectual property in the organization flee Form 8890 as required. 56 Did the o	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2 b	Х	
b If "Yes," has it field a Form 990-T for this year? If "No" to line 30, provide an explanation on Schedule O 4. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of the sea has have accurit, securities account, or other financial accountly? 4. A vary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 4. A vary time during the calendar year, did the organization have an interest in, or a signature or other financial accountly? 4. A vary time during the tax year? 5. B vary the calendar year of the financial accountly (Pers, et		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If Yes, "enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes to line for a c5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes to line for a c5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes to line for a c5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of a charitable contributions? 5c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and party for goods and services provided to the payor? 7c If Yes, "indicate the number of Forms 8282 filed during the year 7d If Yes, "indicate the number of Forms 8282 filed during the year 9d If Yes, "indicate the number of Forms 8282 filed during the year 1 If the organization curve year, by premiums, directly or indirectly, to a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 1 If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 1 If the organization received a contribution of oas, boats, arplaines, or other vehicles, did the organization file a Form 1096.07 1 If the organization received a contribution of oas, boats, arplaines, or other vehicles, did the	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
financial account in a foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b ID did any taxelibe party notify the organization fail it was or is a party to a prohibited tax shelter transaction? 5b IZ 5c If "Yes" to line 5a or 55, did the organization file Form 8886-T? 6a Does the organization annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization notify the donor of the value of the goods or services provided or the page of the organization seed in any page of the value of the goods or services provided? 7c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization neceived an contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7a Sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 10 Section 501(6)(12) organization make any taxable distributions under section 4986? 10 Section 501(6)(12) organization make any taxable distributions under section 4986? 10 S	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.			10a	1			
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b						
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Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.				N/A	120		
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Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?			15		Х
If "Yes," complete Form 4720, Schedule O.							
	16	·	t incor	ne?	16		Х
		It "Yes," complete Form 4720, Schedule O.			Γ	990	(0000)

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			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 26			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer director tructoe or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
3		3		x
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
		6		x
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	├		 ^
7a				x
	more members of the governing body?	7a		Α
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l	v	
•	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	١.		
<u>C</u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		T.,	Γ
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	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?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		Х
b	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?	16b		
Sec	tion 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)	availa	ble
	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	d finan	cial	
	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			

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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do box		Pos heck i	ition	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LAURA YATES CLARK	50.00									
PRESIDENT AND CEO				Х				254,817.	0.	24,882.
(2) CLINT HILL	40.00								_	
CHIEF DEVELOPMENT OFFICER				Х				148,192.	0.	15,829.
(3) KATHRYN FIRMIN-SELLERS	40.00								_	
CHIEF IMPACT OFFICER				Х				118,159.	0.	652.
(4) ROBERT GRANOW	40.00								_	
DIRECTOR OF FINANCE				Х				82,250.	0.	20,677.
(5) R. CHANDLER ROOT	3.00								_	_
CHAIR, BOARD OF DIRECTORS		Х		Х				0.	0.	0.
(6) MATTHEW J. KOSMICKI	3.00									
FINANCE CHAIR		Х		Х				0.	0.	0.
(7) WILL PITTS	3.00									
CAMPAIGN CHAIR		Х		Х				0.	0.	0.
(8) PEGGY L. BROOKHOUSE	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(9) C. DEE O'DELL	3.00								_	_
COMMUNITY IMPACT CHAIR		Х		Х				0.	0.	0.
(10) BETH DIGGS	3.00									
ANSON COUNTY CHAIR		Х		Х				0.	0.	0.
(11) BRIAN FLOYD	3.00									
CABARRUS COUNTY CHAIR		Х		Х				0.	0.	0.
(12) DENISE WHITE	3.00									
UNION COUNTY CHAIR		Х		Х				0.	0.	0.
(13) RONALD E. MESSENGER II	3.00									
FINANCE VICE-CHAIR		Х		Х				0.	0.	0.
(14) BILL CURRENS	1.50									
DIRECTOR		Х						0.	0.	0.
(15) DAVE REGNERY	1.50									
DIRECTOR		Х						0.	0.	0.
(16) GARY GREER	1.50									
DIRECTOR		Х						0.	0.	0.
(17) HEATH CAMPBELL	1.50									
DIRECTOR		Х						0.	0.	0. Form 990 (2020)

Form 990 (2020) UNITED WAT (OF CENTRAL C	AKU	ТТИ	дъ,	TIV	٠.			30-032994	• Page o
Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	Hi	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than obox, unless person is both officer and a director/trus			than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) NEVILLE POOLE	1.50									
DIRECTOR		Х						0.	0.	0.
(19) SCOTT P. VAUGHN	1.50									
DIRECTOR		Х						0.	0.	0.
(20) GEORGE W. BECKWITH	1.50									
DIRECTOR		Х						0.	0.	0.
(21) DENA R. DIORIO	1.50									
DIRECTOR		х						0.	0.	0.
(22) SUSAN C. EDWARDS	1.50									
DIRECTOR		х						0.	0.	0.
(23) WILLIE E. ALSTON JR.	1.50									
DIRECTOR		х						0.	0.	0.
(24) MARCEL SOLOMON	1.50									
DIRECTOR		х						0.	0.	0.
(25) SEAN O'CONNELL	1.50									
DIRECTOR		х						0.	0.	0.
(26) RAJ NATARAJAN	1.50									
DIRECTOR		х						0.	0.	0.
1b Subtotal								603,418.	0.	62,040.
c Total from continuation sheets to Part \	II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)	·····							603,418.	0.	62,040.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	

compensation from the organization

Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 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? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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	274,596.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

orm 990 UNITED WAY O									56-05299	948
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(c		Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
27) BRIAN MIDDLETON DIRECTOR	1.50	Х						0.	0.	(
(28) JOHN MARTIN	1.50	Λ						· · ·	٠.	
DIRECTOR	1.30	х						0.	0.	
(29) DAVID LEITCH	1.50							•	••	
DIRECTOR		х						0.	0.	
(30) CATHY CAMPBELL	1.50								-	
DIRECTOR		х						0.	0.	
	1									
	+									
	1									
	1									
	1		I	l	I	I	l	l		

Form 990 (2020) UNITED WAY
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
		·		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
SΩ	1 a	Federated campaigns1a	49,483.				
rants		Membership dues 1b	,				
င်္ခ ဗြ		Fundraising events 1c					
ffs,		I Related organizations 1d					
ig je			6,309,473.				
Contributions, Gifts, Grants and Other Similar Amounts		3 \	0,303,473.				
	T	All other contributions, gifts, grants, and	14,857,409.				
들됨		similar amounts not included above 1f					
out	-	Noncash contributions included in lines 1a-1f	16,000.	21 216 265			
Og	h	Total. Add lines 1a-1f		21,216,365.			
			Business Code	F1 4 F0	74 470		
Se	2 a	NET ADMINISTRATIVE FEE	900099	71,172.	71,172.		
Program Service Revenue	b						
S	С	:					
ar eve	d	I					
90 H	е						
₫	f	All other program service revenue	900099	150.	150.		
	g	Total. Add lines 2a-2f)	71,322.			
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)		816,214.			816,214.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 4,540.					
		Less: rental expenses 6b 0.					
		Rental income or (loss) 6c 4,540.					
		Net rental income or (loss)		4,540.			4,540.
		Gross amount from sales of (i) Securities	(ii) Other				,
	ı a	assets other than inventory 7a 576,148.					
	h	Less: cost or other basis	170,200.				
ø.	D		34,163.				
Ž	_						
ther Revenue		() /	-	475,535.			475,535.
Ä		Net gain or (loss)	······	475,555.			473,333.
‡	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events	_				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10a	а				
	b	Less: cost of goods sold10l	0				
	С	Net income or (loss) from sales of inventory	>				
,			Business Code				
Miscellaneous Revenue	11 a	EXTINGUISHMENT OF DEBT	900099	675,000.			675,000.
ane Duc	b						
ele eve	С						
<u>I</u> SC	d	All other revenue					
2		Total. Add lines 11a-11d		675,000.			
	12	Total revenue. See instructions	>	23,258,976.	71,322.	0.	1,971,289.

032009 12-23-20

Form 990 (2020) 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).	Section 501(c)(3) and 501(c)(4) organizations must complete all	l columns. All other organizations r	nust complete column (A).
--	--------------------------------	-----------------------------------	--------------------------------------	---------------------------

	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ants and other assistance to domestic organizations	21 749 026	21 749 026		
	d domestic governments. See Part IV, line 21	21,748,036.	21,748,036.		
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,				
	ustees, and key employees				
	ompensation not included above to disqualified				
•	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)	0.551.004	EE2 E04	650 500	1 165 500
	ther salaries and wages	2,571,884.	753,704.	652,590.	1,165,590
	ension plan accruals and contributions (include	E. 400	45 550	22.252	0.4 500
	ction 401(k) and 403(b) employer contributions)	74,128.	17,558.	22,068.	34,502
	ther employee benefits	288,917.	68,434.	86,009.	134,474
	ayroll taxes	197,057.	59,160.	48,004.	89,893
	ees for services (nonemployees):				
	anagement				
	egal	1,275.		1,275.	
	counting	49,980.		49,980.	
	bbbying				
	ofessional fundraising services. See Part IV, line 17				
f Inv	vestment management fees				
g Ot	ther. (If line 11g amount exceeds 10% of line 25,				
	lumn (A) amount, list line 11g expenses on Sch O.)	1,060,225.	442,875.	496,741.	120,609
12 Ac	dvertising and promotion	20,075.	8,880.	3,629.	7,566
13 Of	ffice expenses	64,767.	28,648.	11,708.	24,411
14 Inf	formation technology	40,307.	17,829.	7,286.	15,192
15 Ro	oyalties				
16 Od	ccupancy	287,167.	122,363.	67,783.	97,021
17 Tra	avel	3,795.	354.	1,320.	2,121
18 Pa	syments of travel or entertainment expenses				
foi	r any federal, state, or local public officials				
19 Co	onferences, conventions, and meetings	3,901.	364.	1,357.	2,180
20 Int	terest				
21 Pa	ayments to affiliates				
22 De	epreciation, depletion, and amortization	133,270.	56,787.	31,457.	45,026
23 Ins	surance	533.	186.	137.	210
ab lin	her expenses. Itemize expenses not covered ove (List miscellaneous expenses on line 24e. If e 24e amount exceeds 10% of line 25, column (A) nount, list line 24e expenses on Schedule 0.)				
a UN	NITED WAY DUES	281,608.	118,143.	65,509.	97,956
b MI	SCELLANEOUS EXPENSES	31,740.	11,101.	8,153.	12,486
c vc	DLUNTEER EXPENSES AND	11,581.	7,721.	1,162.	2,698
d DU	JES AND SUBSCRIPTIONS	8,140.	3,552.	2,059.	2,529
e All	I other expenses				
25 To	tal functional expenses. Add lines 1 through 24e	26,878,386.	23,465,695.	1,558,227.	1,854,464
26 Jo	int costs. Complete this line only if the organization				
rep	ported in column (B) joint costs from a combined				
ed	ucational campaign and fundraising solicitation.				
	eck here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020) Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	11,617,825.	1	8,515,675		
	2	Savings and temporary cash investments			4,534,372.	2	510,264
	3	Pledges and grants receivable, net			5,416,537.	3	5,866,839
	4	Accounts receivable, net			21,606.	4	5,710
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantial o	contributor, or 35%			
		controlled entity or family member of any of	these pers	ons		5	
	6	Loans and other receivables from other disq	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descr	bed in sec	tion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ÿ	9	Prepaid expenses and deferred charges			126,997.	9	40,405
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	600,787.	1,001,380.	10c	833,947
	11	Investments - publicly traded securities			8,947,986.	11	11,042,193
	12	Investments - other securities. See Part IV, li	ne 11		2,128,723.	12	2,871,127
	13	Investments - program-related. See Part IV, I	ne 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	112,635.	15	48,646		
	16	Total assets. Add lines 1 through 15 (must			33,908,061.	16	29,734,806
	17	Accounts payable and accrued expenses	990,763.	17	1,645,822		
	18	Grants payable			8,136,467.	18	5,593,822
	19	Deferred revenue			86,616.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
jab		controlled entity or family member of any of				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel	ated third	parties	675,000.	24	614,088
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	ines 17-24). Complete Part X			
					1,139,195.	25	869,063
	26	Total liabilities. Add lines 17 through 25		\	11,028,041.	26	8,722,795
w		Organizations that follow FASB ASC 958,	check her	e ▶ 🗓			
če		and complete lines 27, 28, 32, and 33.			15 001 066		10 200 220
<u>aa</u>	27				15,981,266.	27	18,389,332
Ä	28				6,898,754.	28	2,622,679
Ĕ		Organizations that do not follow FASB AS	C 958, ch	eck here L			
Ϋ́		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current fur				29	
sse	30	Paid-in or capital surplus, or land, building, o		Г		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate		Г	22 222 222	31	04 040 044
Š	32				22,880,020.	32	21,012,011
	33	Total liabilities and net assets/fund balances			33,908,061.	33	29,734,806. Form 990 (2020

Pa	TXI Reconciliation of Net Assets			<u>, u</u>	<u> </u>	
	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	23	258,	976.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	26	878,	386.	
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,	,619,	410.	
4						
5	Net unrealized gains (losses) on investments	5	1	,751,	401.	
6	Donated services and use of facilities	6				
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	21	012,	011.	
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990:					
	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?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?		3a	Х	$\vdash \vdash$	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ed audit		37		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X		
			Form	990	(2020)	

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **Employer identification number** UNITED WAY OF CENTRAL CAROLINAS, INC. 56-0529948 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	28,635,782.	26,676,927.	25,926,150.	36,442,612.	21,158,396.	138,839,867.	
2	Tax revenues levied for the organ-							
	ization'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	28,635,782.	26,676,927.	25,926,150.	36,442,612.	21,158,396.	138,839,867.	
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)							
	Public support. Subtract line 5 from line 4.						138,839,867.	
	ction B. Total Support					<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 4	28,635,782.	26,676,927.	25,926,150.	36,442,612.	21,158,396.	138,839,867.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	455 055	455 544	645 506	166 244	000 554	0.067.640	
	and income from similar sources	477,275.	457,711.	645,586.	466,314.	820,754.	2,867,640.	
9	Net income from unrelated business							
	activities, whether or not the		250				250	
	business is regularly carried on		358.				358.	
10	Other income. Do not include gain							
	or loss from the sale of capital					675 000	675 000	
	assets (Explain in Part VI.)					675,000.	675,000.	
	Total support. Add lines 7 through 10		`				142,382,865.	
12	Gross receipts from related activities,	· ·				12	1,764,028.	
13	•	•				. , . ,	. —	
Sec	organization, check this box and storetion C. Computation of Publi						P	
14				oluma (fl)		14	97.51 %	
15	Public support percentage from 2019					15	98.34 %	
	33 1/3% support test - 2020. If the c							
	stop here. The organization qualifies						, T	
b	33 1/3% support test - 2019. If the o	. ,	J					
_	and stop here. The organization qual							
17a	10% -facts-and-circumstances test		•					
	and if the organization meets the facts							
	meets the facts-and-circumstances te		•	-	•		. —	
b	10% -facts-and-circumstances test							
_	more, and if the organization meets the	ū				•		
	organization meets the facts-and-circu		•		•			
18								

Schedule A (Form 990 or 990-EZ) 2020

Page 3

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
K	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
			I	1	T	T	T
	indar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ľ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)					1	<u> </u>
	First 5 years. If the Form 990 is for the	ne organization's fi	rst. second third	fourth, or fifth tax	vear as a section !	501(c)(3) organizatio	on.
-	check this box and stop here	-			-		
Se	ction C. Computation of Publi						
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2020. If the						7 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						>
'UC'	Drivate foundation If the organization	an did not chack a	nov on line 1/1 10:	a ariuh chacktl	nic hay and can inc	etrijotione	

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Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c 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).
- 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? If "Yes." provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
20		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
CI-		
5b		
5c		
6		
7		
,		
8		
9a		
_		
9b		
9с		
10a		
10b		<u> </u>
agn or ac	10-F71	2020

