

## Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning **07/01/19** , and ending **06/30/20**

\*\*-\*\*\*9239

### UNITED WAY OF ALAMANCE COUNTY, INC.

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>1,168,626</u>
<b>Revenue</b>		
Contributions	<u>1,122,940</u>	
Program service revenue		
Investment income	<u>4,970</u>	
Capital gain / loss	<u>-9,008</u>	
Fundraising / Gaming:		
Gross revenue	<u>26,077</u>	
Direct expenses	<u>8,488</u>	
Net income	<u>17,589</u>	
Other income	<u>35,246</u>	
<b>Total revenue</b>		<u>1,171,737</u>
<b>Expenses</b>		
Program services	<u>992,363</u>	
Management and general	<u>90,851</u>	
Fundraising	<u>174,291</u>	
<b>Total expenses</b>		<u>1,257,505</u>
<b>Excess / (deficit)</b>		<u>-85,768</u>
Changes		<u>-2,626</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>1,080,232</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>1,086,594</u>
Less:	
Unrealized gains	<u>-2,627</u>
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	<u>2,029</u>
Other	<u>80,487</u>
<b>Total revenue per return</b>	<u>1,171,737</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,174,989</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	<u>2,029</u>
Other	<u>80,487</u>
<b>Total expenses per return</b>	<u>1,257,505</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>1,486,411</u>	<u>1,323,537</u>	
Liabilities	<u>317,785</u>	<u>243,305</u>	
Net assets	<u>1,168,626</u>	<u>1,080,232</u>	<u>-88,394</u>

#### Miscellaneous Information

Amended return  
Return / extended due date 05/17/21  
Failure to file penalty \_\_\_\_\_

**STOUT STUART McGOWEN & KING LLP**  
**PO Box 1440**  
**Burlington, NC 27216-1440**  
**336-226-7343**

December 18, 2020

**CONFIDENTIAL**

United Way of Alamance County, Inc.  
220 E. Front Street  
Burlington, NC 27215

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

STOUT STUART McGOWEN & KING LLP

## Filing Instructions

**United Way of Alamance County, Inc.**

**Exempt Organization / Private Foundation Tax Return(s)**

**Taxable Year Ended June 30, 2020**

### Federal Filing Instructions

Your Form 990 for the year ended 6/30/20 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

STOUT STUART McGOWEN & KING LLP  
PO Box 1440  
Burlington, NC 27216-1440

***Important:* Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.**

Form **8879-EO**

**IRS e-file Signature Authorization for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 7/01, 2019, and ending 6/30, 2020

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**UNITED WAY OF ALAMANCE COUNTY, INC.**

Employer identification number

**\*\*-\*\*\*9239**

Name and title of officer

**HEIDI NORWICK  
PRESIDENT**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,171,737</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize STOUT STUART MCGOWEN & KING LLP to enter my PIN 01214 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date 12/18/20

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

\*\*\*\*\*

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature PATRICIA B. RHODES

Date 12/18/20

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

**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

**2019**  
**Open to Public Inspection**

▶ 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 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20**

<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 <p style="text-align: center;"><b>UNITED WAY OF ALAMANCE COUNTY, INC.</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;"><b>220 E. FRONT STREET</b></p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>BURLINGTON NC 27215</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>**-***9239</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>336-438-2000</b></p> <b>G</b> Gross receipts\$ <b>1,189,233</b>
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<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>HEIDI NORWICK</b> <b>220 EAST FRONT STREET</b> <b>BURLINGTON NC 27215</b></p>	<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)
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**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **UWALAMANCE.ORG**

