

Form **990**

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNITED WAY OF CENTRAL CAROLINAS, INC.		<b>D</b> Employer identification number 56-0529948
	Doing business as		<b>E</b> Telephone number 704-372-7170
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	601 E. FIFTH ST. 350		<b>G</b> Gross receipts \$ 23,832,728.
	City or town, state or province, country, and ZIP or foreign postal code CHARLOTTE, NC 28202		
<b>F</b> Name and address of principal officer: LAURA YATES CLARK SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

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

**J** Website: WWW.UWCENTRALCAROLINAS.ORG

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: 1958 **M** State of legal domicile: NC

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO FIGHT FOR EDUCATION, HEALTH AND FINANCIAL STABILITY FOR OUR COMMUNITY (SEE SCH O).		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	26
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	26
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	51
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	950
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	36,442,612.	21,216,365.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	184,818.	71,322.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,391,519.	1,291,749.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,247.	679,540.
		38,068,196.	23,258,976.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,323,648.	21,748,036.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,497,307.	3,131,986.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	1,854,464.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,657,852.	1,998,364.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,478,807.	26,878,386.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	12,589,389.	-3,619,410.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	33,908,061.	29,734,806.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	11,028,041.	8,722,795.
	22,880,020.	21,012,011.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	LAURA YATES CLARK, PRESIDENT AND CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JOHN NORMAN	Preparer's signature JOHN NORMAN	Date 02/03/22	Check if self-employed <input type="checkbox"/>	PTIN P01506766
	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749	Phone no. 704-998-5200		
	Firm's address 227 WEST TRADE STREET, SUITE 800 CHARLOTTE, NC 28202				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 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

4b (Code: ) (Expenses \$ 5,087,228. including grants of \$ 4,936,919. ) (Revenue \$ ) GOVERNMENT GRANTS: UWCC PARTNERS WITH THE CITY OF CHARLOTTE, 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.

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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (26), 1b (26), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NC
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURA YATES CLARK PRESIDENT AND CEO	50.00			X			254,817.	0.	24,882.	
(2) CLINT HILL CHIEF DEVELOPMENT OFFICER	40.00			X			148,192.	0.	15,829.	
(3) KATHRYN FIRMIN-SELLERS CHIEF IMPACT OFFICER	40.00			X			118,159.	0.	652.	
(4) ROBERT GRANOW DIRECTOR OF FINANCE	40.00			X			82,250.	0.	20,677.	
(5) R. CHANDLER ROOT CHAIR, BOARD OF DIRECTORS	3.00	X		X			0.	0.	0.	
(6) MATTHEW J. KOSMICKI FINANCE CHAIR	3.00	X		X			0.	0.	0.	
(7) WILL PITTS CAMPAIGN CHAIR	3.00	X		X			0.	0.	0.	
(8) PEGGY L. BROOKHOUSE VICE CHAIR	3.00	X		X			0.	0.	0.	
(9) C. DEE O'DELL COMMUNITY IMPACT CHAIR	3.00	X		X			0.	0.	0.	
(10) BETH DIGGS ANSON COUNTY CHAIR	3.00	X		X			0.	0.	0.	
(11) BRIAN FLOYD CABARRUS COUNTY CHAIR	3.00	X		X			0.	0.	0.	
(12) DENISE WHITE UNION COUNTY CHAIR	3.00	X		X			0.	0.	0.	
(13) RONALD E. MESSENGER II FINANCE VICE-CHAIR	3.00	X		X			0.	0.	0.	
(14) BILL CURRENS DIRECTOR	1.50	X					0.	0.	0.	
(15) DAVE REGNERY DIRECTOR	1.50	X					0.	0.	0.	
(16) GARY GREER DIRECTOR	1.50	X					0.	0.	0.	
(17) HEATH CAMPBELL DIRECTOR	1.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NEVILLE POOLE DIRECTOR	1.50	X					0.	0.	0.	
(19) SCOTT P. VAUGHN DIRECTOR	1.50	X					0.	0.	0.	
(20) GEORGE W. BECKWITH DIRECTOR	1.50	X					0.	0.	0.	
(21) DENA R. DIORIO DIRECTOR	1.50	X					0.	0.	0.	
(22) SUSAN C. EDWARDS DIRECTOR	1.50	X					0.	0.	0.	
(23) WILLIE E. ALSTON JR. DIRECTOR	1.50	X					0.	0.	0.	
(24) MARCEL SOLOMON DIRECTOR	1.50	X					0.	0.	0.	
(25) SEAN O'CONNELL DIRECTOR	1.50	X					0.	0.	0.	
(26) RAJ NATARAJAN DIRECTOR	1.50	X					0.	0.	0.	
<b>1b Subtotal</b>							603,418.	0.	62,040.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							603,418.	0.	62,040.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDREN AND FAMILY SERVICES CENTER 601 E. 5TH ST, STE 450, CHARLOTTE, NC 28202	ACCOUNTING AND PAYROLL	274,596.