га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		
	<u> </u>		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? 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.	2		
Sec	tion 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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations		· ·	
_	Did the conscinution was ide to each of its supported conscinutions. In the last day of the fifth wealth of the		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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	,	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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	00		
h	that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations			
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	st complete	Sections A through E.			
Sect	ion 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				
Sect	ion 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	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 0.015 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 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 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	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see		
	instructions).	, ,		·		

Schedule A (Form 990 or 990-EZ) 2020

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exer	1						
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2020 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020				
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
а	From 2015							
b	From 2016							
С	From 2017							
d	From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2016							
b	Excess from 2017							
c	Excess from 2018							
d	Excess from 2019							
е	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2020

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

	UNITED WAY OF CENTRAL CAROLINAS, INC.	56-0529948						
Organization •	/pe (check one):							
Filers of:	Section:							
Form 990 or 99	0-EZ X 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							
0, 1, 1								
-	ganization is covered by the General Rule or a Special Rule. ction 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.						
General Rule								
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total ty) from any one contributor. Complete Parts I and II. See instructions for determining a contribute							
Special Rules								
section any o	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 secontributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of the greater of (1) \$5,000; or (2) 2% of the amount of the greater of (1) \$5,000; or (2) 2% of the amount of the greater of (1) \$5,000; or (2) 2% of the amount of the greater of (1) \$5,000; or (2) 2% of the amount of the greater of (1) \$5,000; or (2) 2% of the amount of the greater of (1) \$5,000; or (2) 2% of the amount of the greater of (1) \$5,000; or (2) 2% of the amount of the greater of (1) \$5,000; or (2) 2% of the amount of the greater of (1) \$5,000; or (2) 2% of the amount of the greater of (1) \$5,000; or (2) 2% of the amount of the greater of (1) \$5,000; or (2) 2% of the amount of the greater of (1) \$5,000; or (2) 2% of the amount of the greater of (1) \$5,000; or (2) 2% of the amount of the greater of (1) \$5,000; or (2) 2% of the amount of the greater of (1) \$5,000; or (2) 2% of the amount of the greater of (1) \$5,000; or (2) 2% of the amount of the greater of (1) \$5,000; or (2) 2% of the amount of the greater of (1) \$5,000; or (2) 2% of the amount of the greater of (1) \$5,000; or (2) 2% of the greater of (1) \$5,000; or (2) 2% of the greater of (1) \$5,000; or (2) 2% of the greater of (1) \$5,000; or (2) 2% of the greater of (1) \$5,000; or (2) 2% of the greater of (1) \$5,000; or (2) 2% of the greater of (1) \$5,000; or (2) 2% of the greater of (1) \$5,000; or (2) 2% of the greater of (1) \$5,000; or (2) 2% of the greater of (1) \$5,000; or (2) 2% of the greater of (1) \$5,000; or (2) 2% of the greater of (1) 2% of th	a, or 16b, and that received from						
contr litera	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, is che purpo	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled cked, enter here the total contributions that were received during the year for an exclusively religions. Don't complete any of the parts unless the General Rule applies to this organization because us, charitable, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box bus, charitable, etc., it received <i>nonexclusively</i>						
but it must an	ganization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B wer "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 esn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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

Name of organization

Employer identification number

UNITED WAY OF CENTRAL CAROLINAS, INC.

56-0529948

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 2	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ 1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, addices, and Air TT	\$	Person Payroll Complete Part II for noncash contributions.

Name of organization

Employer identification number

UNITED WAY OF CENTRAL CAROLINAS, INC.

56-0529948

i ait ii	(See instructions). Ose duplicate copies of Part	ii ii additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of or	rganization			Employer identification number
UNITED W	AY OF CENTRAL CAROLINAS, INC.			56-0529948
Part III	Exclusively religious, charitable, etc., contributifrom any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ntry For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
		(e) Transfer of gi	ft	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
		(e) Transfer of gi	 ft	
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
		(e) Transfer of gi	<u> </u>	
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
		(e) Transfer of gi	 ft	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number

56 - 0529948

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose c	onferring
_			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	· —	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		4.
	-		
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	organization during the tax
4	year ▶ Number of states where property subject to conservation eas	rement is leasted	
4 5	Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	Land volunteer modes devoted to morntoning, inspecting,	rialianing of violations, and emotoring consc	sivation describing adming the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year
•	▶ \$		on outside during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	-	
	organization's accounting for conservation easements.	•	
Par	t III Organizations Maintaining Collections of	[:] Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	nd balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

Pai	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or C	Other S	Similar Asso	ets _{(conti}	nued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that m	ake sign	ificant use of i	ts	,
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	nange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	n how they further th	e organization's	s exemp	t purpose in P	art XIII.	
5	During the year, did the organization solicit or				similar as	sets		
D -	to be sold to raise funds rather than to be ma						Yes	No
Pai	t IV Escrow and Custodial Arrang		ete if the organization	n answered "Ye	es" on Fo	orm 990, Part I	V, line 9, o	ſ
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia		•				 ,,	
	on Form 990, Part X?		Landa a Aalala				Yes	No
р	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:				A	.1
_	Deginning belongs					10	Amour	<u> </u>
	Beginning balance					1c		
	Additions during the year							
e f	Distributions during the year					1e 1f		
	Ending balance Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIII.		•				163	
	t V Endowment Funds. Complete in							
		(a) Current year	(b) Prior year	(c) Two years b) Three years ba	ck (e) Fou	r years back
1a	Beginning of year balance	2,128,723.	2,100,793.	1,996,5		3,464,17		,209,946.
	Contributions	254,287.	3,490.		375.	3,12		22,275.
С	Net investment earnings, gains, and losses	514,706.	48,581.	125,9	982.	299,80	2.	473,966.
d	Grants or scholarships					1,740,00	0. 2	,200,000.
	Other expenditures for facilities							
	and programs							
f	Administrative expenses	26,589.	24,141.	23,1	109.	30,55	9.	42,014.
g	End of year balance	2,871,127.	2,128,723.	2,100,7	793.	1,996,54	5. 3	,464,173.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	52.8900	_%					
b	Permanent endowment 29.6500	%						
С	Term endowment ►17.4600	%						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
3а	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered	for the	organization		
	by:							Yes No
	(i) Unrelated organizations							X
	(ii) Related organizations						3a(ii)	X
	If "Yes" on line 3a(ii), are the related organiza						<u>3b</u>	
4 Dai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment funds.					
ı aı			Dort IV line 11e C	000 D	ant V lin	o 10		
	Complete if the organization answered						(al) Da a	.lala
	Description of property	(a) Cost or o basis (investn	, ,		` '	umulated eciation	(a) Boo	ok value
10	Land	<u> </u>	.5.19	(5.1.101)	acpit	. 5.14.1.511		
_	Land							
b	Buildings			798,498.		118,212.		680,286.
	Equipment			636,236.		482,575.		153,661.
	Other			, ====		, , , , , , , ,		, •
	I. Add lines 1a through 1e. (Column (d) must e		X column (R) line 10)c)		•		833,947.
		<u>quai i Oiiii 330, i ait i</u>	r, column (b), line 10	<i>,</i>			ule D (Fori	n 990) 2020
								, ====

Schedule D (Form 990) 2020 UNITED WAY OF CEN	TRAL CAROLINAS, INC.	56-	-0529948	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" o				
(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	2,871,127.	END-OF-YEAR MARKET VALUE		
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,871,127.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	or-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" o		1d. See Form 990, Part X, line 15.	(In) Decile	
(a) L	Description		(b) Book v	/alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	<u>▶</u>		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.		
1. (a) Description of liability			(b) Book v	value
(1) Federal income taxes				
(O) DITE TO DESTANATED AGENCIES				160 631

CAMPAIGNS PROCESSED FOR OTHERS 232,615. DEFERRED LEASE INCENTIVE 175,814. (4) (5) (6) (7) (8) 869,063. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2020

56-0529948

Pa	TEXI Reconciliation of Revenue per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, II		Revenue per Re	turn.	
1	Tatal and a sign and all an area of the sign and the sign			1	24,228,038.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, , .
– a		2a	1,751,401.		
b	Donated services and use of facilities		196,148.		
C	Recoveries of prior year grants		•		
d					
е				2e	1,947,549.
3	Subtract line 2e from line 1			3	22,280,489.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		978,487.		
С				4c	978,487.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St	2.)		5	23,258,976.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	tatements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total expenses and losses per audited financial statements			1	26,096,047.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	196,148.		
b	Prior year adjustments	2b			
С	Other losses	2c		-	
d	Other (Describe in Part XIII.)	2d			
е				2e	196,148.
3	Subtract line 2e from line 1			3	25,899,899.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,			-	
b	,	4b	978,487.		
	Add lines 4a and 4b			4c	978,487.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	18.)		5	26,878,386.
PART	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a T. V., LINE 4: PURPOSE OF THE ORGANIZATION'S ENDOWMENT IS TO PROVIDE FI	any additional inform		; Part X, li	ne 2; Part XI,
SUPI	PORT TO GENERAL OPERATIONS AS WELL AS SPECIFIC PROGRAMS I	DENTIFIED BY			
DONG	ors.				
PART	Y X, LINE 2:				
U.S.	GAAP REQUIRES THE ORGANIZATION TO RECOGNIZE A TAX BENEF	FIT OR EXPENSE			
FRON	AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THA	AN NOT THAT THE			_
TAX	POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUT	THORITIES,			
BASI	ED ON THE TECHNICAL MERITS OF THE POSITION. MANAGEMENT BE	LIEVES THE			
ORG	ANIZATION HAD NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2	2021 AND 2020.			

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.

2020 Open to Public

Inspection

Name of the organization UNITED WAY OF	CENTRAL CARO	LINAS INC.					Employer identification number 56-0529948
Part I General Information on Grants a							
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro	stance? ocedures for monit	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than a 1 (a) Name and address of organization or government	\$5,000. Part II can (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	836,789.	0.			GENERAL SUPPORT
CHILD CARE RESOURCES INC. 200 REGENCY EXECUTIVE PARK DRIVE, CHARLOTTE, NC 28217	S 56-1316030	501(C)3	697,079.	0.			GENERAL SUPPORT
SAFE ALLIANCE, INC. 601 EAST 5TH STREET SUITE 400 CHARLOTTE, NC 28202	56-0529967	501(C)3	653,140.	0.			GENERAL SUPPORT
CARE RING 601 E 5TH STREET, SUITE 140 CHARLOTTE, NC 28202	56-0621073	501(C)3	546,649.	0.			GENERAL SUPPORT
COUNCIL FOR CHILDREN'S RIGHTS 601 EAST 5TH STREET SUITE 510 CHARLOTTE, NC 28202	56-1325184	501(C)3	533,972.	0.			GENERAL SUPPORT
YWCA CENTRAL CAROLINAS 3420 PARK ROAD CHARLOTTE, NC 28209	56-0532139		525,583.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization			ne line 1 table				

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

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Γ
(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
OOF ABOVE, INC.							
945 NORTH COLLEGE STREET							
CHARLOTTE, NC 28206	56-1837620	501(C)3	477,293.	0.			GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF							
CHAR-MECK, INC - 601 EAST 5TH							
STREET SUITE 300 - CHARLOTTE, NC							
28202	58-1661795	501(C)3	452,758.	0.			GENERAL SUPPORT
CRISIS ASSISTANCE MINISTRY							
(MECKLENBURG) - 500-A SPRATT							
STREET - CHARLOTTE, NC 28206	56-1416719	501(C)3	445,840.	0.			GENERAL SUPPORT
ATIN AMERICAN COALITION							
938 CENTRAL AVENUE SUITE 100				_			
CHARLOTTE, NC 28205	58-1945776	501(C)3	439,022.	0.			GENERAL SUPPORT
WAGA OF GREATER GUARAGE							
YMCA OF GREATER CHARLOTTE							
400 EAST MOREHEAD STREET	56 4045000	504 (5) 2	424 605	•			
CHARLOTTE, NC 28202	56-1045299	501(C)3	431,687.	0.			GENERAL SUPPORT
RENAISSANCE WEST COMMUNITY							
INITIATIVE - 3610 NOBLES AVENUE -							
	27-1396021	E01/G\2	426 212	0.			GENERAL SUPPORT
HARLOTTE, NC 28208	27-1390021	501(C/3	426,313.	0.			GENERAL SUPPORT
CENTER, INC 741 KENILWORTH AVENUE, SUITE 100 - CHARLOTTE, NC							
28204	56-0892041	E01/G\2	376 026	0.			GENERAL SUPPORT
00204	36-0692041	501(C)3	376,026.	0.			GENERAL SUPPORT
IC MEDASSIST							
1428 TAGGART CREEK ROAD SUITE 101							
CHARLOTTE, NC 28208	56-2018957	501 (C) 3	333,493.	0.			GENERAL SUPPORT
MANDOTTE, NC 20200	30-2010337	201(0)3	333,433.	0.			DENERAL SUPPURI
RAIN, INC.							
501 E 5TH STREET, SUITE 470							
CHARLOTTE, NC 28202	56-1825247	501(C)3	331,167.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
THE CENTER FOR COMMUNITY							
TRANSITIONS - 5825 OLD CONCORD							
ROAD - CHARLOTTE, NC 28213	51-0185383	501(C)3	328,969.	0.			GENERAL SUPPORT
TEEN HEALTH CONNECTION, INC							
3541 RANDOLPH ROAD							
CHARLOTTE, NC 28211	56-1719715	501(C)3	313,133.	0.			GENERAL SUPPORT
CHARLOTTE CENTER FOR LEGAL							
ADVOCACY - 1431 ELIZABETH AVENUE -							
CHARLOTTE, NC 28204	56-1202940	501(C)3	311,655.	0.			GENERAL SUPPORT
FLORENCE CRITTENTON SERVICES							
3350 HOLABIRD LANE	F6 0577606	E01/G\2	202 100	0.			GENEDAL GUDDODE
CHARLOTTE, NC 28208 MENTAL HEALTH AMERICA OF CENTRAL	56-0577626	501(C)3	302,188.	٠.			GENERAL SUPPORT
CAROLINAS, INC 3701 LATROBE DRIVE SUITE 140 - CHARLOTTE, NC							
28211	56-0674267	501/0\3	287,905.	0.			GENERAL SUPPORT
COMMUNITY LINK PROGRAMS OF	30 0074207	501(0/5	207,303.	٠.			BENERAL BUTTORT
TRAVELERS AID SOCIETY OF CENTRAL							
CAROLINAS, INC 601 EAST 5TH							
STREET SUITE 220 - CHARLOTTE, NC	56-0530008	501(C)3	279,466.	0.			GENERAL SUPPORT
·			,				
SOCIALSERVE							
601 E 5TH ST., SUITE 550							
CHARLOTTE, NC 28202	56-2173215	501(C)3	275,000.	0.			GENERAL SUPPORT
URBAN LEAGUE OF CENTRAL CAROLINAS.							
INC 740 WEST 5TH STREET -							
CHARLOTTE, NC 28202	56-1218704	501 (C) 3	268,589.	0.			GENERAL SUPPORT
CHARDOTTE, NC 20202	30-1210/04	501(0/3	200,369.	0.			STATIVAL SOLLOKI
HOPE HAVEN INC							
3815 NORTH TRYON STREET							
CHARLOTTE, NC 28206	58-1314284	501(C)3	235,327.	0.			GENERAL SUPPORT