**H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1953** **M** State of legal domicile: **NC**

**Part I Summary**

<b>Activities &amp; Governance</b>	<p><b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b></p> <p><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.</p> <p><b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float: right;"><b>3</b> <b>25</b></span></p> <p><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float: right;"><b>4</b> <b>25</b></span></p> <p><b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) <span style="float: right;"><b>5</b> <b>11</b></span></p> <p><b>6</b> Total number of volunteers (estimate if necessary) <span style="float: right;"><b>6</b> <b>339</b></span></p> <p><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float: right;"><b>7a</b> <b>0</b></span></p> <p><b>b</b> Net unrelated business taxable income from Form 990-T, line 39 <span style="float: right;"><b>7b</b> <b>0</b></span></p>																									
<b>Revenue</b>	<p><b>8</b> Contributions and grants (Part VIII, line 1h) <span style="float: right;"><b>1,122,803</b></span></p> <p><b>9</b> Program service revenue (Part VIII, line 2g) <span style="float: right;"><b>0</b></span></p> <p><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <span style="float: right;"><b>7,147</b></span></p> <p><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <span style="float: right;"><b>43,882</b></span></p> <p><b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) <span style="float: right;"><b>1,173,832</b></span></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: right;"><b>1,122,803</b></td> <td style="text-align: right;"><b>1,122,940</b></td> </tr> <tr> <td></td> <td style="text-align: right;"><b>0</b></td> <td style="text-align: right;"><b>0</b></td> </tr> <tr> <td></td> <td style="text-align: right;"><b>7,147</b></td> <td style="text-align: right;"><b>-4,038</b></td> </tr> <tr> <td></td> <td style="text-align: right;"><b>43,882</b></td> <td style="text-align: right;"><b>52,835</b></td> </tr> <tr> <td></td> <td style="text-align: right;"><b>1,173,832</b></td> <td style="text-align: right;"><b>1,171,737</b></td> </tr> </tbody> </table>		Prior Year	Current Year		<b>1,122,803</b>	<b>1,122,940</b>		<b>0</b>	<b>0</b>		<b>7,147</b>	<b>-4,038</b>		<b>43,882</b>	<b>52,835</b>		<b>1,173,832</b>	<b>1,171,737</b>						
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<b>Expenses</b>	<p><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) <span style="float: right;"><b>824,112</b></span></p> <p><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <span style="float: right;"><b>0</b></span></p> <p><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <span style="float: right;"><b>413,529</b></span></p> <p><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <span style="float: right;"><b>0</b></span></p> <p><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>174,291</b></p> <p><b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <span style="float: right;"><b>291,792</b></span></p> <p><b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <span style="float: right;"><b>1,529,433</b></span></p> <p><b>19</b> Revenue less expenses. Subtract line 18 from line 12 <span style="float: right;"><b>-355,601</b></span></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: right;"><b>501,389</b></td> <td style="text-align: right;"><b>370,349</b></td> </tr> <tr> <td></td> <td style="text-align: right;"><b>0</b></td> <td style="text-align: right;"><b>0</b></td> </tr> <tr> <td></td> <td style="text-align: right;"><b>413,529</b></td> <td style="text-align: right;"><b>370,349</b></td> </tr> <tr> <td></td> <td style="text-align: right;"><b>0</b></td> <td style="text-align: right;"><b>0</b></td> </tr> <tr> <td></td> <td style="text-align: right;"><b>291,792</b></td> <td style="text-align: right;"><b>385,767</b></td> </tr> <tr> <td></td> <td style="text-align: right;"><b>1,529,433</b></td> <td style="text-align: right;"><b>1,257,505</b></td> </tr> <tr> <td></td> <td style="text-align: right;"><b>-355,601</b></td> <td style="text-align: right;"><b>-85,768</b></td> </tr> </tbody> </table>		Prior Year	Current Year		<b>501,389</b>	<b>370,349</b>		<b>0</b>	<b>0</b>		<b>413,529</b>	<b>370,349</b>		<b>0</b>	<b>0</b>		<b>291,792</b>	<b>385,767</b>		<b>1,529,433</b>	<b>1,257,505</b>		<b>-355,601</b>	<b>-85,768</b>
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<b>Net Assets or Fund Balances</b>	<p><b>20</b> Total assets (Part X, line 16) <span style="float: right;"><b>1,486,411</b></span></p> <p><b>21</b> Total liabilities (Part X, line 26) <span style="float: right;"><b>317,785</b></span></p> <p><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <span style="float: right;"><b>1,168,626</b></span></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Beginning of Current Year</th> <th style="width:35%;">End of Year</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: right;"><b>1,486,411</b></td> <td style="text-align: right;"><b>1,323,537</b></td> </tr> <tr> <td></td> <td style="text-align: right;"><b>317,785</b></td> <td style="text-align: right;"><b>243,305</b></td> </tr> <tr> <td></td> <td style="text-align: right;"><b>1,168,626</b></td> <td style="text-align: right;"><b>1,080,232</b></td> </tr> </tbody> </table>		Beginning of Current Year	End of Year		<b>1,486,411</b>	<b>1,323,537</b>		<b>317,785</b>	<b>243,305</b>		<b>1,168,626</b>	<b>1,080,232</b>												
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**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>	<p><i>Heidi Norwick</i> Signature of officer</p> <p><b>HEIDI NORWICK</b> Type or print name and title</p>	<p>12/18/2020 Date</p> <p style="text-align: center;"><b>PRESIDENT</b></p>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PATRICIA B. RHODES</b>	Preparer's signature <b>PATRICIA B. RHODES</b>	Date <b>12/18/20</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>*****</b>
	Firm's name ▶ <b>STOUT STUART MCGOWEN &amp; KING LLP</b> <b>PO BOX 1440</b> Firm's address ▶ <b>BURLINGTON, NC 27216-1440</b>	Firm's EIN ▶ <b>** - *** 7874</b> Phone no. <b>336-226-7343</b>			