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

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	49,483.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	6,309,473.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	14,857,409.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 16,000.				
	<b>h Total.</b> Add lines 1a-1f .....			21,216,365.			
<b>Program Service Revenue</b>	<b>2 a</b> NET ADMINISTRATIVE FEE	<b>Business Code</b>					
		900099	71,172.	71,172.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....	900099	150.	150.			
<b>g Total.</b> Add lines 2a-2f .....			71,322.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		816,214.			816,214.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	4,540.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	4,540.				
	<b>d</b> Net rental income or (loss) .....			4,540.		4,540.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	576,148.	473,139.		
			(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	539,589.	34,163.				
<b>c</b> Gain or (loss) .....	<b>7c</b>	36,559.	438,976.				
<b>d</b> Net gain or (loss) .....			475,535.		475,535.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> EXTINGUISHMENT OF DEBT	<b>Business Code</b>					
		900099	675,000.			675,000.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			675,000.				
<b>12 Total revenue.</b> See instructions .....			23,258,976.	71,322.	0.	1,971,289.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	21,748,036.	21,748,036.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,571,884.	753,704.	652,590.	1,165,590.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,128.	17,558.	22,068.	34,502.
<b>9</b> Other employee benefits .....	288,917.	68,434.	86,009.	134,474.
<b>10</b> Payroll taxes .....	197,057.	59,160.	48,004.	89,893.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	1,275.		1,275.	
<b>c</b> Accounting .....	49,980.		49,980.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,060,225.	442,875.	496,741.	120,609.
<b>12</b> Advertising and promotion .....	20,075.	8,880.	3,629.	7,566.
<b>13</b> Office expenses .....	64,767.	28,648.	11,708.	24,411.
<b>14</b> Information technology .....	40,307.	17,829.	7,286.	15,192.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	287,167.	122,363.	67,783.	97,021.
<b>17</b> Travel .....	3,795.	354.	1,320.	2,121.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	3,901.	364.	1,357.	2,180.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	133,270.	56,787.	31,457.	45,026.
<b>23</b> Insurance .....	533.	186.	137.	210.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> UNITED WAY DUES	281,608.	118,143.	65,509.	97,956.
<b>b</b> MISCELLANEOUS EXPENSES	31,740.	11,101.	8,153.	12,486.
<b>c</b> VOLUNTEER EXPENSES AND	11,581.	7,721.	1,162.	2,698.
<b>d</b> DUES AND SUBSCRIPTIONS	8,140.	3,552.	2,059.	2,529.
<b>e</b> All other expenses .....				
<b>25</b> Total functional expenses. Add lines 1 through 24e	26,878,386.	23,465,695.	1,558,227.	1,854,464.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	11,617,825.	<b>1</b>	8,515,675.
	<b>2</b> Savings and temporary cash investments .....	4,534,372.	<b>2</b>	510,264.
	<b>3</b> Pledges and grants receivable, net .....	5,416,537.	<b>3</b>	5,866,839.
	<b>4</b> Accounts receivable, net .....	21,606.	<b>4</b>	5,710.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	126,997.	<b>9</b>	40,405.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,434,734.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 600,787.	1,001,380.	<b>10c</b> 833,947.
	<b>11</b> Investments - publicly traded securities .....	8,947,986.	<b>11</b>	11,042,193.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,128,723.	<b>12</b>	2,871,127.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	112,635.	<b>15</b>	48,646.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	33,908,061.	<b>16</b>	29,734,806.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	990,763.	<b>17</b>	1,645,822.
	<b>18</b> Grants payable .....	8,136,467.	<b>18</b>	5,593,822.
	<b>19</b> Deferred revenue .....	86,616.	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	675,000.	<b>24</b>	614,088.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,139,195.	<b>25</b>	869,063.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	11,028,041.	<b>26</b>	8,722,795.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	15,981,266.	<b>27</b>	18,389,332.
	<b>28</b> Net assets with donor restrictions .....	6,898,754.	<b>28</b>	2,622,679.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	22,880,020.	<b>32</b>	21,012,011.
<b>33</b> Total liabilities and net assets/fund balances .....	33,908,061.	<b>33</b>	29,734,806.	