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	.,	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
TIME OUT YOUTH							
3800 MONROE RD.							
CHARLOTTE, NC 28205	56-1755564	501(C)3	230,025.	0.			GENERAL SUPPORT
GOODWILL INDUSTRIES OF THE							
SOUTHERN SOUTHERN PIEDMONT - 5301							
VILKINSON BOULEVARD - CHARLOTTE,							
NC 28208	56-0844639	501(C)3	221,972.	0.			GENERAL SUPPORT
			,				
PUBLIC LIBRARY OF CHARLOTTE &							
MECKLENBURG COUNTY - 310 N. TRYON							
STREET - CHARLOTTE, NC 28202	56-6018623	501(C)3	218,282.	0.			GENERAL SUPPORT
SANDRA AND LEON LEVINE JEWISH							
COMMUNITY CENTER - 5007 PROVIDENCE							
ROAD - CHARLOTTE, NC 28226	56-1100696	501(C)3	214,120.	0.			GENERAL SUPPORT
LAKEWOOD NEIGHBORHOOD COALITION							
330 LAKEWOOD AVENUE							
CHARLOTTE, NC 28208	38-4015347	501(C)3	211,234.	0.			GENERAL SUPPORT
SUNDI OFFICE FAMILY HOUSING THE							
CHARLOTTE FAMILY HOUSING, INC.							
300 HAWTHORNE LANE	F0 1F00100	E01/G)2	200 400	0			CENTED AT CHEDODE
CHARLOTTE, NC 28204	58-1599120	501(C)3	209,409.	0.			GENERAL SUPPORT
ADA JENKINS FAMILIES AND CAREERS							
DEVELOPMENT CENTER, INC 212							
GAMBLE STREET - DAVIDSON, NC 28036	56-1927067	501(C)3	205,225.	0.			GENERAL SUPPORT
DIVIDUON, NO 20030	30 1327007	301(0/3	203,223.	•			DENERGE BOITORT
DREAMKEY PARTNERS INC.							
4601 CHARLOTTE PARK DRIVE, STE 350							
CHARLOTTE, NC 28217	56-1620516	501(C)3	205,022.	0.			GENERAL SUPPORT
		-, -, -		· ·			
FRIENDSHIP COMMUNITY DEVELOPMENT							
CORPORATION - 3239 BEATTIES FORD							
ROAD - CHARLOTTE, NC 28216	56-2267077	501(C)3	200,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(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
SUSTAIN CHARLOTTE, INC							
P.O BOX 18201							
CHARLOTTE, NC 28218	01-0975452	501(C)3	200,000.	0.			GENERAL SUPPORT
CHARLOTTE COMMUNITY HEALTH CLINIC							
8401 MEDICAL PLAZA DRIVE SUITE 30) D						
CHARLOTTE, NC 28262	56-2274174	501(C)3	197,936.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF							
CENTRAL CAROLINAS - 3801 EAST							
INDEPENDENCE BOULEVARD -							
CHARLOTTE, NC 28205	56-2264009	501(C)3	192,002.	0.			GENERAL SUPPORT
·			,				
AUTISM CHARLOTTE							
PO BOX 12671							
CHARLOTTE, NC 28220	06-1801739	501(C)3	180,000.	0.			GENERAL SUPPORT
CROSSROADS CORPORATION FOR			·				
AFFORDABLE HOUSING AND COMMUNITY							
DEVELOPMENT, INC 3623 LATROBE							
DRIVE, SUITE 208 - CHARLOTTE, NC	26-2787742	501(C)3	178,500.	0.			GENERAL SUPPORT
APPARO SOLUTION INC							
1117 EAST MOREHEAD STREET SUITE 10							
CHARLOTTE, NC 28204	57-1140089	501(C)3	175,000.	0.			GENERAL SUPPORT
DOD TWO							
E2D INC.							
18605 NORTHLINE DRIVE SUITE A1	46 5000050	501/6\2	154 465	0			GENERAL GURRORE
CORNELIUS, NC 28031	46-5008759	501(C)3	174,467.	0.			GENERAL SUPPORT
CAMAMDA DIVEDREEDED ECIMIDAMICA INC							
CATAWBA RIVERKEEPER FOUNDATION INC							
715 N. CHURCH ST, SUITE 120	56-2034780	E01/C)2	170 000	0.			CENEDAI CUDDODE
CHARLOTTE, NC 28202	50-2034/80	DOT(C)2	170,000.	0.			GENERAL SUPPORT
FOR THE STRUGGLE, INC.							
2220 ENGLISH DRIVE							
CHARLOTTE, NC 28216	83-4652690	501 (C) 3	162,500.	0.			GENERAL SUPPORT
	1 00 1002000		102,500.	٠.		l	DELIZIONE DOLLOWI

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(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
PAT'S PLACE CHILD ADVOCACY CENTER							
901 EAST BLVD							
CHARLOTTE, NC 28203	20-1820596	501(C)3	160,000.	0.			GENERAL SUPPORT
READ CHARLOTTE							
220 NORTH TRYON ST							
CHARLOTTE, NC 28202	56-6047886	501(C)3	150,000.	0.			GENERAL SUPPORT
SMITH FAMILY WELLNESS CENTER AT							
PROJECT 658 - 3622 CENTRAL AVE -	46-2956418	E01/C\2	147 500	0.			CENEDAL CUDDODM
CHARLOTTE, NC 28205	46-2936416	501(C)3	147,500.	٠.			GENERAL SUPPORT
THE RELATIVES INC							
119 EAST 8TH STREET							
CHARLOTTE, NC 28202	56-1082022	501(C)3	145,810.	0.			GENERAL SUPPORT
UNION COUNTY CRISIS ASSISTANCE	00 1002022	002(0)0	110,010.	-			
MINISTRY, INC 1333 WEST							
ROOSEVELT BOULEVARD - MONROE, NC							
28110	58-1631417	501(C)3	140,158.	0.			GENERAL SUPPORT
SOUTHSIDE RIDES FOUNDATION							
2846 FREEDOM DRIVE							
CHARLOTTE, NC 28208	20-2790909	501(C)3	135,000.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY CHARLOTTE							
3815 LATROBE DRIVE							
CHARLOTTE, NC 28211	56-1366233	501(C)3	130,104.	0.			GENERAL SUPPORT
	00 1000100	002(0)0	100,101.	-			
THE BULB GALLERY							
6601 US HWY 601 S							
CONCORD, NC 28025	81-4832881	501(C)3	125,500.	0.			GENERAL SUPPORT
TURNING POINT, INC. (TURNING POINT							
OF UNION COUNTY INC) - PO BOX 952							
- MONROE, NC 28111	58-1698701	501(C)3	123,060.	0.			GENERAL SUPPORT

(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
OURBRIDGE INC							
3925 WILLARD FARROW DR.							
CHARLOTTE, NC 28215	46-3784901	501(C)3	110,000.	0.			GENERAL SUPPORT
ROCKWELL AME ZION CHURCH							
PO BOX 26634							
CHARLOTTE, NC 28221	56-6172851	501(C)3	110,000.	0.			GENERAL SUPPORT
COMMON WEALTH ASSOCIATES INC							
5301 WILKINSON BLVD.							
CHARLOTTE, NC 28208	30-0842673	501(C)3	107,500.	0.			GENERAL SUPPORT
LAKE NORMAN COMMUNITY HEALTH							
CLINIC - 14230 HUNTERS ROAD -							
HUNTERSVILLE, NC 28078	04-3723062	501 (C) 3	105,330.	0.			GENERAL SUPPORT
HONTERSVIELE, NC 20070	04 3723002	301(0/3	103,330.	٠.			GENERAL BULLORI
SUPPORTIVE HOUSING COMMUNITIES							
INC 601 E. FIFTH STREET, SUITE							
255 - CHARLOTTE, NC 28202	58-2067479	501(C)3	105,000.	0.			GENERAL SUPPORT
CHANGED CHOICES							
PO BOX 34367	00 4544405	504 (5) 2	100 000				
CHARLOTTE, NC 28234	20-1714187	501(C)3	100,000.	0.			GENERAL SUPPORT
MAKE-A-WISH FOUNDATION OF CENTRAL							
& WESTERN NC - 217 E. TREMONT AVE.							
- CHARLOTTE, NC 28203	56-1492432	501(C)3	100,000.	0.			GENERAL SUPPORT
			,				
THE STEVE SMITH FAMILY FOUNDATION							
2125 SOUTHEND DRIVE SUITE 252							
CHARLOTTE, NC 28203	30-0778749	501(C)3	100,000.	0.			GENERAL SUPPORT
COMMUNITY HEALTH SERVICES OF UNION							
COUNTY, INC 1338-C EAST SUNSET							
DRIVE - MONROE, NC 28112	46-0495947	501 (C) 3	98,316.	0.			GENERAL SUPPORT
DILLAR MONITOR' MC 70117	-U U43334/	Po+(C/3	1 30,310.	0.	l	I	Printitur Polloki

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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		
HABITAT FOR HUMANITY CABARRUS COUNTY - 8 CHURCH STREET SUITE 101 - CONCORD, NC 28025	56-1678395	501 (C) 3	96,965.	0.			GENERAL SUPPORT		
CHARLOTTE COMMUNITY TOOL BANK 2513 S. TRYON STREET									
CHARLOTTE, NC 28203 COMMUNITY SHELTER OF UNION COUNTY 160 MEADOW STREET	27-1602981	501(C)3	95,000.	0.			GENERAL SUPPORT		
MONROE, NC 28110	58-2121860	501(C)3	91,639.	0.			GENERAL SUPPORT		
GIRL SCOUTS, HORNETS' NEST COUNCIL 7007 IDLEWILD ROAD CHARLOTTE, NC 28212	56-0563842	501(C)3	83,540.	0.			GENERAL SUPPORT		
HEARTBRIGHT FOUNDATION, INC. 2923 SOUTH TRYON STREET SUITE 200 CHARLOTTE, NC 28203	45-0496759	501(C)3	80,000.	0.			GENERAL SUPPORT		
HOPE HOUSE FOUNDATION PO BOX 61 HUNTERSVILLE, NC 28078	20-0923763	501(C)3	80,000.	0.			GENERAL SUPPORT		
LEGAL AID OF NORTH CAROLINA, INC. 1431 ELIZABETH AVENUE CHARLOTTE, NC 28204	31-1784161	501(C)3	78,750.	0.			GENERAL SUPPORT		
CATHOLIC CHARITIES DIOCESE OF CHARLOTTE - 1123 S CHURCH STREET - CHARLOTTE, NC 28203	56-1058954		77,804.	0.			GENERAL SUPPORT		
COMMUNITY FREE CLINIC, INC. 528 LAKE CONCORD ROAD NORTH EAST C CONCORD, NC 28025	J 58-2131301	501(C)3	76,778.	0.			GENERAL SUPPORT		

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Га
(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
33181 AMERICAN RED CROSS WESTERN							
ORTH CAROLINA CHAPTER - 2425 PARK							
ROAD - CHARLOTTE, NC 28203	53-0196605	501(C)3	76,531.	0.			GENERAL SUPPORT
SECOND HARVEST FOOD BANK OF							
METROLINA - 500 SPRATT STREET B -							
CHARLOTTE, NC 28206	56-1352593	501(C)3	76,452.	0.			GENERAL SUPPORT
URBAN PROMISE CHARLOTTE							
PO BOX 12213							
CHARLOTTE, NC 28220	47-2302870	501(C)3	75,000.	0.			GENERAL SUPPORT
PROMISE RESOURCE NETWORK, INC.							
CHARLOTTE, NC 28205	27-2648129	501 (C) 3	68,117.	0.			GENERAL SUPPORT
CHARDOTTE, NC 20203	27 2040125	301(0/3	00,117.	· ·			GENERAL BOITORI
THE ARC OF UNION/CABARRUS, INC.							
1653-C CAMPUS PARK DRIVE							
MONROE, NC 28112	56-1677521	501(C)3	67,589.	0.			GENERAL SUPPORT
ANGELS AND SPARROWS SOUP KITCHEN							
INC - PO BOX 315 - HUNTERSVILLE,							
NC 28070	32-0200979	501(C)3	65,000.	0.			GENERAL SUPPORT
C.O.R.E PROGRAMS, INC							
400 EAST BLVD	24 4045000	504 (5) 2	64.600				
CHARLOTTE, NC 28203	31-1815003	501(C)3	64,623.	0.			GENERAL SUPPORT
CABARRUS COOPERATIVE CHRISTIAN							
MINISTRY FOUNDATION - 246 COUNTRY							
CLUB DRIVE NE - CONCORD, NC 28025	56-1320818	501(C)3	63,030.	0.			GENERAL SUPPORT
ATT CON ORCIG							
WILSON OASIS 5121 ALLEN RD. E							
CHARLOTTE, NC 28269	84-1927626	501(C)3	62,500.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Fa
(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
EED MY LAMBS							
2209 US-74							
WADESBORO, NC 28170	56-2158694	501(C)3	61,863.	0.			GENERAL SUPPORT
HISTORIC WEST END PARTNERS, INC.							
309 LIMS AVE.							
CHARLOTTE, NC 28208	27-1880057	501(C)3	60,000.	0.			GENERAL SUPPORT
THE SAVE OUR CHILDREN MOVEMENT INC							
5835 EXECUTIVE CENTER DRIVE SUITE	1						
CHARLOTTE, NC 28212	47-1388661	501(C)3	60,000.	0.			GENERAL SUPPORT
,			, -	-			
RIGHT MOVES FOR YOUTH, INC.							
2211 WEST MOREHEAD STREET SUITE 10	2						
CHARLOTTE, NC 28208	56-1834718	501(C)3	59,753.	0.			GENERAL SUPPORT
FRIENDSHIP TRAYS							
2401A DISTRIBUTION STREET							
CHARLOTTE, NC 28203	56-1201496	501(C)3	59,230.	0.			GENERAL SUPPORT
THE MOORESVILLE AREA CHRISTIAN							
MISSION, INC 266 NORTH BROAD							
STREET - MOORESVILLE, NC 28115	56-0667685	501(C)3	55,321.	0.			GENERAL SUPPORT
SHE BUILT THIS CITY							
833 STRATFORD RUN DRIVE							
FORT MILL, SC 29708	84-3445543	501/C\3	55,000.	0.			GENERAL SUPPORT
FORT MILL, SC 29700	64-3445545	501(C/3	33,000.	0.			GENERAL SUPPORT
KINDERMOURN, INC.							
1320 HARDING PLACE							
CHARLOTTE, NC 28204	56-1221194	501(C)3	54,105.	0.			GENERAL SUPPORT
,			, , , , ,				
BOYS AND GIRLS CLUB OF CABARRUS							
COUNTY, INC 247 SPRING STREET							
NW - CONCORD, NC 28025	56-0577630	501(C)3	52,502.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(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
BLOCK LOVE CHARITIES							
7137 FOUNDERS CLUB COURT							
CHARLOTTE, NC 28269	84-4760383	501(C)3	52,500.	0.			GENERAL SUPPORT
GENERATIONNATION							
700 E STONEWALL STREET, SUITE 710	56 4505050	504 (5) 2	50 500				
CHARLOTTE, NC 28202	56-1785359	501(C)3	52,500.	0.			GENERAL SUPPORT
THE ACADEMY OF GOAL ACHIEVERS,							
INC 7569 ABIGAIL GLEN DRIVE -							
CHARLOTTE, NC 28212	46-3145227	501(C)3	52,500.	0.			GENERAL SUPPORT
GALILEE MINISTRIES OF EAST							
CHARLOTTE-EPISCOPAL DIOCESE OF NC							
- 3601 CENTRAL AVENUE - CHARLOTTE,							
NC 28205	58-1488743	501(C)3	52,110.	0.			GENERAL SUPPORT
YOUNG BLACK LEADERSHIP ALLIANCE							
10130 MALLARD CREEK ROAD SUITE 300							
CHARLOTTE, NC 28262	26-2984776	501 (C) 3	52,000.	0.			GENERAL SUPPORT
CHARDOTTE, NC 20202	20 2304770	501(0/5	32,000.	٠.			GENERAL BOITORI
AUGUSTINE LITERACY PROJECT -							
CHARLOTTE - 115 WEST 7TH STREET -							
CHARLOTTE, NC 28202	83-0822641	501(C)3	51,250.	0.			GENERAL SUPPORT
BEDS FOR KIDS INC.							
2519 S TRYON STREET				_			
CHARLOTTE, NC 28203	27-4153074	501(C)3	50,942.	0.			GENERAL SUPPORT
ABOVE AND BEYOND STUDENTS							
4836 PARK ROAD							
CHARLOTTE, NC 28209	56-2218184	501(C)3	50,000.	0.			GENERAL SUPPORT
	30 2210104	552(0/0	30,000.	٠.			50110111
CATERPILLAR MINISTRIES							
PO BOX 2155							
HUNTERSVILLE, NC 28070	46-5034459	501(C)3	50,000.	0.			GENERAL SUPPORT