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

**1** Briefly describe the organization's mission:

**SEE SCHEDULE O**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

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

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

**4a** (Code: ) (Expenses \$ **501,389** including grants of \$ **501,389** ) (Revenue \$ )

**COMMUNITY FUND**

**THE COMMUNITY FUND - DONATIONS FROM INDIVIDUALS, BUSINESSES, LOCAL GOVERNMENT. FUNDS ARE GRANTED TO LOCAL NONPROFITS THAT HAVE THE GREATEST IMPACT AND BEST OUTCOMES IN ADDRESSING HEALTH, EDUCATION AND FINANCIAL STABILITY. COMMUNITY VOLUNTEERS REVIEW THE GRANTS AND RECOMMEND FUNDING. TWENTY-ONE PROGRAMS WERE FUNDED 2019-20.**

**4b** (Code: ) (Expenses \$ **478,511** including grants of \$ ) (Revenue \$ )

**SEE SCHEDULE O**

**4c** (Code: ) (Expenses \$ **12,463** including grants of \$ ) (Revenue \$ )

**211 INFORMATION AND REFERRAL BY PHONE AND ONLINE. OVER 100,000 CALLS WERE RECEIVED STATEWIDE DURING COVID-19. 2-1-1 IS ALSO THE RESOURCE PLATFORM FOR THE NEW NCCARE 360 PLATFORM THAT LINKS PATIENTS AT HEALTHCARE FACILITIES TO RESOURCES FOR HOUSING, TRANSPORTATION, DOMESTIC VIOLENCE, EMPLOYMENT AND FOOD SECURITY.**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **▶ 992,363**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** *(continued)*

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

**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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>11</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		<b>X</b>	
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		<b>X</b>	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		<b>X</b>	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		<b>X</b>	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		<b>X</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		<b>X</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		<b>X</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>		<b>X</b>	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		<b>X</b>	

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>25</b>	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	<b>25</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>X</b>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		<b>X</b>

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

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

**Section C. Disclosure**

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

**HEIDI NORWICK, PRESIDENT** **220 E. FRONT STREET** **NC 27215** **336-438-2000**  
**BURLINGTON**

**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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>KELLY BLACKWELDER</b> ..... <b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(2) <b>CHRIS BRYAN</b> ..... <b>CHAIR ELECT</b>	5.00 0.00	X		X				0	0	0
(3) <b>KATE CARTER</b> ..... <b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(4) <b>TAMMY COBB</b> ..... <b>ASSISTANT SECRETARY</b>	5.00 0.00	X		X				0	0	0
(5) <b>DAVID FRAZEE</b> ..... <b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(6) <b>PAM FOX</b> ..... <b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(7) <b>KELLY CARLISLE</b> ..... <b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(8) <b>RODNEY HERRING</b> ..... <b>TREASURER</b>	5.00 0.00	X		X				0	0	0
(9) <b>TYRONNA HOOKER</b> ..... <b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(10) <b>YAZMIN GARCIA-RICO</b> ..... <b>COMMUNITY IMPACT VC</b>	5.00 0.00	X		X				0	0	0
(11) <b>JACK LINDLEY</b> ..... <b>DIRECTOR EMERITUS</b>	1.00 0.00	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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>BRIAN LONG</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) <b>CAROL HARRIS</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) <b>TERESA MANSFIELD</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) <b>MICHELLE MILLS</b>	5.00									
COMMUNITY IMPACT CH	0.00	X		X			0	0	0	
(16) <b>ANITA MAZYCK</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) <b>MEREDITH PEFLEY</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) <b>NIKKI RATLIFF</b>	5.00									
CHAIR	0.00	X		X			0	0	0	
(19) <b>NOAH SANDERS</b>	5.00									
PAST CHAIR	0.00	X		X			0	0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>80,159</b>			
<b>d Total (add lines 1b and 1c)</b>							<b>80,159</b>			

**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 **0**

	Yes	No
<b>3</b> 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>		<b>X</b>
<b>4</b> 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>		<b>X</b>
<b>5</b> 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>		<b>X</b>