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	23,258,976.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	26,878,386.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-3,619,410.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	22,880,020.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,751,401.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	21,012,011.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> 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.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	28,635,782.	26,676,927.	25,926,150.	36,442,612.	21,158,396.	138,839,867.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						138,839,867.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	28,635,782.	26,676,927.	25,926,150.	36,442,612.	21,158,396.	138,839,867.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	477,275.	457,711.	645,586.	466,314.	820,754.	2,867,640.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		358.				358.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					675,000.	675,000.
<b>11 Total support.</b> Add lines 7 through 10						142,382,865.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,764,028.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	97.51 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	98.34 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> 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

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

Name of the organization

UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number

56-0529948

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 2,513,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment 52.8900%
b Permanent endowment 29.6500%
c Term endowment 17.4600%

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) POOLED FUNDS HELD BY UNITED WAY		
(B) LEGACY FOUNDATION	2,871,127.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO DESIGNATED AGENCIES	460,634.
(3) CAMPAIGNS PROCESSED FOR OTHERS	232,615.
(4) DEFERRED LEASE INCENTIVE	175,814.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	869,063.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	24,228,038.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,751,401.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	196,148.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,947,549.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	22,280,489.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	978,487.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	978,487.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	23,258,976.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	26,096,047.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	196,148.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	196,148.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	25,899,899.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	978,487.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	978,487.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	26,878,386.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

THE PURPOSE OF THE ORGANIZATION'S ENDOWMENT IS TO PROVIDE FINANCIAL SUPPORT TO GENERAL OPERATIONS AS WELL AS SPECIFIC PROGRAMS IDENTIFIED BY DONORS.

PART X, LINE 2:

U.S. GAAP REQUIRES THE ORGANIZATION TO RECOGNIZE A TAX BENEFIT OR EXPENSE FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. MANAGEMENT BELIEVES THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2021 AND 2020.

**Part XIII** Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 978,487.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 978,487.

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> 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, S CHARLOTTE, NC 28217	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	501(C)3	525,583.	0.			GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 240.

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

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

Schedule I (Form 990) 2020

**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
ROOF 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
LATIN AMERICAN COALITION 4938 CENTRAL AVENUE SUITE 100 CHARLOTTE, NC 28205	58-1945776	501(C)3	439,022.	0.			GENERAL SUPPORT
YMCA OF GREATER CHARLOTTE 400 EAST MOREHEAD STREET CHARLOTTE, NC 28202	56-1045299	501(C)3	431,687.	0.			GENERAL SUPPORT
RENAISSANCE WEST COMMUNITY INITIATIVE - 3610 NOBLES AVENUE - CHARLOTTE, NC 28208	27-1396021	501(C)3	426,313.	0.			GENERAL SUPPORT
CHARLOTTE SPEECH AND HEARING CENTER, INC. - 741 KENILWORTH AVENUE, SUITE 100 - CHARLOTTE, NC 28204	56-0892041	501(C)3	376,026.	0.			GENERAL SUPPORT
NC MEDASSIST 4428 TAGGART CREEK ROAD SUITE 101 CHARLOTTE, NC 28208	56-2018957	501(C)3	333,493.	0.			GENERAL SUPPORT
RAIN, INC. 601 E 5TH STREET, SUITE 470 CHARLOTTE, NC 28202	56-1825247	501(C)3	331,167.	0.			GENERAL SUPPORT