(a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of cash grant (d) Amount of cash grant (g) Description of non-cash assistance (cost, ETM, appraisal, other) CCCCP COMMUNITY TRUST 200 SOUTH TRYON SUITE 1600 CRARACOTE, NC 28202 01-0554275 501(C)3 50,000. 0. SENERAL SUPPORT HEARTS BEAT AS ONE FOUNDATION INC 3320 DESTITE IN CHARLOTTE, NC 28217 46-5287924 501(C)3 50,000. 0. SENERAL SUPPORT PARENTCHILD+ 163 B MINEOLA, NC 11501 11-2495601 501(C)3 50,000. 0. SENERAL SUPPORT PROBLER YOUTH DEVELOPMENT INC 15115 DURMAST COUNT NOT 11501 11-2495601 501(C)3 50,000. 0. SENERAL SUPPORT PROSPERA NORTH CARCULNA LLC 145 C SCALEYBARK ROAD CHARLOTTE, NC 28209 82-1629344 501(C)3 50,000. 0. SENERAL SUPPORT THE C.N. WILLIAMS COMMUNITY HEALTH CENTER, INC - 3333 WILLIAMSON SENERAL SUPPORT THE C.N. WILLIAMS COMMUNITY HEALTH CENTER, INC - 3333 WILLIAMSON SENERAL SUPPORT THE C.N. WILLIAMS COMMUNITY HEALTH CENTER, INC - 3333 WILLIAMSON SENERAL SUPPORT THRIVE GLOBAL PROJECT 5162 LINCREST PLACE CRARLOTTE, NC 28209 56-1262478 501(C)3 50,000. 0. SENERAL SUPPORT THRIVE GLOBAL PROJECT 5162 LINCREST PLACE CRARLOTTE, NC 28209 56-1014180 501(C)3 50,000. 0. SENERAL SUPPORT THE LEARNING COLLABORATIVE 364 SON COLLABORATIVE 364 SON COLLABORATIVE 364 LINCREST PLACE CRARLOTTE, NC 28201 56-1014180 501(C)3 50,000. 0. SENERAL SUPPORT THE LEARNING COLLABORATIVE 364 SON COLLABORATIVE 364 LINCREST PLACE CRARLOTTE, NC 28201 56-1014180 501(C)3 50,000. 0. SENERAL SUPPORT THE LEARNING COLLABORATIVE 364 LINCREST PLACE CRARLOTTE, NC 28201 56-1014180 501(C)3 50,000. 0. SENERAL SUPPORT	Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
200 SOUTH TRYON SUITE 1600 CHARLOTTE, NC 28202 01-0554275 501(C)3 50,000. 0. SENERAL SUPPORT HEARTS BEAT AS ONE FOUNDATION INC SENERAL SUPPORT A65-287924 501(C)3 50,000. 0. SENERAL SUPPORT PARENTCHILD+ 163 B MINEOLA BOULEVARD MINEOLA, NY 11501 11-2495601 501(C)3 50,000. 0. SENERAL SUPPORT PROMISE YOUTH DEVELOPMENT INC 1515 DURANGT COURT MINT HILL, NC 28227 81-1096615 501(C)3 50,000. 0. SENERAL SUPPORT PROSPERA NORTH CAROLINA LLC 145 C SCALEYBARK ROAD CHARLOTTE, NC 28209 82-1629344 501(C)3 50,000. 0. SENERAL SUPPORT THE C.W. WILLIAMS COMMUNITY HEALTH CENTER, INC - 3333 WILLINSON BOULEVARD - CHARLOTTE, NC 28208 56-1262478 501(C)3 50,000. 0. SENERAL SUPPORT THRIVE GLOBAL PROJECT 5162 LINCREST PLACE CHARLOTTE, NC 28211 82-3885977 501(C)3 50,000. 0. SENERAL SUPPORT THE VEN CLORED TO CHARLOTTE, NC 28208 56-1262478 501(C)3 50,000. 0. SENERAL SUPPORT THE VEN CLORED TO CHARLOTTE, NC 28208 56-1262478 501(C)3 50,000. 0. SENERAL SUPPORT THE VEN CLORED TO CHARLOTTE, NC 28208 56-1262478 501(C)3 50,000. 0. SENERAL SUPPORT THE VEN CLORED TO CHARLOTTE, NC 28208 56-1262478 501(C)3 50,000. 0. SENERAL SUPPORT THE VEN CLORED TO CHARLOTTE, NC 28208 56-1262478 501(C)3 50,000. 0. SENERAL SUPPORT THE VEN CLORED TO CHARLOTTE, NC 28208 56-1262478 501(C)3 50,000. 0. SENERAL SUPPORT THE LEARNING COLLABORATIVE		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	non-cash	valuation (book, FMV,		(h) Purpose of grant or assistance			
200 SOUTH TRYON SUITE 1600 CHARLOTTE, NC 28202 01-0554275 501(C)3 50,000. 0. SENERAL SUPPORT HEARTS BEAT AS ONE FOUNDATION INC SEDERAL SUPPORT A6-5287924 501(C)3 50,000. 0. SENERAL SUPPORT ANNIENT SOUTH DEVELOPMENT INC SISTS SUPPORT BY SUPPO	CCCP COMMUNITY TRUST										
CHARLOTTE, NC 28202 01-0554275 501(C)3 50,000. 0. SENERAL SUPPORT HEARTS BEAT AS ONE FOUNDATION INC 3520 DEWITT LN CHARLOTTE, NC 28217 46-5287924 501(C)3 50,000. 0. SENERAL SUPPORT PARENTCHILD+ 63 B MINEOLA BOULEVARD MINEOLA, NY 11501 11-2495601 501(C)3 50,000. 0. SENERAL SUPPORT PROMISE YOUTH DEVELOPMENT INC 15115 DURMAST COURT MINT HILL, NC 28227 81-1096615 501(C)3 50,000. 0. SENERAL SUPPORT PROSPERA NORTH CAROLINA LLC 145 C SCALEYBARK ROAD CHARLOTTE, NC 28209 82-1629344 501(C)3 50,000. 0. SENERAL SUPPORT THE C.W. WILLIAMS COMMUNITY HEALTH CENTER, INC - 3333 WILKINSON BOULEVARD - CHARLOTTE, NC 28208 56-1262478 501(C)3 50,000. 0. SENERAL SUPPORT THE TURE GLOBAL PROJECT 5162 LINCREST PLACE CHARLOTTE, NC 28211 82-3885977 501(C)3 50,000. 0. SENERAL SUPPORT WING HAVEN FOUNDATION INCORPORATED 260 RIDGEWOOD AVE CHARLOTTE, NC 28209 56-1014180 501(C)3 50,000. 0. SENERAL SUPPORT THE LEARNING COLLABORATIVE											
3520 DEWITT IN CHARLOTTE, NC 28217		01-0554275	501(C)3	50,000.	0.			GENERAL SUPPORT			
3520 DEWITT IN CHARLOTTE, NC 28217 46-5287924 501(C)3 50,000. 0. 3ENERAL SUPPORT AGB NINEOLA BOULEVARD MINEOLA, NY 11501 11-2495601 501(C)3 50,000. 0. 3ENERAL SUPPORT FROMISE YOUTH DEVELOPMENT INC 15115 DURMAST COURT MINT HILL, NC 28227 81-1096615 501(C)3 50,000. 0. 3ENERAL SUPPORT FROSPERA NORTH CAROLINA LLC 145 C SCALEYBARK ROAD CHARLOTTE, NC 28209 82-1629344 501(C)3 50,000. 0. 3ENERAL SUPPORT THE C.W. WILLIAMS COMMUNITY HEALTH CENTER, INC - 3333 WILKINSON BOULEVARD - CHARLOTTE, NC 28208 56-1262478 501(C)3 50,000. 0. 3ENERAL SUPPORT THIVE GLOBAL PROJECT 5162 LINCREST PLACE CHARLOTTE, NC 28211 82-3885977 501(C)3 50,000. 0. 3ENERAL SUPPORT THIVE GLOBAL PROJECT 5162 LINCREST PLACE CHARLOTTE, NC 28211 82-3885977 501(C)3 50,000. 0. 3ENERAL SUPPORT SENERAL SUPPORT WING HAVEN FOUNDATION INCORPORATED 260 RIDGEWOOD AVE CHARLOTTE, NC 28209 56-1014180 501(C)3 50,000. 0. 3ENERAL SUPPORT SENERAL SUPPORT DEMERAL SUPPORT WING HAVEN FOUNDATION INCORPORATED 260 RIDGEWOOD AVE CHARLOTTE, NC 28209 56-1014180 501(C)3 50,000. 0. 3ENERAL SUPPORT SENERAL SUPPORT											
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15115 DURMAST COURT MINT HILL, NC 28227 81-1096615 501(C)3 50,000. 0. GENERAL SUPPORT PROSPERA NORTH CAROLINA LLC 145 C SCALEYBARK ROAD CHARLOTTE, NC 28209 82-1629344 501(C)3 50,000. 0. GENERAL SUPPORT THE C.W. WILLIAMS COMMUNITY HEALTH CENTER, INC - 3333 WILKINSON BOULEVARD - CHARLOTTE, NC 28208 56-1262478 501(C)3 50,000. 0. GENERAL SUPPORT THRIVE GLOBAL PROJECT 5162 LINCREST PLACE CHARLOTTE, NC 28211 82-3885977 501(C)3 50,000. 0. GENERAL SUPPORT WING HAVEN FOUNDATION INCORPORATED 260 RIGGEWOOD AVE CHARLOTTE, NC 28209 56-1014180 501(C)3 50,000. 0. GENERAL SUPPORT THE LEARNING COLLABORATIVE				,							
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PROSPERA NORTH CAROLINA LLC 145 C SCALEYBARK ROAD CHARLOTTE, NC 28209 82-1629344 501(C)3 50,000. 0. GENERAL SUPPORT THE C.W. WILLIAMS COMMUNITY HEALTH CENTER, INC - 3333 WILKINSON BOULEVARD - CHARLOTTE, NC 28208 56-1262478 501(C)3 50,000. 0. GENERAL SUPPORT THRIVE GLOBAL PROJECT 5162 LINCREST PLACE CHARLOTTE, NC 28211 82-3885977 501(C)3 50,000. 0. GENERAL SUPPORT WING HAVEN FOUNDATION INCORPORATED 260 RIDGEWOOD AVE CHARLOTTE, NC 28209 56-1014180 501(C)3 50,000. 0. GENERAL SUPPORT THE LEARNING COLLABORATIVE	15115 DURMAST COURT										
145 C SCALEYBARK ROAD CHARLOTTE, NC 28209 82-1629344 501(C)3 50,000. 0. SENERAL SUPPORT THE C.W. WILLIAMS COMMUNITY HEALTH CENTER, INC - 3333 WILKINSON BOULEVARD - CHARLOTTE, NC 28208 56-1262478 501(C)3 50,000. 0. SENERAL SUPPORT THRIVE GLOBAL PROJECT 5162 LINCREST PLACE CHARLOTTE, NC 28211 82-3885977 501(C)3 50,000. 0. SENERAL SUPPORT WING HAVEN FOUNDATION INCORPORATED 260 RIDGEWOOD AVE CHARLOTTE, NC 28209 56-1014180 501(C)3 50,000. 0. SENERAL SUPPORT THE LEARNING COLLABORATIVE	MINT HILL, NC 28227	81-1096615	501(C)3	50,000.	0.			GENERAL SUPPORT			
145 C SCALEYBARK ROAD CHARLOTTE, NC 28209 82-1629344 501(C)3 50,000. 0. SENERAL SUPPORT THE C.W. WILLIAMS COMMUNITY HEALTH CENTER, INC - 3333 WILKINSON BOULEVARD - CHARLOTTE, NC 28208 56-1262478 501(C)3 50,000. 0. SENERAL SUPPORT THRIVE GLOBAL PROJECT 5162 LINCREST PLACE CHARLOTTE, NC 28211 82-3885977 501(C)3 50,000. 0. SENERAL SUPPORT WING HAVEN FOUNDATION INCORPORATED 260 RIDGEWOOD AVE CHARLOTTE, NC 28209 56-1014180 501(C)3 50,000. 0. SENERAL SUPPORT THE LEARNING COLLABORATIVE											
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CENTER, INC - 3333 WILKINSON BOULEVARD - CHARLOTTE, NC 28208	CHARLOTTE, NC 28209	82-1629344	501(0)3	50,000.	0.			GENERAL SUPPORT			
CENTER, INC - 3333 WILKINSON BOULEVARD - CHARLOTTE, NC 28208	THE C W WILLIAMS COMMINITY HEALTH										
BOULEVARD - CHARLOTTE, NC 28208 56-1262478 501(C)3 50,000. 0. GENERAL SUPPORT THRIVE GLOBAL PROJECT 5162 LINCREST PLACE CHARLOTTE, NC 28211 82-3885977 501(C)3 50,000. 0. GENERAL SUPPORT WING HAVEN FOUNDATION INCORPORATED 260 RIDGEWOOD AVE CHARLOTTE, NC 28209 56-1014180 501(C)3 50,000. 0. GENERAL SUPPORT THE LEARNING COLLABORATIVE											
THRIVE GLOBAL PROJECT 5162 LINCREST PLACE CHARLOTTE, NC 28211 82-3885977 501(C)3 50,000. 0. GENERAL SUPPORT WING HAVEN FOUNDATION INCORPORATED 260 RIDGEWOOD AVE CHARLOTTE, NC 28209 56-1014180 501(C)3 50,000. 0. GENERAL SUPPORT THE LEARNING COLLABORATIVE	,	56-1262478	501(C)3	50,000.	0.			GENERAL SUPPORT			
CHARLOTTE, NC 28211 82-3885977 501(C)3 50,000. 0. GENERAL SUPPORT WING HAVEN FOUNDATION INCORPORATED 260 RIDGEWOOD AVE CHARLOTTE, NC 28209 56-1014180 501(C)3 50,000. 0. GENERAL SUPPORT THE LEARNING COLLABORATIVE	,			<u> </u>							
CHARLOTTE, NC 28211 82-3885977 501(C)3 50,000. 0. GENERAL SUPPORT WING HAVEN FOUNDATION INCORPORATED 260 RIDGEWOOD AVE CHARLOTTE, NC 28209 56-1014180 501(C)3 50,000. 0. GENERAL SUPPORT THE LEARNING COLLABORATIVE	THRIVE GLOBAL PROJECT										
WING HAVEN FOUNDATION INCORPORATED 260 RIDGEWOOD AVE CHARLOTTE, NC 28209 56-1014180 501(C)3 50,000. 0. GENERAL SUPPORT THE LEARNING COLLABORATIVE	5162 LINCREST PLACE										
260 RIDGEWOOD AVE CHARLOTTE, NC 28209 56-1014180 501(C)3 50,000. 0. GENERAL SUPPORT THE LEARNING COLLABORATIVE	CHARLOTTE, NC 28211	82-3885977	501(C)3	50,000.	0.			GENERAL SUPPORT			
260 RIDGEWOOD AVE CHARLOTTE, NC 28209 56-1014180 501(C)3 50,000. 0. GENERAL SUPPORT THE LEARNING COLLABORATIVE											
CHARLOTTE, NC 28209 56-1014180 501(C)3 50,000. 0. GENERAL SUPPORT THE LEARNING COLLABORATIVE											
THE LEARNING COLLABORATIVE											
	CHARLOTTE, NC 28209	56-1014180	501(C)3	50,000.	0.			GENERAL SUPPORT			
	THE LEADNING COLLADODATIVE										
CHARLOTTE, NC 28205 56-1668333 501(C)3 49,505. 0. GENERAL SUPPORT		56-1668333	501 (C) 3	49 505	0			GENERAL SUPPORT			