**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

**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 **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<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>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,122,940				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 11,815				
	<b>h Total.</b> Add lines 1a-1f		1,122,940				
<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		4,970			4,970	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents		(i) Real				
			(ii) Personal				
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other				
		<b>7a</b>					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	9,008				
	<b>c</b> Gain or (loss)	<b>7c</b>	-9,008				
<b>d</b> Net gain or (loss)		-9,008	-9,008				
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	<b>8a</b>	26,077					
	<b>b</b> Less: direct expenses	<b>8b</b>	8,488				
<b>c</b> Net income or (loss) from fundraising events		17,589					
<b>9a</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>10a</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>11a</b> MANAGEMENT REVENUE	Business Code	900099 26,555	26,555			
	<b>b</b> OTHER RECEIPTS	Business Code	900099 8,691	8,691			
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		35,246				
<b>12 Total revenue.</b> See instructions		1,171,737	26,238	0	4,970		

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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	<b>501,389</b>	<b>501,389</b>		
<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	<b>292,810</b>	<b>152,261</b>	<b>52,706</b>	<b>87,843</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>6,731</b>	<b>3,500</b>	<b>1,212</b>	<b>2,019</b>
<b>9</b> Other employee benefits	<b>45,429</b>	<b>23,623</b>	<b>8,177</b>	<b>13,629</b>
<b>10</b> Payroll taxes	<b>25,379</b>	<b>13,197</b>	<b>4,568</b>	<b>7,614</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>22,500</b>	<b>11,700</b>	<b>4,050</b>	<b>6,750</b>
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<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 Schedule O.)	<b>1,644</b>	<b>855</b>	<b>296</b>	<b>493</b>
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	<b>9,511</b>	<b>4,946</b>	<b>1,712</b>	<b>2,853</b>
<b>14</b> Information technology	<b>17,217</b>	<b>8,953</b>	<b>3,099</b>	<b>5,165</b>
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>14,596</b>	<b>7,590</b>	<b>2,627</b>	<b>4,379</b>
<b>17</b> Travel	<b>3,037</b>	<b>1,579</b>	<b>547</b>	<b>911</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>4,933</b>	<b>2,565</b>	<b>888</b>	<b>1,480</b>
<b>20</b> Interest				
<b>21</b> Payments to affiliates	<b>15,520</b>	<b>8,070</b>	<b>2,794</b>	<b>4,656</b>
<b>22</b> Depreciation, depletion, and amortization	<b>31,573</b>	<b>31,245</b>	<b>131</b>	<b>197</b>
<b>23</b> Insurance	<b>5,753</b>	<b>2,991</b>	<b>1,036</b>	<b>1,726</b>
<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> <b>COMMUNITY IMPACT</b>	<b>203,516</b>	<b>203,516</b>		
<b>b</b> <b>CAMPAIGN EXPENSES</b>	<b>26,278</b>			<b>26,278</b>
<b>c</b> <b>MARKETING AND DEVELOPMENT</b>	<b>15,204</b>	<b>7,906</b>	<b>2,737</b>	<b>4,561</b>
<b>d</b> <b>REPAIRS AND MAINTENANCE</b>	<b>6,617</b>	<b>3,441</b>	<b>1,191</b>	<b>1,985</b>
<b>e</b> All other expenses	<b>7,868</b>	<b>3,036</b>	<b>3,080</b>	<b>1,752</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>1,257,505</b>	<b>992,363</b>	<b>90,851</b>	<b>174,291</b>
<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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1	Cash—non-interest-bearing		1
	2	Savings and temporary cash investments	127,739	2 140,838
	3	Pledges and grants receivable, net	310,434	3 292,519
	4	Accounts receivable, net	9,627	4 752
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	4,225	9 11,427
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 623,550	
	b	Less: accumulated depreciation	10b 118,724	10c 504,826
	11	Investments—publicly traded securities		11
	12	Investments—other securities. See Part IV, line 11		12
	13	Investments—program-related. See Part IV, line 11	279,170	13 161,438
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	220,743	15 211,737
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	1,486,411	16 1,323,537	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	144,267	17 77,013
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties	90,419	24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	83,099	25 166,292
	26	<b>Total liabilities.</b> Add lines 17 through 25	317,785	26 243,305
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27	Net assets without donor restrictions	535,969	27 557,133
	28	Net assets with donor restrictions	632,657	28 523,099
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	29	Capital stock or trust principal, or current funds		29
	30	Paid-in or capital surplus, or land, building, or equipment fund		30
	31	Retained earnings, endowment, accumulated income, or other funds		31
	32	<b>Total net assets or fund balances</b>	1,168,626	32 1,080,232
33	<b>Total liabilities and net assets/fund balances</b>	1,486,411	33 1,323,537	