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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 CHARLOTTE, NC 28208	56-0577626	501(C)3	302,188.	0.			GENERAL SUPPORT
MENTAL HEALTH AMERICA OF CENTRAL CAROLINAS, INC. - 3701 LATROBE DRIVE SUITE 140 - CHARLOTTE, NC 28211	56-0674267	501(C)3	287,905.	0.			GENERAL SUPPORT
COMMUNITY LINK PROGRAMS OF 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
HOPE HAVEN INC 3815 NORTH TRYON STREET CHARLOTTE, NC 28206	58-1314284	501(C)3	235,327.	0.			GENERAL SUPPORT

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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 WILKINSON 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
CHARLOTTE FAMILY HOUSING, INC. 300 HAWTHORNE LANE 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
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

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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 300 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 100 CHARLOTTE, NC 28204	57-1140089	501(C)3	175,000.	0.			GENERAL SUPPORT
E2D INC. 18605 NORTHLINE DRIVE SUITE A1 CORNELIUS, NC 28031	46-5008759	501(C)3	174,467.	0.			GENERAL SUPPORT
CATAWBA RIVERKEEPER FOUNDATION INC 715 N. CHURCH ST, SUITE 120 CHARLOTTE, NC 28202	56-2034780	501(C)3	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

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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 - CHARLOTTE, NC 28205	46-2956418	501(C)3	147,500.	0.			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 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
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

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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
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 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

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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	27-1602981	501(C)3	95,000.	0.			GENERAL SUPPORT
COMMUNITY SHELTER OF UNION COUNTY 160 MEADOW STREET 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	501(C)3	77,804.	0.			GENERAL SUPPORT
COMMUNITY FREE CLINIC, INC. 528 LAKE CONCORD ROAD NORTH EAST U CONCORD, NC 28025	58-2131301	501(C)3	76,778.	0.			GENERAL SUPPORT

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33181 AMERICAN RED CROSS WESTERN NORTH 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. 1041 HAWTHORNE LANE CHARLOTTE, NC 28205	27-2648129	501(C)3	68,117.	0.			GENERAL SUPPORT
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 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
WILSON OASIS 5121 ALLEN RD. E CHARLOTTE, NC 28269	84-1927626	501(C)3	62,500.	0.			GENERAL SUPPORT

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FEED 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 102 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
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

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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 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
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
CATERPILLAR MINISTRIES PO BOX 2155 HUNTERSVILLE, NC 28070	46-5034459	501(C)3	50,000.	0.			GENERAL SUPPORT

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CCCP COMMUNITY TRUST 200 SOUTH TRYON SUITE 1600 CHARLOTTE, NC 28202	01-0554275	501(C)3	50,000.	0.			GENERAL SUPPORT
HEARTS BEAT AS ONE FOUNDATION INC 3520 DEWITT LN CHARLOTTE, NC 28217	46-5287924	501(C)3	50,000.	0.			GENERAL SUPPORT
PARENTCHILD+ 163 B MINEOLA BOULEVARD MINEOLA, NY 11501	11-2495601	501(C)3	50,000.	0.			GENERAL SUPPORT
PROMISE YOUTH DEVELOPMENT INC 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 RIDGEWOOD AVE CHARLOTTE, NC 28209	56-1014180	501(C)3	50,000.	0.			GENERAL SUPPORT
THE LEARNING COLLABORATIVE 3241 SAM DRENAN ROAD CHARLOTTE, NC 28205	56-1668333	501(C)3	49,505.	0.			GENERAL SUPPORT

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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 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
FREEDOM FIGHTING MISSIONARIES INC. 1635 WAYBRIDGE LN CHARLOTTE, NC 28210	85-2791045	501(C)3	40,000.	0.			GENERAL SUPPORT
LEARNING HELP CENTERS OF CHARLOTTE P.O. BOX 471534 CHARLOTTE, NC 28247	45-5097492	501(C)3	40,000.	0.			GENERAL SUPPORT