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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		
THOMPSON CHILD & FAMILY FOCUS									
6800 SAINT PETER'S LANE									
MATHEWS, NC 28105	56-0547460	501(C)3	49,287.	0.			GENERAL SUPPORT		
			,						
NORTH MECKLENBURG CHILD									
DEVELOPMENT ASSOCIATION - 242									
GAMBLE STREET - DAVIDSON, NC 28036	56-0891613	501(C)3	47,860.	0.			GENERAL SUPPORT		
CATAWBA LANDS CONSERVANCY									
4530 PARK RD, SUITE 420	E0 106060E	E01 (G) 2	45 500	_					
CHARLOTTE, NC 28209	58-1969605	501(C)3	47,500.	0.			GENERAL SUPPORT		
HEALTH REACH COMMUNITY CLINIC									
400 EAST STATEVILLE AVENUE SUITE 30)								
MOORESVILLE, NC 28115	20-1020941	501(C)3	45,390.	0.			GENERAL SUPPORT		
RACE MATTERS FOR JUVENILE JUSTICE									
832 E 4TH STREET SUITE 3520									
CHARLOTTE, NC 28202	16-1704986	501(C)3	45,000.	0.			GENERAL SUPPORT		
MECKLENBURG COUNTY COUNCIL - BOY									
SCOUTS OF AMERICA - 1410 EAST 7TH									
STREET - CHARLOTTE, NC 28204	56-0529957	501(C)3	42,174.	0.			GENERAL SUPPORT		
UNION-ANSON COUNTY HABITAT FOR									
HUMANITY, INC 2520 WEST									
ROOSEVELT BOULEVARD - MONROE, NC									
28110	56-1704668	501(C)3	40,156.	0.			GENERAL SUPPORT		
PDEPDOM PICUMING MISSIONADIES THE									
FREEDOM FIGHTING MISSIONARIES INC. 1635 WAYBRIDGE LN									
CHARLOTTE, NC 28210	85-2791045	501(C)3	40,000.	0.			GENERAL SUPPORT		
ommissing, no sosio	03 2/31043	551(5/5	40,000.	<u> </u>			DELIZIONI DOLLONI		
LEARNING HELP CENTERS OF CHARLOTTE									
P.O. BOX 471534									
CHARLOTTE, NC 28247	45-5097492	501(C)3	40,000.	0.			GENERAL SUPPORT		

Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
COUNCIL ON AGING IN UNION COUNTY,							
INC 1401 SKYWAY DRIVE - MONROE,							
NC 28110	56-1081558	501(C)3	39,231.	0.			GENERAL SUPPORT
VETERANS BRIDGE HOME, INC							
2200 E 7TH STREET							
CHARLOTTE, NC 28204	45-2350728	501(C)3	37,704.	0.			GENERAL SUPPORT
SALVATION ARMY CABARRUS							
216 PATTERSON AVENUE, SE							
CONCORD, NC 28025	58-0660607	501(C)3	37,086.	0.			GENERAL SUPPORT
THE NORTHSIDE BAPTIST CHURCH OF							
CHARLOTTE, NC INC 333 JEREMIAH	56 0505450	E01/G) 2	26.000				GENERAL GURRORE
BLVD - CHARLOTTE, NC 28262	56-0787452	501(C)3	36,000.	0.			GENERAL SUPPORT
FAMILIES FIRST IN CABARRUS COUNTY.							
INC 985 CENTRAL DRIVE NW -							
CONCORD, NC 28027	47-1302015	501(C)3	35,746.	0.			GENERAL SUPPORT
D144 OF WORD TWA							
BAGS OF HOPE INC 16503 SEGARS LANE							
HUNTERSVILLE, NC 28078	82-6487527	501(C)3	35,000.	0.			GENERAL SUPPORT
	02 010/02/	001(0)0					
MCLEOD ADDICTIVE DISEASE CENTER,							
INC - 515 CLANTON ROAD -							
CHARLOTTE, NC 28217	56-0953783	501(C)3	35,000.	0.			GENERAL SUPPORT
MEGNI ENDVIDG. MINIGERING							
MECKLENBURG MINISTRIES 3900A PARK ROAD							
CHARLOTTE, NC 28209	56-1583407	501(C)3	35,000.	0.			GENERAL SUPPORT
Similar Laboration of the Labo	30 1303107		33,300.	٠.			50110111
ON MY GENIUS CAMPAIGN							
4930 POPLAR GROVE DR							
CHARLOTTE, NC 28269	81-1281603	501(C)3	35,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa r	rt II.) T	Τ
(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
CVAN WOMEN'S PROGRAM							
PO BOX 1749							
CONCORD, NC 28026	57-0749038	501(C)3	33,977.	0.			GENERAL SUPPORT
FACTORS OF THE SEVEN							
615 EAST 15TH STREET							
CHARLOTTE, NC 28206	02-0755332	501(C)3	33,000.	0.			GENERAL SUPPORT
UNITED WAY OF GASTON COUNTY INC							
200 E FRANKLIN BLVD							
GASTONIA, NC 28052	56-0653356	501(C)3	31,786.	0.			GENERAL SUPPORT
A CHILD'S PLACE							
601 E. 5TH STREET							
CHARLOTTE, NC 28202	58-1911741	501(C)3	30,938.	0.			GENERAL SUPPORT
emmeetiz, ne zezez	30 1311/11	301(0/3	30,330.	•			DINDIAN BOTTON
ACADEMIC LEARNING CENTER, INC.							
2353 CONCORD LAKE ROAD							
CONCORD, NC 28025	56-1963975	501(C)3	30,778.	0.			GENERAL SUPPORT
LOAVES & FISHES							
648 GRIFFITH ROAD, SUITE B							
CHARLOTTE, NC 28217	56-1398498	501(C)3	30,500.	0.			GENERAL SUPPORT
SHELTER HEALTH SERVICES, INC							
1907 THURMOND PLACE							
CHARLOTTE, NC 28205	20-3041985	501(C)3	30,220.	0.			GENERAL SUPPORT
GAROLINA VOLUMU GOLLINION							
CAROLINA YOUTH COALITION							
6035 FLORENCE AVE, SUITE 200	82-4313926	501/C)3	30,000.	0.			GENERAL SUPPORT
CHARLOTTE, NC 28212	02-4313920	D01(C/3	30,000.	0.			GENERAL SUFFORI
CHARLOTTE PRIDE, INC.							
POST OFFICE BOX 32362							
CHARLOTTE, NC 28232	56-2225983	501(C)3	30,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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			
NORTH END COMMUNITY COALITION										
1833 STROUD PARK COURT										
CHARLOTTE, NC 28206	81-2943846	501(C)3	30,000.	0.			GENERAL SUPPORT			
,			, -							
THE ABANDON PROJECT, INC										
PO BOX 1131										
MATTHEWS, NC 28106	27-2493515	501(C)3	30,000.	0.			GENERAL SUPPORT			
UMBA BRIGHT STARS INC										
422 CANNINGS LANE										
CHARLOTTE, NC 28262	82-2789923	501(C)3	30,000.	0.			GENERAL SUPPORT			
YOUTH DEVELOPMENT INITIATIVES INC.										
PO BOX 480480										
CHARLOTTE, NC 28269	14-1954707	501 (C) 3	30,000.	0.			GENERAL SUPPORT			
CHARLOTTE, NC 20209	14-1334707	501(0/5	30,000.	0.			GENERAL SUFFORT			
FIFTH STREET MINISTRIES (DIAKONOS)										
1421 5TH STREET										
STATESVILLE, NC 28687	58-1821225	501(C)3	29,319.	0.			GENERAL SUPPORT			
,			, -							
DIGI-BRIDGE										
330 CAMP ROAD										
CHARLOTTE, NC 28206	46-4859045	501(C)3	27,500.	0.			GENERAL SUPPORT			
GRACE-MAR SERVICES LLC										
615 E 6TH STREET STE 116										
CHARLOTTE, NC 28202	80-0235887	501(C)3	27,500.	0.			GENERAL SUPPORT			
HOPE STREET FOOD PANTRY, INC										
4100 JOHNSTON OEHLER RD		504 (5) 2		_						
CHARLOTTE, NC 28269	83-3577031	DUI(C)3	26,000.	0.			GENERAL SUPPORT			
JEWISH FAMILY OF GREATER										
CHARLOTTE, INC 5007 PROVIDENCE										
ROAD, SUITE 105 - CHARLOTTE, NC 28226	20_1146961	501/C)3	25 017	_			CEMEDAI CHDDODM			
20220	20-1146861	DOT(C)2	25,817.	0.			GENERAL SUPPORT			

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
CENTRAL NC COUNCIL, BOY SCOUTS OF							
AMERICA - 2500 ABLEMARLE ROAD -							
ALBEMARLE, NC 28001	56-0532132	501(C)3	25,478.	0.			GENERAL SUPPORT
,							
STILETTO BOSS UNIVERSITY							
10518 ENGLISH SETTER WAY							
CHARLOTTE, NC 28269	82-1467018	501(C)3	25,000.	0.			GENERAL SUPPORT
CHARLOTTE IS CREATIVE							
1005-A WESTBROOK DR							
CHARLOTTE, NC 28202	47-5329696	501(C)3	25,000.	0.			GENERAL SUPPORT
CHILDREN & FAMILY SERVICES CENTER							
601 E 5TH STREET, SUITE 450				_			
CHARLOTTE, NC 28202	56-2215129	501(C)3	25,000.	0.			GENERAL SUPPORT
COMMINITAL DISTRICT THE ACTUAL							
COMMUNITY BUILDING INITIATIVE							
601 EAST FIFTH STREET, SUITE 460	20-2892726	E01/G\2	25 000	0.			GENERAL SUPPORT
CHARLOTTE, NC 28202 FOR CHARLOTTE INC	20-2092720	501(C)3	25,000.	٠.			GENERAL SUPPORT
7427 MATTHEWS-MINT HILL ROAD,							
SUITE 105-199 - CHARLOTTE, NC							
28227	47-4463729	501 (C) 3	25,000.	0.			GENERAL SUPPORT
20221	47 4403723	501(0/5	23,000.	· ·			GENERAL BULLOKI
FREEDOM COMMUNITIES							
3501 TUCKASEEGEE ROAD							
CHARLOTTE, NC 28208	82-2329303	501(C)3	25,000.	0.			GENERAL SUPPORT
,			,				
NEVINS, INC							
3523 NEVINS ROAD							
CHARLOTTE, NC 28269	56-0691101	501(C)3	25,000.	0.			GENERAL SUPPORT
PINEVILLE NEIGHBORS PLACE							
14904 COGNAC COURT							
PINEVILLE, NC 28134	81-3170672	501(C)3	25,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(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
PROMISING PAGES							
4020 YANCEY ROAD							
CHARLOTTE, NC 28217	45-2540702	501(C)3	25,000.	0.			GENERAL SUPPORT
SAINT LUKE MISSIONARY BAPTIST							
CHURCH INC 1600 NORRIS AVENUE -							
CHARLOTTE, NC 28216	56-2374784	501(C)3	25,000.	0.			GENERAL SUPPORT
YOUNG WOMEN'S CHRISTIAN							
ASSOCIATION - 360 NORTH MICHIGAN							
AVENUE - CHICAGO, IL 60601	36-2179765	501(C)3	25,000.	0.			GENERAL SUPPORT
•			,				
FOSTER VILLAGE CHARLOTTE							
PO BOX 77672							
CHARLOTTE, NC 28271	82-4729146	501(C)3	24,620.	0.			GENERAL SUPPORT
HEALTHQUEST OF UNION COUNTY							
415 EAST FRANKLIN STREET							
MONROE, NC 28112	56-2117596	501(C)3	24,018.	0.			GENERAL SUPPORT
LOGAN GONDUNITHY DAY GARD							
LOGAN COMMUNITY DAY CARE							
ASSOCIATION, INC 204 BOOKER	23-7210127	E01/G\2	22 120	0			GENERAL SUPPORT
DRIVE SW - CONCORD, NC 28025	23-7210127	501(C)3	22,120.	0.			GENERAL SUPPORT
EXCHANGE SCAN (AKA PHAROS							
PARENTING) - 207 WALNUT STREET -							
STATESVILLE, NC 28687	56-1758810	501(C)3	21,760.	0.			GENERAL SUPPORT
	00 1/00010	001(0)0	22,755.				
ROOF ABOVE, INC.							
945 NORTH COLLEGE STREET							
CHARLOTTE, NC 28206	56-1837620	501(C)3	20,313.	0.			GENERAL SUPPORT
·							
CHARLOTTE RESCUE MISSION							
907 W FIRST STREET							
CHARLOTTE, NC 28233	56-0571223	501(C)3	20,250.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sche	edule i (Form 990), Pa I	rt II.) T	I
(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 YORK COUNTY, SC							
226 NORTHPARK DRIVE SUITE 100							
ROCK HILL, SC 29730	57-0360058	501(C)3	20,223.	0.			GENERAL SUPPORT
ASPIRE COMMUNITY CAPITAL							
5406 BEECHER DRIVE							
CHARLOTTE, NC 28215	47-1562918	501(C)3	20,000.	0.			GENERAL SUPPORT
BRAND THE MOTH							
307 LINCOLN STREET							
CHARLOTTE, NC 28203	82-1759297	501(C)3	20,000.	0.			GENERAL SUPPORT
CAROLINAG ANTAMION MUGRUM							
CAROLINAS AVIATION MUSEUM 1026 JAY STREET							
CHARLOTTE, NC 28208	56-1769105	501 (C) 3	20,000.	0.			GENERAL SUPPORT
CHARLOTTE, NC 20200	30 1703103	301(0/3	20,000.	0.			GENERAL BOTTORT
FURNISH FOR GOOD							
928 N. COLLEGE STREET							
CHARLOTTE, NC 28206	84-2758965	501(C)3	20,000.	0.			GENERAL SUPPORT
LITTLE ROCK COMMUNITY DEVELOPMENT							
CORPORATION - 401 N MYERS STREET -							
CHARLOTTE, NC 28204	20-4297209	501(C)3	20,000.	0.			GENERAL SUPPORT
MATTHEWS HELP CENTER							
PO BOX 91	58-1408738	501 (C) 3	20,000.	0.			GENERAL SUPPORT
MATTHEWS, NC 28106	30-1400/30	501(0/3	20,000.	0.			GENERAL SUFFURI
MECKLENBURG COUNCIL OF ELDERS,							
INC 1101 SUNSET ROAD SUITE							
681805 - CHARLOTTE, NC 28216	81-5306491	501(C)3	20,000.	0.			GENERAL SUPPORT
PRODIGAL SON FOUNDATION							
7809 POPE FARM ROAD							
CHARLOTTE, NC 28269	26-1085750	501(C)3	20,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	Т
(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
PROFOUND GENTLEMEN, INC.							
2701-C FREEDOM DRIVE							
CHARLOTTE, NC 28208	47-2225983	501(C)3	20,000.	0.			GENERAL SUPPORT
REFUGEE SUPPORT SERVICES OF THE CAROLINAS, INC 8911 ALPINE CIRCLE - CHARLOTTE, NC 28270	20-5972063	501(C)3	20,000.	0.			GENERAL SUPPORT
,							
WEST SIDE COMMUNITY LAND TRUST 2910 PARKWAY AVENUE	00 1112055	E01 (G) 2	00.000	2			
CHARLOTTE, NC 28208	82-1143067	501(C)3	20,000.	0.			GENERAL SUPPORT
ANSON COUNTY PARTNERSHIP FOR CHILDREN - 117 SOUTH GREENE STREET - WADESBORO, NC 28170	56-1987729	501(C)3	19,771.	0.			GENERAL SUPPORT
COLTRANE L.I.F.E. CENTER, INC. 321 CORBAN AVENUE SOUTH EAST							
CONCORD, NC 28025	56-1222998	501(C)3	19,390.	0.			GENERAL SUPPORT
DISABILITY RIGHTS AND RESOURCES 5801 EXECUTIVE CENTER DRIVE SUITE : CHARLOTTE, NC 28212	L 56-1268845	501(C)3	17,933.	0.			GENERAL SUPPORT
,		001(0)0	27,756.				22.2.2.2
UNION COUNTY COMMUNITY SHELTER							
160 MEADOW STREET MONROE, NC 28110	58-2121860	501(C)3	17,000.	0.			GENERAL SUPPORT
FREEDOM SCHOOL PARTNERS							
1030 AROSA AVENUE CHARLOTTE, NC 28203	56-2169158	501(C)3	16,731.	0.			GENERAL SUPPORT
,			1				
PREMIER FOUNDATION OF NORTH							
CAROLINA - 3010 MONROE RD, SUITE 101 - CHARLOTTE, NC 28205	81-3272704	501(C)3	15,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	Т
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COPS & BARBERS, INC.							
3240 WILKINSON BOULEVARD							
CHARLOTTE, NC 28208	82-3268245	501(C)3	15,000.	0.			GENERAL SUPPORT
FAMILIES FORWARD CHARLOTTE, INC							
5612 IVYGATE LANE							
CHARLOTTE, NC 28226	82-0790354	501(C)3	15,000.	0.			GENERAL SUPPORT
GIVING BACK FUND, INC.							
5757 W. CENTURY BLVD. SUITE 410							
LOS ANGELES, CA 90045	04-3367888	501(C)3	15,000.	0.			GENERAL SUPPORT
LIBERIAN COMMUNITY ASSOCIATION OF			, -				
GREATER CHARLOTTE - 5211							
SINGLETREE ROAD - MINT HILL, NC							
28227	56-2170067	501(C)3	15,000.	0.			GENERAL SUPPORT
REEDER MEMORIAL BAPTIST CHURCH,							
INC 3725 BEATTIES FORD ROAD -	FC 140000C	E01/G) 3	15 000	_			GENTED AT GUIDDODE
CHARLOTTE, NC 28216	56-1408896	501(C)3	15,000.	0.			GENERAL SUPPORT
ATRIUM HEALTH FOUNDATION							
PO BOX 32861							
CHARLOTTE, NC 28232	56-6060481	501(C)3	13,789.	0.			GENERAL SUPPORT
BETHLEHEM CENTER OF CHARLOTTE INC							
2702 NORFOLK AVE							
CHARLOTTE, NC 28203	56-0543244	501(C)3	13,333.	0.			GENERAL SUPPORT
	00 0010211	562(575	20,000.				
SAMARITAN HOUSE, INC							
611 FORTUNE STREET							
CHARLOTTE, NC 28205	83-0378196	501(C)3	13,000.	0.			GENERAL SUPPORT
D E A M EQUINDAMION							
B.E.A.M. FOUNDATION 5639 BEATTIES FORD ROAD							
CHARLOTTE, NC 28216	56-2012602	501 (C) 3	12,500.	0.			GENERAL SUPPORT
CHARLOTTE, NC 20210	30-2012002	501(0)3	12,300.	<u> </u>			PENEKAL BOLLOKI