**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>	<b>1,171,737</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,257,505</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-85,768</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>1,168,626</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-2,626</b>
<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>	
<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>	<b>1,080,232</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	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>X</b>
<b>3b</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		

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>JENNIFER MOCK</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(21) <b>JILL PLUNKETT</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(22) <b>MARISSA WEST</b>	5.00									
SECRETARY	0.00	X		X			0	0	0	
(23) <b>JEFF STEIN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(24) <b>HARDIN WATKINS</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(25) <b>LACY WAY</b>	5.00									
ASSIST TREAS	0.00	X		X			0	0	0	
(26) <b>HEIDI NORWICK</b>	40.00									
PRESIDENT	0.00			X			80,159	0	0	
<b>1b Subtotal</b>							<b>80,159</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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

	Yes	No
<b>3</b> 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>	3	
<b>4</b> 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>	4	
<b>5</b> 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>	5	

**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

**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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

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

Name of the organization <b>UNITED WAY OF ALAMANCE COUNTY, INC.</b>	Employer identification number <b>**-***9239</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2019

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,274,392	1,240,804	1,204,095	1,122,803	1,122,940	5,965,034
<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	1,274,392	1,240,804	1,204,095	1,122,803	1,122,940	5,965,034
<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)						28,249
<b>6 Public support.</b> Subtract line 5 from line 4						5,936,785

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4	1,274,392	1,240,804	1,204,095	1,122,803	1,122,940	5,965,034
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,482	32,220	14,004	7,147	4,970	75,823
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	30,679	16,017				46,696
<b>11 Total support.</b> Add lines 7 through 10						6,087,553
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	201,082

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

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97.52%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14	<b>15</b>	96.98%

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

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.)						
<b>14 First five 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>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

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

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

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</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</b> <b>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 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 (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<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 (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<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>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 (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<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 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).		

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

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

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

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

**PART II, LINE 10 - OTHER INCOME DETAIL**

**ADMINISTRATION FEES-TOTAL FOR YEARS** \$ **19,694**

**OTHER RECEIPTS-TOTAL FOR YEARS** \$ **27,002**

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

**2019**▶ 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.

Name of the organization

Employer identification number

**UNITED WAY OF ALAMANCE COUNTY, INC.****\*\* - \*\*\* 9239**

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 foundationCheck 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
- <sup>1</sup>
- /
- <sub>3</sub>
- % 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

**UNITED WAY OF ALAMANCE COUNTY, INC.**

Employer identification number

**\*\* - \*\*\* 9239**

**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	<b>ALAMANCE REGIONAL MEDICAL CENTER</b> <b>1240 HUFFMAN MILL ROAD</b>  <b>BURLINGTON NC 27215</b>	\$ <b>30,200</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>ELON UNIVERSITY</b> <b>100 CAMPUS DRIVE</b>  <b>ELON NC 27244</b>	\$ <b>26,250</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<b>LABCORP</b> <b>430 S. SPRING STREET</b>  <b>BURLINGTON NC 27215</b>	\$ <b>57,500</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<b>PRIVATE DONOR</b> <b>220 EAST FRONT STREET</b>  <b>BURLINGTON NC 27215</b>	\$ <b>110,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<b>IMPACT ALAMANCE</b> <b>133 E. DAVIS STREET</b>  <b>BURLINGTON NC 27215</b>	\$ <b>113,250</b>	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.)

**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

**2019**

**Open to Public Inspection**

Name of the organization

**UNITED WAY OF ALAMANCE COUNTY, INC.**

Employer identification number

**\*\* - \*\*\* 9239**

**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).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.	
a Total number of conservation easements	<b>2a</b>
b Total acreage restricted by conservation easements	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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	▶ \$

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	279,171	298,156	797,247	735,134	784,340
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	2,343	8,652	36,352	102,767	-9,927
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	118,046	24,235	530,711	30,505	29,222
<b>f</b> Administrative expenses	2,029	3,402	4,732	10,149	10,057
<b>g</b> End of year balance	161,439	279,171	298,156	797,247	735,134

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

- a** Board designated or quasi-endowment **▶ 100.00 %**
- b** Permanent endowment **▶** %
- c** Term endowment **▶** %