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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 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
BAGS OF HOPE INC 16503 SEGARS LANE HUNTERSVILLE, NC 28078	82-6487527	501(C)3	35,000.	0.			GENERAL SUPPORT
MCLEOD ADDICTIVE DISEASE CENTER, INC - 515 CLANTON ROAD - CHARLOTTE, NC 28217	56-0953783	501(C)3	35,000.	0.			GENERAL SUPPORT
MECKLENBURG MINISTRIES 3900A PARK ROAD CHARLOTTE, NC 28209	56-1583407	501(C)3	35,000.	0.			GENERAL SUPPORT
ON MY GENIUS CAMPAIGN 4930 POPLAR GROVE DR CHARLOTTE, NC 28269	81-1281603	501(C)3	35,000.	0.			GENERAL SUPPORT

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**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
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
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
CAROLINA YOUTH COALITION 6035 FLORENCE AVE, SUITE 200 CHARLOTTE, NC 28212	82-4313926	501(C)3	30,000.	0.			GENERAL SUPPORT
CHARLOTTE PRIDE, INC. POST OFFICE BOX 32362 CHARLOTTE, NC 28232	56-2225983	501(C)3	30,000.	0.			GENERAL SUPPORT

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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
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 CHARLOTTE, NC 28269	83-3577031	501(C)3	26,000.	0.			GENERAL SUPPORT
JEWISH FAMILY OF GREATER CHARLOTTE, INC. - 5007 PROVIDENCE ROAD, SUITE 105 - CHARLOTTE, NC 28226	20-1146861	501(C)3	25,817.	0.			GENERAL SUPPORT

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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
COMMUNITY BUILDING INITIATIVE 601 EAST FIFTH STREET, SUITE 460 CHARLOTTE, NC 28202	20-2892726	501(C)3	25,000.	0.			GENERAL SUPPORT
FOR CHARLOTTE INC 7427 MATTHEWS-MINT HILL ROAD, SUITE 105-199 - CHARLOTTE, NC 28227	47-4463729	501(C)3	25,000.	0.			GENERAL SUPPORT
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

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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 COMMUNITY DAY CARE ASSOCIATION, INC. - 204 BOOKER 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
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

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UNITED WAY OF YORK COUNTY, SC 226 NORTH PARK DRIVE SUITE 100 ROCK HILL, SC 29730	57-0360058	501(C)3	20,223.	0.			GENERAL SUPPORT
ASPIRE COMMUNITY CAPITAL 6406 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
CAROLINAS AVIATION MUSEUM 1026 JAY STREET CHARLOTTE, NC 28208	56-1769105	501(C)3	20,000.	0.			GENERAL SUPPORT
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 MATTHEWS, NC 28106	58-1408738	501(C)3	20,000.	0.			GENERAL SUPPORT
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

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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 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 1 CHARLOTTE, NC 28212	56-1268845	501(C)3	17,933.	0.			GENERAL SUPPORT
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
PREMIER FOUNDATION OF NORTH CAROLINA - 3010 MONROE RD, SUITE 101 - CHARLOTTE, NC 28205	81-3272704	501(C)3	15,000.	0.			GENERAL SUPPORT

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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 - 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
SAMARITAN HOUSE, INC 611 FORTUNE STREET CHARLOTTE, NC 28205	83-0378196	501(C)3	13,000.	0.			GENERAL SUPPORT
B.E.A.M. FOUNDATION 5639 BEATTIES FORD ROAD CHARLOTTE, NC 28216	56-2012602	501(C)3	12,500.	0.			GENERAL SUPPORT

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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 CHARLOTTE, NC 28205	03-0588350	501(C)3	12,500.	0.			GENERAL SUPPORT

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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
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
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 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

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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
SMITHVILLE COMMUNITY COALITION PO BOX 1206 CORNELIUS, NC 28031	46-1055584	501(C)3	10,000.	0.			GENERAL SUPPORT
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 - CHARLOTTE, NC 28217	30-0401238	501(C)3	10,000.	0.			GENERAL SUPPORT