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
BE MORE FOUNDATION							
12304 BENDING BRANCH RD.							
CHARLOTTE, NC 28227	47-2890308	501(C)3	12,500.	0.			GENERAL SUPPORT
CAROLINA MIGRANT NETWORK							
55 MIDDLE MOUNTAIN RD							
CHARLOTTE, NC 28711	46-4551364	501(C)3	12,500.	0.			GENERAL SUPPORT
CHILDREN OF THE WORLD LEARNING							
CENTER - 6030 ALBEMARLE RD							
CHARLOTTE, NC 28212	83-3523938	501(C)3	12,500.	0.			GENERAL SUPPORT
,							
CIRCLE DE LUZ INC.							
1026 JAY ST. SUITE B9							
CHARLOTTE, NC 28208	74-3259379	501(C)3	12,500.	0.			GENERAL SUPPORT
EMPOWHERMENT, INC							
1023B MARGARET BROWN STREET							
CHARLOTTE, NC 28202	46-1450960	501(C)3	12,500.	0.			GENERAL SUPPORT
GARDHOUSE LIMITED							
10130 OLD CAROLINA DR.							
CHARLOTTE, NC 28231	84-2952589	501(C)3	12,500.	0.			GENERAL SUPPORT
GROOMING GREATNESS FOUNDATION							
8503 THELEMA LANE							
CHARLOTTE, NC 28269	46-4051548	501(C)3	12,500.	0.			GENERAL SUPPORT
HOPE VIBES, INC.							
13835 PORTER CREEK RD.							
CHARLOTTE, NC 28262	83-1965620	501(C)3	12,500.	0.			GENERAL SUPPORT
LIONEL LEE JR. CENTER FOR WELLNESS							
1305 BRIAR CREEK ROAD	02 0500250	E01/C) 2	10 500	0.			CENEDAL CUDDODO
CHARLOTTE, NC 28205	03-0588350	DOT(C)2	12,500.	<u> </u>			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ray
(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
NATIONAL BLACK CHILD DEVELOPMENT							
INSTITUTE - CHARLOTTE - 7209 E T							
HARRIS BLVD., SUITE J. # 276 - CHARLOTTE, NC 28227	52-0908178	501 (C) 3	12,500.	0.			GENERAL SUPPORT
emmileriz, ne zezz,	32 0300170	301(0)3	12,500.	· ·			CHARIE BOTTONT
PROJECT BOLT, LLC							
12611 FRANK WILEY LN.							
CHARLOTTE, NC 28278	82-1157011	501(C)3	12,500.	0.			GENERAL SUPPORT
PROJECT ONE SCHOLARSHIP FUND, INC. 2438 HASSELL PLACE							
CHARLOTTE, NC 28209	27-1000239	501 (C) 3	12,500.	0.			GENERAL SUPPORT
emindolle, ne 20209	27 1000233	301(0/3	12,300.	••			SHARIAR BOLLOKI
THE LEE INSTITUTE - BLACK SOCIAL							
CAPITAL INITIATIVE - 400 HERMITAGE							
ROAD - CHARLOTTE, NC 28207	56-1987315	501(C)3	12,500.	0.			GENERAL SUPPORT
BEATTIES FORD ROAD VOCATIONAL							
TRADE CENTER, INC 1406 BEATTIES	81-4832881	E01/a)2	12 500	0.			GENERAL SUPPORT
FORD ROAD - CHARLOTTE, NC 28216	81-4832881	501(C)3	12,500.	0.			GENERAL SUPPORT
MECKLENBURG COUNTY							
600 E. FOURTH STREET							
CHARLOTTE, NC 28202	56-6001074	501(C)3	12,325.	0.			GENERAL SUPPORT
IMMIGRANT IMPACT FUND ORGANIZATION							
1362 HAESTAD CT							
CONCORD, NC 28025	81-4461399	501(C)3	11,550.	0.			GENERAL SUPPORT
HOLLA!							
207 WHEELER STREET							
WADESBORO, NC 28170	51-0562858	501(C)3	11,156.	0.			GENERAL SUPPORT
,			,				
EL PUENTE HISPANO							
455 CONCORD PKWY, SUITE 7441							
CONCORD, NC 29027	82-3260968	501(C)3	10,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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		
ANSON CRISIS MINISTRY									
P.O. BOX 797									
WADESBORO, NC 28170	56-1820118	501(C)3	10,000.	0.			GENERAL SUPPORT		
BRIDGE TO RECOVERY INC									
PO BOX 322									
ALBEMARLE, NC 28002	26-3934205	501(C)3	10,000.	0.			GENERAL SUPPORT		
CHARLOTTE TRANSGENDER HEALTHCARE									
GROUP - 2125 SOUTHEND DR STE 452 -									
CHARLOTTE, NC 28203	85-0624640	501(C)3	10,000.	0.			GENERAL SUPPORT		
COMMON HEART, INC									
PO BOX 2761									
INDIAN TRAIL, NC 28019	46-1161476	501(C)3	10,000.	0.			GENERAL SUPPORT		
FIRST PRESBYTERIAN CHURCH OF									
WADESBORO - 502 LEAK AVE									
WADESBORO, NC 28170	56-1062809	501(C)3	10,000.	0.			GENERAL SUPPORT		
-			, -	-					
INTERNATIONAL HOUSE OF METROLINA									
INC - 1817 CENTRAL AVE, SUITE 215									
- CHARLOTTE, NC 28205	58-1440413	501(C)3	10,000.	0.			GENERAL SUPPORT		
CMTMUVILLE COMMUNITAL CONTINUES									
SMITHVILLE COMMUNITY COALITION PO BOX 1206									
CORNELIUS, NC 28031	46-1055584	501 (C) 3	10,000.	0.			GENERAL SUPPORT		
editization, ne zerot	10 1033301	301(0/3	10,000.	•			DINDIAN BOTTON		
ST. ANDREWS UNITED METHODIST									
CHURCH - 1901 ARCHDALE -									
CHARLOTTE, NC 28210	41-2144166	501(C)3	10,000.	0.			GENERAL SUPPORT		
WEST BOULEVARD NEIGHBORHOOD									
COALITION - 4032 BROADVIEW DRIVE -	30_0401220	501 (C) 3	10 000	0.			CENEDAI GIIDDODM		
CHARLOTTE, NC 28217	30-0401238	DOT (C) 2	10,000.	<u> </u>			GENERAL SUPPORT		