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

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

	Yes	No
<b>(i)</b> Unrelated organizations	<b>X</b>	
<b>(ii)</b> Related organizations		<b>X</b>
<b>b</b> 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		623,550	118,724	504,826
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				504,826

**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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**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) <b>ENDOWMENT - FACILITIES</b>	<b>99,085</b>	<b>MARKET</b>
(2) <b>ENDOWMENT - GENERAL</b>	<b>62,353</b>	<b>MARKET</b>
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>161,438</b>	

**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) <b>BENEFICIAL INTEREST IN PERPETUAL TRU</b>	<b>211,737</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>211,737</b>

**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) <b>CONDITIONAL CONTRIBUTION - PPP FUNDI</b>	<b>86,893</b>
(3) <b>DISASTER FUNDS</b>	<b>79,399</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>166,292</b>

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>	<b>1,086,594</b>
<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>	<b>-2,627</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<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>	<b>-2,627</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>1,089,221</b>
<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>2,029</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	<b>80,487</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	<b>82,516</b>
<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>	<b>1,171,737</b>

**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>	<b>1,174,989</b>
<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>		
<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>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>1,174,989</b>
<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>2,029</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	<b>80,487</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	<b>82,516</b>
<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>	<b>1,257,505</b>

**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 X - FIN 48 FOOTNOTE**

**THE FASB ACCOUNTING STANDARDS CODIFICATION PROVIDES FOR RECOGNITION, MEASUREMENT, PRESENTATION AND DISCLOSURE RELATING TO UNCERTAIN TAX POSITIONS. MANAGEMENT IS UNAWARE OF ANY UNCERTAIN INCOME TAX POSITIONS REFLECTED IN THESE FINANCIAL STATEMENTS THAT REQUIRE DISCLOSURE.**

**PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER**

**DESIGNATIONS RECEIVED** \$ **80,487**

**PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER**

**DESIGNATIONS PAID** \$ **80,487**



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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

**UNITED WAY OF ALAMANCE COUNTY, INC.**

Employer identification number

**\*\*-\*\*\*9239**

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

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

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						

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

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>CHAIR-ITY BALL</b> (event type)	<b>TASTE OF ALAMAN</b> (event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	<b>20,577</b>	<b>5,500</b>		<b>26,077</b>
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	<b>20,577</b>	<b>5,500</b>		<b>26,077</b>
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	<b>7,857</b>	<b>631</b>		<b>8,488</b>
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				<b>8,488</b>
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				<b>17,589</b>	

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

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

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

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

**b** If "No," explain: .....

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

**b** If "Yes," explain: .....



**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

**UNITED WAY OF ALAMANCE COUNTY, INC.**

Employer identification number

**\*\*-\*\*\*9239**

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ACADEMIC AND CAREER READINESS - ACC 1304 PLAZA DRIVE BURLINGTON NC 27215	**--***2379	501C3	40,000				COMMUNITY SUPPORT
(2)	ALAMANCE COUNTY YMCA 1346 S. MAIN STREET BURLINGTON NC 27215	**--***1575	501C3	15,000				COMMUNITY SUPPORT
(3)	ALAMANCE COUNTY MEALS ON WHEELS 508 W. DAVIS STREET BURLINGTON NC 27215	**--***1980	501C3	28,000				COMMUNITY SUPPORT
(4)	ALAMANCE PARTNERSHIP FOR CHILDREN PO BOX 202 BURLINGTON NC 27217	**--***4459	501C3	19,000				COMMUNITY SUPPORT
(5)	MEDICATION MANAGEMENT CLINIC PO BOX 202 BURLINGTON NC 27216	**--***9994	501C3	15,000				COMMUNITY SUPPORT
(6)	ALLIED CHURCHES OF ALAMANCE COUNTY, 3057 S. CHURCH STREET BURLINGTON NC 27215	**--***3388	501C3	34,000				COMMUNITY SUPPORT
(7)	BURLINGTON DEVELOPMENT CORPORATION PO BOX 2380 BURLINGTON NC 27216	**--***8125	501C3	25,000				COMMUNITY SUPPORT
(8)	CATHOLIC CHARITIES / CENTRO LA COMU PO BOX 2061 BURLINGTON NC 27216	**--***9943	501C3	12,000				COMMUNITY SUPPORT
(9)	CHILDREN'S HOME SOCIETY PO BOX 14608 GREENSBORO NC 27415	**--***9946	501C3	10,000				COMMUNITY SUPPORT

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**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

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY OF ALAMANCE COUNTY, INC.**