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HEART MATH TUTORING, INC. 1100 S. MINT STREET #208 CHARLOTTE, NC 28203	46-4366030	501(C)3	10,000.	0.			GENERAL SUPPORT
SOUTH TRYON COMMUNITY DEVELOPMENT CORPORATION - 2516 SOUTH TRYON STREET - CHARLOTTE, NC 28203	83-4142791	501(C)3	9,898.	0.			GENERAL SUPPORT
UNITED WAY OF ROANOKE VALLEY, INC. 325 CAMPBELL AVENUE SW ROANOKE, VA 24016	54-0535302	501(C)3	9,012.	0.			GENERAL SUPPORT
ROWAN COUNTY UNITED WAY, INC. 1930 JAKE ALEXANDER BVD. W, STE B 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 LINCOLNTON, NC 28092	23-7125926	501(C)3	7,740.	0.			GENERAL SUPPORT

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ST. PETERS EPISCOPAL CHURCH 115 W 7TH ST CHARLOTTE, NC 28202	58-1488751	501(C)3	7,575.	0.			GENERAL SUPPORT
ANTHONY MORROW CHARITIES 8640 UNIVERSITY CITY BLVD, SUITE A3 CHARLOTTE, NC 28230	27-2849928	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. 116 E NORTH ST 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

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ESTHER HOUSE OF STANLY COUNTY P.O. BOX ALBEMARLE, NC 28002	46-1652623	501(C)3	6,188.	0.			GENERAL SUPPORT
UNITED WAY OF CLEVELAND COUNTY NC, INC. - 132 W GRAHAM STREET - SHELBY, NC 28150	56-6030073	501(C)3	6,172.	0.			GENERAL SUPPORT
BURNSVILLE RECREATIONAL & LEARNING CENTER INC - 1961 WHIGHTMAN CHURCH ROAD - POLKTON, NC 28135	31-1655498	501(C)3	6,000.	0.			GENERAL SUPPORT
UNITED WAY OF CALDWELL COUNTY 304 MAIN ST SW, SUITE 404 & 406 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.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

AGENCIES RECEIVING DISCRETIONARY FUNDING FROM UNITED WAY OF CENTRAL

CAROLINAS UNDERGO INTENSIVE PRE-SCREENING BEFORE BEING AWARDED FUNDING.

SUCH SCREENING INCLUDES: 1) AN APPLICATION PROCESS THAT FOCUSES ON

PROGRAMMATIC OUTCOMES; 2) FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A

LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES; 3)

VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT; AND 4)

VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT

ORGANIZATION.

**Part IV Supplemental Information**

THE AGENCY IS ALSO REQUIRED TO PROVIDE UWCC WITH A FINAL REPORT AT THE END OF THE ALLOCATION PERIOD THAT VERIFIES THAT ALL FUNDING HAS BEEN USED FOR THE PURPOSES INTENDED AND ACTUAL RESULTS COMPARED TO THE PROPOSED RESULTS IN THE ORIGINAL APPLICATION.

ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UWCC WILL UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDS. SUCH SCREENING INCLUDES:  
1) A CERTIFICATION THAT ALL UWCC FUNDS AND DONATIONS WILL BE USED IN COMPLIANCE WITH ALL APPLICABLE ANTI-TERRORIST FINANCING AND ASSET CONTROL LAWS, STATUTES, AND EXECUTIVE ORDERS; 2) VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION; AND 3) VERIFICATION THAT THE ORGANIZATION IS NOT ON A TERRORIST WATCH LIST. IN ADDITION, WE UTILIZE VERIFICATIONS FROM GUIDESTAR CHARITY CHECK TO VERIFY THAT AGENCIES RECEIVING CONTRIBUTIONS ARE 100% COMPLIANT WITH IRS REQUIREMENTS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number  
56-0529948

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ..... **1b**

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? ..... **4a**

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**

**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.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? ..... **5a**

**b** Any related organization? ..... **5b**

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? ..... **6a**

**b** Any related organization? ..... **6b**

If "Yes" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III ..... **8**

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

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

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.

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

**Part III** Supplemental Information

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

PART I, LINE 3:

THE EXECUTIVE COMMITTEE ACTS AS A "COMPENSATION COMMITTEE" IN THE CONTEXT

OF ESTABLISHING COMPENSATION FOR THE CEO/EXECUTIVE DIRECTOR.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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



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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.

THE COMMUNITY INVESTMENT PROCESS INCLUDES THREE INITIATIVES:

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

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

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
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THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE CONFLICT OF INTEREST POLICY AND BYLAWS ARE AVAILABLE UPON REQUEST.

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