CORPORATION - 2516 SOUTH TRYON STREET - CHARLOTTE, NC 28203 83-4142791 501(C)3 9,898. 0. SENERAL SUPPORT UNITED WAY OF ROANOKE VALLEY, INC. 325 CAMPBELL AVENUE SW ROANOKE, VA 24016 54-0535302 501(C)3 9,012. 0. SENERAL SUPPORT ROWAN COUNTY UNITED WAY, INC. 1930 JAKE ALEXANDER BVD. W, STE B SALISBURY, NC 28147 56-0642828 501(C)3 8,915. 0. SENERAL SUPPORT ANSON COUNTY HOMES OF HOPE 415 LEE AVENUE WADESBORD, NC 28170 82-4688778 501(C)3 8,550. 0. SENERAL SUPPORT HABITAT FOR HUMANITY OF THE CHARLOTTE REGION - 20310 N MAIN STREET - CORNELIUS, NC 28031 56-1366233 501(C)3 8,176. 0. SENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY PO BOX 1245 WADESBORD, NC 28170 56-2068968 501(C)3 8,000. 0. SENERAL SUPPORT UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARLOTTE, NC 28203 46-4366030 501(C)3 10,000. 0. DENERAL SUPPORT SOUTH TRYON COMMUNITY DEVELOPMENT CORPORATION - 2516 SOUTH TRYON TREET - CHARLOTTE, NC 28203 83-4142791 501(C)3 9,898. 0. DENERAL SUPPORT NITTED WAY OF ROANOKE VALLEY, INC. 252 CAMPBELL AVENUE SW MOANOKE, VA 24016 54-0535302 501(C)3 9,012. 0. DENERAL SUPPORT COMAN COUNTY UNITED WAY, INC. 930 JAKE ALEXANDER BYD. W, STE B SALISBURY, NC 28147 56-0642828 501(C)3 8,915. 0. DENERAL SUPPORT NASON COUNTY HOMES OF HOPE 131 LEE AVENUE 140 LESSORO, NC 28170 82-4688778 501(C)3 8,550. 0. DENERAL SUPPORT HARLOTTE REGION - 20310 N MAIN TREET - CORNELIUS, NC 28031 56-1366233 501(C)3 8,176. 0. DENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY NO BOX 1245 1ADESBORO, NC 28170 56-2068968 501(C)3 8,000. 0. DENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY NO BOX 1245 1ADESBORO, NC 28170 56-2068968 501(C)3 8,000. 0. DENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY NO BOX 1245 1ADESBORO, NC 28170 56-2068968 501(C)3 7,911. 0. DENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY NO BOX 1245 1ADESBORO, NC 28170 56-2068968 501(C)3 7,911. 0. DENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY NO BOX 1245 1ADESBORO, NC 28170 56-2068968 501(C)3 7,911. 0. DENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY NO BOX 1245 1ADESBORO, NC 28170 56-2068968 501(C)3 7,911. 0. DENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY NO BOX 1245 1ADESBORO, NC 28170 56-2068968 501(C)3 7,911. 0. DENERAL SUPPORT	HEART MATH TUTORING, INC.							
SOUTH TRYON COMMUNITY DEVELOPMENT CORPORATION - 2516 SOUTH TRYON STREET - CHARLOTTE, NC 28203 83-4142791 501(c)3 9,898. 0. SENERAL SUPPORT INITED WAY OF ROANOKE VALLEY, INC. 125 CAMPBELL AVENUE SW ROANOKE, VA 24016 54-0535302 501(c)3 9,012. 0. SENERAL SUPPORT ROWAN COUNTY UNITED WAY, INC. 1930 JAKE ALEXANDER BVD. W, STE B SALISBURY, NC 28147 56-0642828 501(c)3 8,915. 0. SENERAL SUPPORT ANSON COUNTY HOMES OF HOPE 115 LEE AVENUE RADESBORD, NC 28170 82-4688778 501(c)3 8,550. 0. SENERAL SUPPORT HABITAT FOR HUMANITY OF THE HABICATE REGION - 20310 N MAIN STREET - CORNELIUS, NC 28031 56-1366233 501(c)3 8,176. 0. SENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY 20 BOX 1245 RADESBORD, NC 28170 56-2068968 501(c)3 8,000. 0. SENERAL SUPPORT TH. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE HOSPITAL - 262 DANNY THOMAS PLACE HEMPHIS, TN 38105 62-0646012 501(c)3 7,911. 0. SENERAL SUPPORT INITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2	·							
CORPORATION - 2516 SOUTH TRYON STREET - CHARLOTTE, NC 28203 83-4142791 501(C)3 9,898. 0. SENERAL SUPPORT UNITED WAY OF ROANOKE VALLEY, INC. 325 CAMPBELL AVENUE SW ROWAN COUNTY UNITED WAY, INC. 1930 JAKE ALEXANDER BYD. W, STE B SALISBURY, NC 28147 56-0642828 501(C)3 8,915. 0. SENERAL SUPPORT ANSON COUNTY HOMES OF HOPE 415 LEE AVENUE MADESBORD, NC 28170 82-4688778 501(C)3 8,550. 0. SENERAL SUPPORT HABITAT FOR HUMANITY OF THE HARLOTTE REGION - 20310 N MAIN STREET - CORNELIUS, NC 28031 56-1366233 501(C)3 8,176. 0. SENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY PO BOX 1245 MADESBORD, NC 28170 56-2068968 501(C)3 8,000. 0. SENERAL SUPPORT UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2	CHARLOTTE, NC 28203	46-4366030	501(C)3	10,000.	0.			GENERAL SUPPORT
UNITED WAY OF ROAMOKE VALLEY, INC. 325 CAMPBELL AVENUE SW ROAMOKE, VA 24016 54-0535302 501(C)3 9,012. 0. SENERAL SUPPORT ROWAN COUNTY UNITED WAY, INC. 1930 JAKE ALEXANDER BVD. W, STE B SALISBURY, NC 28147 56-0642828 501(C)3 8,915. 0. SENERAL SUPPORT ANSON COUNTY HOMES OF HOPE 415 LEE AVENUE WADESBORO, NC 28170 82-4688778 501(C)3 8,550. 0. SENERAL SUPPORT HABITAT FOR HUMANITY OF THE CHARLOTTE REGION - 20310 N MAIN STREET - CORNELIUS, NC 28031 56-1366233 501(C)3 8,176. 0. SENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY FO BOX 1245 WADESBORO, NC 28170 56-2068968 501(C)3 8,000. 0. SENERAL SUPPORT UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2	SOUTH TRYON COMMUNITY DEVELOPMENT							
UNITED WAY OF ROANOKE VALLEY, INC. 325 CAMPBELL AVENUE SW ROANOKE, VA 24016 54-0535302 501(C)3 9,012. 0. DENERAL SUPPORT ROWAN COUNTY UNITED WAY, INC. 1930 JAKE ALEXANDER BVD. W, STE B SALISBURY, NC 26147 56-0642828 501(C)3 8,915. 0. DENERAL SUPPORT ANSON COUNTY HOMES OF HOPE 415 LEE AVENUE 415 LEE AVENUE 416 LET AVENUE 417 HABITAT FOR HUMANITY OF THE CHARLOTTE REGION - 20310 N MAIN 5TREET - CORNELIUS, NC 28031 56-1366233 501(C)3 8,176. 0. DENERAL SUPPORT ARROVEST MINISTRIES OF ANSON COUNTY PO BOX 1245 NADESBORO, NC 28170 56-2068968 501(C)3 8,000. 0. DENERAL SUPPORT SENERAL SUPPORT O. DENERAL SUPPORT	CORPORATION - 2516 SOUTH TRYON							
ROWAN COUNTY UNITED WAY, INC. 1930 JAKE ALEXANDER BVD. W, STE B SALISBURY, NC 28147 56-0642828 501(C)3 8,915. 0. SENERAL SUPPORT ANSON COUNTY HOMES OF HOPE 415 LEE AVENUE WADESBORO, NC 28170 82-4688778 501(C)3 8,550. 0. SENERAL SUPPORT HABITAT FOR HUMANITY OF THE CHARLOTTE REGION - 20310 N MAIN STREET - CORNELIUS, NC 28031 56-1366233 501(C)3 8,176. 0. SENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY PO BOX 1245 WADESBORO, NC 28170 56-2068968 501(C)3 8,000. 0. SENERAL SUPPORT ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105 62-0646012 501(C)3 7,911. 0. SENERAL SUPPORT UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2	STREET - CHARLOTTE, NC 28203	83-4142791	501(C)3	9,898.	0.			GENERAL SUPPORT
325 CAMPBELL AVENUE SW ROANCKE, VA 24016 54-0535302 501(C)3 9,012. 0. SENERAL SUPPORT ROWAN COUNTY UNITED WAY, INC. 1930 JAKE ALEXANDER BUD. W, STE B SALISBURY, NC 28147 56-0642828 501(C)3 8,915. 0. SENERAL SUPPORT ANSON COUNTY HOMES OF HOPE 415 LEE AVENUE WADESBORO, NC 28170 82-4688778 501(C)3 8,550. 0. SENERAL SUPPORT HABITAT FOR HUMANITY OF THE CHARLOTTE REGION - 20310 N MAIN STREET - CORNELIUS, NC 28031 56-1366233 501(C)3 8,176. 0. SENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY FO BOX 1245 WADESBORO, NC 28170 56-2068968 501(C)3 8,000. 0. SENERAL SUPPORT ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105 62-0646012 501(C)3 7,911. 0. GENERAL SUPPORT UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2	UNITED WAY OF ROANOKE VALLEY, INC.							
ROWAN COUNTY UNITED WAY, INC. 1930 JAKE ALEXANDER BVD. W, STE B SALISBURY, NC 28147 56-0642828 501(C)3 8,915. 0. SENERAL SUPPORT ANSON COUNTY HOMES OF HOPE 415 LEE AVENUE WADESBORO, NC 28170 82-4688778 501(C)3 8,550. 0. SENERAL SUPPORT HABITAT FOR HUMANITY OF THE CHARLOTTE REGION - 20310 N MAIN STREET - CORNELIUS, NC 28031 56-1366233 501(C)3 8,176. 0. SENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY PO BOX 1245 WADESBORO, NC 28170 56-2068968 501(C)3 8,000. 0. SENERAL SUPPORT ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105 62-0646012 501(C)3 7,911. 0. SENERAL SUPPORT UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2								
1930 JAKE ALEXANDER BVD. W, STE B SALISBURY, NC 28147 ANSON COUNTY HOMES OF HOPE 415 LEE AVENUE WADESBORO, NC 28170 82-4688778 501(C)3 8,550. 0. 3ENERAL SUPPORT HABITAT FOR HUMANITY OF THE CHARLOTTE REGION - 20310 N MAIN STREET - CORNELIUS, NC 28031 56-1366233 501(C)3 8,76. 0. 3ENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY FO BOX 1245 WADESBORO, NC 28170 56-2068968 501(C)3 8,000. 0. 3ENERAL SUPPORT TO BENERAL SUPPORT O. ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105 62-0646012 501(C)3 7,911. 0. 3ENERAL SUPPORT UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2	ROANOKE, VA 24016	54-0535302	501(C)3	9,012.	0.			GENERAL SUPPORT
1930 JAKE ALEXANDER BVD. W, STE B SALISBURY, NC 28147 ANSON COUNTY HOMES OF HOPE 415 LEE AVENUE WADESBORO, NC 28170 82-4688778 501(C)3 8,550. 0. 3ENERAL SUPPORT HABITAT FOR HUMANITY OF THE CHARLOTTE REGION - 20310 N MAIN STREET - CORNELIUS, NC 28031 56-1366233 501(C)3 8,76. 0. 3ENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY FO BOX 1245 WADESBORO, NC 28170 56-2068968 501(C)3 8,000. 0. 3ENERAL SUPPORT TO BENERAL SUPPORT O. ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105 62-0646012 501(C)3 7,911. 0. 3ENERAL SUPPORT UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2								
SALISBURY, NC 28147 56-0642828 501(C)3 8,915. 0. GENERAL SUPPORT ANSON COUNTY HOMES OF HOPE 415 LEE AVENUE WADESBORO, NC 28170 82-4688778 501(C)3 8,550. 0. GENERAL SUPPORT HABITAT FOR HUMANITY OF THE CHARLOTTE REGION - 20310 N MAIN STREET - CORNELIUS, NC 28031 56-1366233 501(C)3 8,176. 0. GENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY PO BOX 1245 WADESBORO, NC 28170 56-2068968 501(C)3 8,000. 0. GENERAL SUPPORT ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105 62-0646012 501(C)3 7,911. 0. GENERAL SUPPORT UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2	·							
ANSON COUNTY HOMES OF HOPE 415 LEE AVENUE WADESBORO, NC 28170 82-4688778 501(C)3 8,550. 0. SENERAL SUPPORT HABITAT FOR HUMANITY OF THE CHARLOTTE REGION - 20310 N MAIN STREET - CORNELIUS, NC 28031 56-1366233 501(C)3 8,176. 0. SENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY PO BOX 1245 WADESBORO, NC 28170 56-2068968 501(C)3 8,000. 0. SENERAL SUPPORT ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105 62-0646012 501(C)3 7,911. 0. SENERAL SUPPORT UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2	•	E6 0642828	E01/G\2	0 015	0			GENEDAL GUDDODE
### ##################################	SALISBURI, NC 20147	56-0642626	501(C)3	0,915.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF THE CHARLOTTE REGION - 20310 N MAIN STREET - CORNELIUS, NC 28031 56-1366233 501(C)3 8,176. 0. HARVEST MINISTRIES OF ANSON COUNTY PO BOX 1245 WADESBORO, NC 28170 56-2068968 501(C)3 8,000. 0. ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105 62-0646012 501(C)3 7,911. 0. GENERAL SUPPORT 7,911. 0. GENERAL SUPPORT 0. GENERAL SUPPORT	ANSON COUNTY HOMES OF HOPE							
WADESBORO, NC 28170 82-4688778 501(C)3 8,550. 0. SENERAL SUPPORT HABITAT FOR HUMANITY OF THE CHARLOTTE REGION - 20310 N MAIN STREET - CORNELIUS, NC 28031 56-1366233 501(C)3 8,176. 0. SENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY PO BOX 1245 WADESBORO, NC 28170 56-2068968 501(C)3 8,000. 0. SENERAL SUPPORT ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105 62-0646012 501(C)3 7,911. 0. SENERAL SUPPORT O. SENERAL SUPPORT								
CHARLOTTE REGION - 20310 N MAIN STREET - CORNELIUS, NC 28031 56-1366233 501(C)3 8,176. 0. GENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY PO BOX 1245 WADESBORO, NC 28170 56-2068968 501(C)3 8,000. 0. GENERAL SUPPORT ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105 62-0646012 501(C)3 7,911. 0. GENERAL SUPPORT UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2	WADESBORO, NC 28170	82-4688778	501(C)3	8,550.	0.			GENERAL SUPPORT
CHARLOTTE REGION - 20310 N MAIN STREET - CORNELIUS, NC 28031 HARVEST MINISTRIES OF ANSON COUNTY PO BOX 1245 WADESBORO, NC 28170 ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105 62-0646012 501(C)3 7,911. 0. GENERAL SUPPORT 62-0646012 501(C)3 7,911. 0. GENERAL SUPPORT								
STREET - CORNELIUS, NC 28031 56-1366233 501(C)3 8,176. 0. GENERAL SUPPORT HARVEST MINISTRIES OF ANSON COUNTY PO BOX 1245 WADESBORO, NC 28170 56-2068968 501(C)3 8,000. 0. GENERAL SUPPORT ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105 62-0646012 501(C)3 7,911. 0. GENERAL SUPPORT UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2	HABITAT FOR HUMANITY OF THE							
HARVEST MINISTRIES OF ANSON COUNTY PO BOX 1245 WADESBORO, NC 28170 ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105 C2-0646012 501(C)3 7,911. 0. GENERAL SUPPORT GENERAL SUPPORT								
PO BOX 1245 WADESBORO, NC 28170 56-2068968 501(C)3 8,000. 0. GENERAL SUPPORT ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105 62-0646012 501(C)3 7,911. 0. GENERAL SUPPORT UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2	STREET - CORNELIUS, NC 28031	56-1366233	501(C)3	8,176.	0.			GENERAL SUPPORT
PO BOX 1245 WADESBORO, NC 28170 56-2068968 501(C)3 8,000. 0. GENERAL SUPPORT ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105 62-0646012 501(C)3 7,911. 0. GENERAL SUPPORT UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2	HADVEST MINISTRIES OF ANSON COUNTY							
WADESBORO, NC 28170 56-2068968 501(C)3 8,000. 0. GENERAL SUPPORT ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105 62-0646012 501(C)3 7,911. 0. GENERAL SUPPORT UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2								
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105 CENERAL SUPPORT UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2		56-2068968	501(C)3	8 000.	0.			GENERAL SUPPORT
HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105 62-0646012 501(C)3 7,911. 0. GENERAL SUPPORT UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2	,			,,,,,,,				
- MEMPHIS, TN 38105 62-0646012 501(C)3 7,911. 0. GENERAL SUPPORT UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2	ST. JUDE CHILDREN'S RESEARCH							
UNITED WAY OF LINCOLN COUNTY, INC. 101 E. MAIN STREET, FL 2	HOSPITAL - 262 DANNY THOMAS PLACE							
101 E. MAIN STREET, FL 2	- MEMPHIS, TN 38105	62-0646012	501(C)3	7,911.	0.			GENERAL SUPPORT
101 E. MAIN STREET, FL 2	INTERD WAY OF LINCOLN COUNTY TWO							
' l l l l l l l l l l l l l l l l l l l								
LINCOLNTON, NC 28092 23-7125926 501(C)3 7,740. 0. GENERAL SUPPORT	•	23_7125026	501(C)3	7,740.	0			CENEDAL GUDDODO

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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		
ST. PETERS EPISCOPAL CHURCH									
CHARLOTTE, NC 28202	58-1488751	501(C)3	7,575.	0.			GENERAL SUPPORT		
ANTHONY MORROW CHARITIES 8640 UNIVERSITY CITY BLVD, SUITE AS CHARLOTTE, NC 28230	3 27-28 4 9928	501 (C)3	7,500.	0.			GENERAL SUPPORT		
OUR TURN, INC. 1776 STATESVILLE AVE			,						
CHARLOTTE, NC 28206	45-0647583	501(C)3	7,500.	0.			GENERAL SUPPORT		
SOUTH TRYON COMMUNITY UNITED METHODIST CHURCH - 2516 S. TRYON STREET - CHARLOTTE, NC 28203	56-2256591	501(C)3	7,500.	0.			GENERAL SUPPORT		
HOSPICE OF GASTON COUNTY INC 258 E GARRISON BOULEVARD			,						
GASTONIA, NC 28054	58-1341530	501(C)3	7,317.	0.			GENERAL SUPPORT		
UNITED WAY OF STANLY COUNTY, INC.									
ALBEMARLE, NC 28001	56-0841588	501(C)3	7,259.	0.			GENERAL SUPPORT		
MISTY MEADOWS MITEY RIDERS, INC. 455 PROVIDENCE ROAD S									
WEDDINGTON, NC 28173	56-2045099	501(C)3	7,217.	0.			GENERAL SUPPORT		
CATAWBA COUNTY UNITED WAY 2760 TATE BOULEVARD SE									
HICKORY, NC 28602	56-0774714	501(C)3	7,029.	0.			GENERAL SUPPORT		
UNITED WAY OF GREATER GREENSBORO INC NC - 1500 YANCEYVILLE STREET -									
GREENSBORO, NC 27405	56-0668555	501(C)3	6,907.	0.			GENERAL SUPPORT		

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) Liiv	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
STHER HOUSE OF STANLY COUNTY							
P.O. BOX							
ALBEMARLE NC 28002	46-1652623	501/0\3	6,188.	0.			GENERAL SUPPORT
ADDEMARDE, NC 20002	40-1032023	501(0/3	0,100.	0.			GENERAL SUFFORT
UNITED WAY OF CLEVELAND COUNTY NC.							
INC 132 W GRAHAM STREET -							
SHELBY, NC 28150	56-6030073	501/0\3	6,172.	0.			GENERAL SUPPORT
MEDB1, NC 20130	30-0030073	501(0/3	0,172.	0.			GENERAL SUFFORT
BURNSVILLE RECREATIONAL & LEARNING							
CENTER INC - 1961 WHIGHTMAN CHURCH							
	31-1655498	E01/G\2	6,000.	0.			GENERAL SUPPORT
ROAD - POLKTON, NC 28135	31-1033496	501(C)3	0,000.	٠.			GENERAL SUPPORT
UNITED WAY OF CALDWELL COUNTY							
304 MAIN ST SW, SUITE 404 & 406	F6 6067030	E01/G\2	F 700	,			GENERAL GURRORM
LENOIR, NC 28645	56-6067038	501(C)3	5,798.	0.			GENERAL SUPPORT
THE MEDICAL FOUNDATION OF NORTH							
CAROLINA INC 123 WEST FRANKLIN							
STREET, SUITE 510 - CHAPEL HILL,							
NC 27516	56-6057494	501(C)3	5,451.	0.			GENERAL SUPPORT
UNITED WAY OF THE NATIONAL CAPITAL							
AREA - 1577 SPRING HILL ROAD,							
SUITE 420 - VIENNA, VA 22182	53-0234290	501(C)3	5,300.	0.			GENERAL SUPPORT
CLECO PRIMARY CARE NETWORK							
808 SCHENCK ST.							
SHELBY, NC 28150	56-1889125	501(C)3	5,250.	0.			GENERAL SUPPORT
UNITED WAY FOR SOUTHEASTERN							
MICHIGAN - 660 WOODWARD AVENUE							
SUITE 300 - DETROIT, MI 48226	20-3099071	501(C)3	5,000.	0.			GENERAL SUPPORT

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(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 req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
AGENCIES RECEIVING DISCRETIONARY FUNDING FROM UNITE	ED WAY OF CEN	TRAL			
CAROLINAS UNDERGO INTENSIVE PRE-SCREENING BEFORE BE	EING AWARDED	FUNDING.			
SUCH SCREENING INCLUDES: 1) AN APPLICATION PROCESS	THAT FOCUSES	ON			
PROGRAMMATIC OUTCOMES; 2) FINANCIAL REVIEW OF THE (ORGANIZATION	TO GAIN A			
LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SO	OUND FISCAL F	OLICIES; 3)			
VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF					
VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECT					
ORGANIZATION.					