Employer identification number  
**\*\*-\*\*\*9239**

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CROSSROADS: SEXUAL ASSAULT RESPONSE PO BOX 673 BURLINGTON NC 27216	**--***0998	501C3	13,000				COMMUNITY SUPPORT
(2)	FAMILY ABUSE SERVICES OF ALAMANCE C PO BOX 2192 BURLINGTON NC 27216	**--***8802	501C3	33,000				COMMUNITY SUPPORT
(3)	OPEN DOOR CLINIC OF ALAMANCE COUNTY 221A N. GREAHAM-HOPEDALE RD. BURLINGTON NC 27217	**--***4210	501C3	18,000				COMMUNITY SUPPORT
(4)	RESIDENTIAL TREATMENT SERVICES OF A PO BOX 427 BURLINGTON NC 27216	**--***8222	501C3	17,000				COMMUNITY SUPPORT
(5)	THE SALVATION ARMY OF ALAMANCE COUN PO BOX 1238 BURLINGTON NC 27216	**--***3227	501C3	58,500				COMMUNITY SUPPORT
(6)	ELON ACADEMY CAMPUS BOX 2108 ELON NC 27244	**--***2303	501C3	15,000				COMMUNITY SUPPORT
(7)	THE EXCHANGE CLUB FAMILY CENTER 200 N. MAIN ST. GRAHAM NC 27253	**--***3692	501C3	13,000				COMMUNITY SUPPORT
(8)	WOMEN'S RESOURCE CENTER IN ALAMANC 411-B FIFTH STREET BURLINGTON NC 27215	**--***7630	501C3	41,000				COMMUNITY SUPPORT
(9)	LEGAL AID OF NORTH CAROLINA PO BOX 1728 PITTSBORO NC 27278	**--***4161	501C3	10,000				COMMUNITY SUPPORT

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2019**

**Open to Public  
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Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

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Name of the organization

**UNITED WAY OF ALAMANCE COUNTY, INC.**

Employer identification number

**\*\*-\*\*\*9239**

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>PIEDMONT HEALTH SERVICES, INC. 127 KINGSTON DRIVE CHAPEL HILL NC 27514</b>	<b>** - ***2737</b>	<b>501C3</b>	<b>15,000</b>				<b>COMMUNITY SUPPORT</b>
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

**Schedule I (Form 990) (2019)**



**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

**2019****Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF ALAMANCE COUNTY, INC.**

Employer identification number

**\*\* - \*\*\*9239****FORM 990 - ORGANIZATION'S MISSION**

THE MISSION OF UNITED WAY OF ALAMANCE COUNTY IS TO MOBILIZE THE CARING  
POWER OF OUR COMMUNITY TO ADVANCE THE COMMON GOOD.

TO DO THIS, WE WILL LEAD COLLECTIVE ACTION AROUND BOLD GOALS IN EDUCATION,  
FINANCIAL STABILITY, AND HEALTH.

MORE SPECIFICALLY, WE WILL LIVE UNITED BY CONVENING PARTNERS AROUND SHARED  
COMMUNITY GOALS; ALIGNING COMMUNITY GIVING, ADVOCATING, VOLUNTEERING TO  
ACHIEVE THE GOALS; AND SUPPORTING STRATEGIC WORK THAT ADVANCES THE GOALS.  
EACH YEAR, UNITED WAY OF ALAMANCE COUNTY RAISES FUNDS THROUGH SPONSORSHIPS,  
CORPORATE GIFTS, INDIVIDUAL GIFTS AND WORKPLACE CAMPAIGNS IN ORDER TO FUND  
PRIORITY NEEDS IDENTIFIED IN THE COMMUNITY ASSESSMENT.

GOALS AND STRATEGIES FOR CONTINUOUS IMPROVEMENT ARE FOCUSED AROUND THREE  
PRIORITY AREAS (HEALTH, EDUCATION, AND INCOME/FINANCIAL STABILITY) AND  
OTHER PROGRAMMING. THESE PROGRAMS AND AGENCIES IMPACT 54,404 LIVES IN  
ALAMANCE COUNTY.

UNITED WAY OF ALAMANCE COUNTY IS THE LEADING CONVENER OF NONPROFITS,  
DONORS, BUSINESSES AND STAKEHOLDERS ADDRESSING COMMUNITY ISSUES. WE WERE  
UNIQUELY POSITIONED DURING COVID-19 TO RAISE FUNDS TO RESPOND TO IMMEDIATE  
NEEDS AND WERE NAMED FEEDING COORDINATORS FOR THE COUNTY THROUGH THE  
EMERGENCY OPERATIONS CENTER.