SCHEDULE J (Form 990)

Compensation Information

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.

► Attach to Form 990.

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

Name of the organization

Department of the Treasury

UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number

56-0529948

OMB No. 1545-0047

Open to Public

Inspection

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, X trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 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. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee 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: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Х **c** Participate in or receive payment from an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2020

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denemis	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) LAURA YATES CLARK	(i)	254,817.	0.	0.	12,741.	12,141.	279,699.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0,	0.
(2) CLINT HILL	(i)	145,692.	2,500.	0.	4,500.	11,329.	164,021.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						<u> </u>	

PART I, LINE 3: THE EXECUTIVE COMMITTEE ACTS AS A "COMPENSATION COMMITTEE" IN THE CONTEXT	Part III Supplemental Information
PART I, LINE 3: THE EXECUTIVE COMMITTEE ACTS AS A "COMPENSATION COMMITTEE" IN THE CONTEXT OF ESTABLISHING COMPENSATION FOR THE CBO/EXECUTIVE DIRECTOR.	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.
	PART I, LINE 3:
OF ESTABLISHING COMPENSATION FOR THE CEO/EXECUTIVE DIRECTOR.	THE EXECUTIVE COMMITTEE ACTS AS A "COMPENSATION COMMITTEE" IN THE CONTEXT
	OF ESTABLISHING COMPENSATION FOR THE CEO/EXECUTIVE DIRECTOR.

SCHEDULE 0

(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

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.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020
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
WITH MORE THAN 63 YEARS OF EXPERIENCE, UNITED WAY OF CENTRAL CAROLINAS
(UWCC) IS 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 119
HEALTH AND HUMAN SERVICE ORGANIZATION IN ANSON, CABARRUS, MECKLENBURG
AND UNION COUNTIES AND THE MOORESVILLE/LAKE NORMAN AREA OF IREDELL
COUNTY (THE FIVE-COUNTY REGION). 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.
UNITED NEIGHBORHOODS WORKS TO CHANGE THE ODDS FOR THOSE IN OUR MOST
UNDER-RESOURCES 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 ADVANCING ECONOMIC MOBILITY.

IN ADDITION, UWCC PROVIDES EMERGENCY RELIEF IN RESPONSE TO CRISIS

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$

Schedule O (Form 990 or 990-EZ) 2020

UNITED WAY OF CENTRAL CAROLINAS, INC.	56-0529948
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 COVID-19 PANDEMIC. THIS	
EFFORT CONTINUED THROUGH THE FISCAL YEAR ENDED JUNE 30, 2021 AND	
DISBURSED NEARLY \$25 MILLION. A COMMITTEE COMPOSED OF DONORS AND	
COMMUNITY LEADERS DIRECTED THE ALLOCATION FOR MECKLENBURG COUNTY. UWCC	
RECEIVED AN IMMATERIAL LEVEL OF FEES FOR ADMINISTERING THE FUNDS.	
FORM 990, PART III, LINE 1	
UWCC INVESTS ANNUALLY INTO THE COMMUNITY TO FURTHER THE ORGANIZATION'S	
COMMUNITY IMPACT STRATEGY, WHICH FOCUSES ON IMPROVING EDUCATION, HEALTH	
AND FINANCIAL STABILITY TO BOOST ECONOMIC MOBILITY ACROSS THE REGION	
WHILE ALSO HELPING PROVIDE A SAFETY NET FOR PEOPLE AND FAMILIES IN	
NEED.	
WE ACCOMPLISH WHAT NO SINGLE AGENCY CAN DO ALONE. OUR NIMBLE APPROACH	
ALLOWS US TO RESPOND TO THE EVOLVING NEEDS OF THE COMMUNITY BOTH	
YEAR-ROUND AND DURING CRISIS SITUATIONS. IN SUPPORTING OUR NON-PROFIT	
PARTNERS, UWCC IS ADVANCING THEIR MISSION BY PROVIDING:	
LEADERSHIP: WITH OVER 63 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 NON-PROFITS AND EMPOWER	
THEM TO FOCUS ON FULFILLING THEIR MISSION OF PROVIDING SERVICES	

Name of the organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
DIRECTLY AND QUICKLY TO THE PEOPLE WHO NEED THEM MOST. UNRESTRICTED	
OPERATING GRANTS ALLOW FOR FLEXIBILITY IN USING FUNDS WHEREVER THE	
GREATEST NEED EXISTS.	
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, PART III, LINE 2, NEW PROGRAM SERVICES:	
UNITED WAY OF CENTRAL CAROLINAS BEGAN WORKING WITH THE CITY OF	
CHARLOTTE AND THE STATE OF NORTH CAROLINA ON PROGRAMS SUPPORTING	
VARIOUS NON-PROFIT ORGANIZATIONS AIMED AT MOVING THOSE EXPERIENCING OR	
AT RISK OF HOMELESSNESS INTO HOUSING, AND PROMOTING PUBLIC SAFETY.	
FORM 990, PART III, LINE 4A	
ALL GRANT APPLICATIONS ARE ASSESSED THROUGH A COMMUNITY-LED REVIEW	
PROCESS IN WHICH STAFF AND 145 DEDICATED VOLUNTEERS EVALUATE AND	
IDENTIFY THE LOCAL COLLABORATIONS AND APPROACHES THAT CAN CREATE A	
LASTING IMPACT. UWCC'S BOARD APPROVES GRANT AWARDS AND AGREEMENTS AND	
AGENCIES ARE NOTIFIED AS AWARDS. GRANT FUNDING CYCLES GENERALLY BEGIN	
ON JANUARY 1 AND CONCLUDE ON DECEMBER 31. WE MAXIMIZE THE FUNDS	
PROVIDED BY DONORS BY DIRECTING THEM TOWARD CRITICAL PROGRAMS THAT	
FIGHT FOR THE EDUCATION, HEALTH AND FINANCIAL STABILITY OF EVERY PERSON	
ACROSS OUR FIVE-COUNTY REGION.	

Name of the organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
1) UNITED NEIGHBORHOODS IS CHANGING THE ODDS IN DISINVESTED COMMUNITIES	
BY SUPPORTING RESIDENT-DRIVEN NEIGHBORHOOD 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 NON-PROFITS, BACKED BY MULTI-YEAR	
FUNDING AND STAFF RESOURCES FROM UWCC. FROM 2018 TO 2021, NEARLY TWO	
DOZEN COMMUNITY PARTNERS PROVIDED SUPPORT THROUGH THE UNITED	
NEIGHBORHOODS PROGRAM. THE PROGRAM ASSISTS THE COMMUNITIES WITH	
HELPING FAMILIES BECOME FINANCIALLY STABLE, FIND AFFORDABLE HOUSING AND	
PREPARE CHILDREN TO ENTER SCHOOL READY TO READ AND LEARN.	
THE PROGRAM ALSO SUPPORTS NEIGHBORHOODS THAT ARE IN THE EARLY STAGES OF	
COMPREHENSIVE REVITALIZATION WITH "BLOCK BUILDING GRANTS." THESE	
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.	
2) UNITE CHARLOTTE SUPPORTS NEW AND GRASSROOTS ORGANIZATIONS THROUGH	
GRANTS AND CAPACITY-BUILDING ACTIVITIES FOCUSED ON IMPROVING RACIAL	
EQUITY AND ADVANCING ECONOMIC MOBILITY. THROUGH THIS INITIATIVE, UWCC	
SUPPORTS DOZENS OF SMALL AND GRASSROOTS ORGANIZATIONS, THE MAJORITY AND	
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	

Name of the organization UNITED WAY OF CENTRAL CAROLINAS, INC.	56-0529948
IN CHARLOTTE IN 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 \$40,000 AS WELL AS CAPACITY-BUILDING TRAINING.	
UWCC FUNDING, TECHNICAL ASSISTANCE AND GUIDANCE HELP STABILIZE AND GROW	
NON-PROFITS, 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 NON-PROFIT SECTOR.	
3) IMPACT GRANTS SUPPORT AGENCIES ACROSS OUR FIVE-COUNTY REGION THAT	
WORK COLLABORATIVELY TO PROVIDE COMPREHENSIVE AND COORDINATED SERVICES	
THAT WILL IMPROVE ECONOMIC MOBILITY AND ACHIEVE RESULTS GREATER THAN	
ANY SINGLE ORGANIZATION.	
UWCC'S IMPACT STRATEGY ADVANCES RECOMMENDATIONS FROM THE	
CHARLOTTE-MECKLENBURG OPPORTUNITY TASK FORCE REPORT. UWCC 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 CHILDREN AND FAMILIES.	
RESULTS FROM AGENCY PROGRAMS FUNDED BY UWCC:	
85% OF CHILDREN IN UWCC PARTNER PROGRAMS RECEIVED QUALITY EARLY	
EDUCATION.	

88% OF INDIVIDUALS IN UWCC PARTNER PROGRAMS ACCESSED PRIMARY &	
SPECIALTY CARE.	
83% OF FAMILIES AND INDIVIDUALS IN UWCC PARTNER PROGRAMS BUILT SAVINGS	
AND ASSETS.	
97% OF INDIVIDUALS WHO HAVE EXPERIENCED ABUSE, NEGLECT OR SEXUAL	
ASSAULT REGAIN THEIR PHYSICAL AND / OR EMOTIONAL SAFETY.	
FORM 990, PART III, LINE 4B	
ADDRESSING HOMELESSNESS: DURING THE FISCAL YEAR ENDED JUNE 30, 2021	
UWCC BEGAN ADMINISTERING VARIOUS GOVERNMENT PROGRAMS THAT WERE	
ESTABLISHED LARGELY IN RESPONSE TO THE COVID-19 PANDEMIC. THESE	
PROGRAMS WERE FOCUSED ON SUPPORTING VARIOUS NON-PROFIT ORGANIZATIONS IN	
COMMUNITIES WE SERVE AS WELL AS VARIOUS PROGRAMS THAT ARE AIMED AT	
MOVING THOSE EXPERIENCING OR AT RISK OF HOMELESSNESS INTO HOUSING.	
UWCC RECEIVES LITTLE OR NO COMPENSATION FOR PROVIDING SERVICES UNDER	
THESE ARRANGEMENTS.	
PROMOTING PUBLIC SAFETY: DURING THE FISCAL YEAR ENDED JUNE 30, 2021,	
UWCC BEGAN ADMINISTERING A CITY OF CHARLOTTE PROGRAM AIMED AT	
INCREASING PUBLIC SAFETY BY ADDRESSING THE ROOT CAUSES OF VIOLENCE. THE	
SAFE CHARLOTTE PROGRAM UNDERSTANDS THAT VIOLENCE IS A PUBLIC HEALTH	
ISSUE THAT CAN BE TREATED WITH APPROPRIATE HUMAN SERVICE PROGRAMMING,	
INCLUDING YOUTH AND EMPLOYMENT SERVICES, AND SUPPORTS FOR VICTIMS OF	
DOMESTIC AND SEXUAL VIOLENCE.	

Name of the organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
CRITICAL NEEDS: UWCC UNDERSTAND THAT MANY PEOPLE ACROSS THE FIVE-COUNTY	
REGION ARE LIVING IN A CRISIS SITUATION EVERY DAY. UWCC IS COMMITTED	
TO CHANGING THAT BY PROVIDING FLEXIBLE FUNDING TO MORE THAN 100	
NON-PROFITS 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 COVID-19 PANDEMIC. THIS	
EFFORT CONTINUED THROUGH THE FISCAL YEAR ENDED JUNE 30, 2021 AND	
DISBURSED NEARLY \$25 MILLION. A COMMITTEE COMPOSED OF DONORS AND	
COMMUNITY LEADERS DIRECTED THE ALLOCATION FOR MECKLENBURG COUNTY. UWCC	
RECEIVED AN IMMATERIAL LEVEL OF FEES FOR ADMINISTERING THE FUNDS.	
2-1-1: NC 2-1-1 IS A SERVICE PROVIDED BY THE UNITED WAY OF NORTH	
CAROLINA AND 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 RENTAL ASSISTANCE, HEALTH	
CLINICS, PRESCRIPTION DRUG ASSISTANCE, COUNSELING AND SUBSTANCE ABUSE	
SERVICES, CHILD CARE RESOURCES, SENIOR RESOURCES, RESOURCES FOR PERSONS	
WITH DISABILITIES AND MUCH MORE.	
VOLUNTEERISM: UNITED WAY CENTRAL CAROLINAS' VOLUNTEER ENGAGEMENT	
EFFORTS ALIGN WITH THE OVERALL STRATEGIC DIRECTION OF THE ORGANIZATION	
BY FOCUSING ON GENERATING REAL IMPACT FOR OUR PARTNER NONPROFIT	

Name of the organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
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.	
EXPENSES \$ 931,259. INCLUDING GRANTS OF \$ 3,244. REVENUE \$ 71,322.	
FORM 990, PART VI:	
MANAGEMENT COMPENSATION (EXCLUDING THE PRESIDENT AND CEO) IS ESTABLISHED BY	
THE PRESIDENT AND CEO AND REVIEWED WITH THE EXECUTIVE COMMITTEE OF THE	
BOARD. COMPENSATION FOR THE PRESIDENT AND CEO IS ESTABLISHED BY THE	
EXECUTIVE COMMITTEE. DATA FROM NATIONAL AND REGIONAL SALARY SURVEYS OF	
BOTH NON-PROFIT AND FOR-PROFIT ORGANIZATIONS OF SIMILAR SIZE IS REFERENCED	
IN COMPENSATION DECISIONS.	
FORM 990, PART VI, SECTION A, LINE 7B:	
ORGANIZATION UTILIZES FINANCE AND INVESTMENT COMMITTEES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE DRAFT FORM 990 IS PROVIDED TO THE FINANCE & AUDIT COMMITTEE SEVERAL	
DAYS IN ADVANCE OF THE MEETING AT WHICH IT IS REVIEWED BY THE PREPARER.	
UPON APPROVAL IT IS SENT TO THE BOARD OF DIRECTORS AT LEAST SEVERAL DAYS	
IN ADVANCE OF THE MEETING AT WHICH IT IS REVIEWED BY THE PREPARER.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REQUIRES ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES TO	

Name of the organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
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 PRESIDENT AND CEO ENSURES THAT EACH BOARD MEMBER	
SUBMITS THE FORM AND REPORTS CONFLICTS OF INTEREST. IN THE EVENT OF A	
CONFLICT DURING THE YEAR, THAT BOARD MEMBER WILL RECUSE THEMSELVES FROM ANY	
APPLICABLE DISCUSSION OR VOTE.	
FORM 990, PART VI, SECTION B, LINE 15:	
15A - MANAGEMENT COMPENSATION (EXCLUDING THE PRESIDENT AND CEO) IS	
ESTABLISHED BY THE PRESIDENT AND CEO AND REVIEWED WITH THE EXECUTIVE	
COMMITTEE OF THE BOARD. COMPENSATION FOR THE PRESIDENT AND CEO IS	
ESTABLISHED BY THE EXECUTIVE COMMITTEE. DATA FROM NATIONAL AND REGIONAL	
SALARY SURVEYS OF BOTH NON-PROFIT AND FOR-PROFIT ORGANIZATIONS OF SIMILAR	
SIZE IS REFERENCED IN COMPENSATION DECISIONS.	
15B - WITH REGARD TO ALL OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION, A	
SEARCH FIRM WAS NOT USED IN EACH INSTANCE AT THE TIME OF THEIR HIRE.	
HOWEVER, SALARIES HAVE BEEN DETERMINED WITH REFERENCE TO NATIONAL AND	
REGIONAL SALARY SURVEYS FOR BOTH NON-PROFIT AND FOR-PROFIT ORGANIZATIONS OF	
SIMILAR SIZE AND SCOPE. BASED ON THESE SURVEYS, A RANGE OF SALARIES WAS	
DETERMINED FOR EACH LEVEL OF RESPONSIBILITY. WITHIN THAT RANGE, MERIT	
INCREASES HAVE BEEN PROVIDED FROM TIME TO TIME AS WARRANTED.	
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.	