**FORM 990 - ADDITIONAL INFORMATION**

FORM 990, PART IV, LINE 28A AND 28C:

SCHEDULE L IS NOT REQUIRED BECAUSE BUSINESS TRANSACTIONS WITH INTERESTED  
PERSONS ARE BELOW THE THRESHOLD OF \$100,000 OR THE GREATER OF \$10,000 OR 1%

Name of the organization

Employer identification number

UNITED WAY OF ALAMANCE COUNTY, INC.

\*\*-\*\*\*9239

OF THE ORGANIZATION'S TOTAL REVENUE FOR THE YEAR.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

COMMUNITY PARTNERSHIPS AND PROGRAMS

PARTNERSHIPS INCLUDE BUT NOT LIMITED TO ALAMANCE ACHIEVES; NONPROFIT

LEADERSHIP INSTITUTE FOR ALAMANCE COUNTY'S NONPROFIT SECTOR; JUSTICE

ADVISORY COUNCIL FOR STEPPING UP; JUVENILE CRIME PREVENTION COUNCIL;

DEPARTMENT OF SOCIAL SERVICES; AND ON SEVERAL BOARDS AND COMMITTEES THAT

ADDRESS HUNGER AND HOUSING.

COMMUNITY COUNCIL, AN ORGANIZATION OF LEADERS. THE COMMUNITY COUNCIL BLOG,

WITH OVER 400 SUBSCRIBERS DISSEMINATES PERTINENT INFORMATION FOR

NONPROFITS. COMMUNITY COUNCIL EXECUTES INITIATIVES AROUND HEALTH, EDUCATION

AND INCOME AND KEEPS THE NONPROFIT SECTOR AND DONORS INFORMED OF CURRENT

ISSUES EFFECTING CITIZENS OF ALAMANCE COUNTY.

VOLUNTARY INCOME TAX ASSISTANCE (VITA) IRS TRAINED VOLUNTEERS ASSIST LOW

INCOME, DISABLED OR VETERANS IN FILING THEIR TAX RETURNS. ASSISTANCE ENDED

FORM 990, PART VI - ADDITIONAL INFORMATION

FORM 990, PART VI, SECTION A, LINE 2:

THE FOLLOWING FAMILY AND/OR BUSINESS RELATIONSHIPS EXIST FOR OFFICERS OR

DIRECTORS:

KELLY CARLISLE HAS A BUSINESS RELATIONSHIP WITH UNITED WAY OF ALAMANCE

COUNTY.

TAMMY COBB IS ON THE BOARD OF A FUNDED AGENCY AND IS EMPLOYED AT ONE OF THE

FUNDED AGENCIES.

Name of the organization

Employer identification number

UNITED WAY OF ALAMANCE COUNTY, INC.

\*\*-\*\*\*9239

DAVID FRAZEE IS EMPLOYED BY A FUNDED AGENCY.

PAM FOX IS ON THE BOARD OF A FUNDED AGENCY AND HAS A BUSINESS RELATIONSHIP WITH UNITED WAY OF ALAMANCE COUNTY.

JACK LINDLEY IS ON THE BOARD OF A FUNDED AGENCY.

TERESA MANSFIELD IS ON THE BOARD OF FUNDED AGENCIES AND HAS A BUSINESS RELATIONSHIP WITH UNITED WAY OF ALAMANCE COUNTY.

JENNIFER MOCK IS EMPLOYED BY A FUNDED AGENCY.

MEREDITH PEFFLEY IS EXECUTIVE DIRECTOR OF A FUNDED AGENCY.

NIKKI RATLIFF IS A BOARD MEMBER OF FUNDED AGENCIES AND IS EMPLOYED BY A FUNDED AGENCY.

NOAH SANDERS IS ON THE BOARD OF A FUNDED AGENCY.

JEFF STEIN IS EMPLOYED AT ONE OF THE FUNDED AGENCIES.

HARDIN WATKINS HAS A BUSINESS RELATIONSHIP WITH UNITED WAY OF ALAMANCE COUNTY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE AUDIT COMMITTEE REVIEWS THE 990 WITH THE TAX PREPARER BEFORE IT IS FILED. THE AUDIT COMMITTEE ALSO REVIEWS THE FORM 990 WITH THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BOARD MEMBERS ARE ASKED TO COMPLETE A CONFLICT OF INTEREST POLICY AND LIST AFFILIATIONS AND ASSOCIATIONS ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL A PRESIDENT'S REVIEW IS PERFORMED ANNUALLY.

Name of the organization

Employer identification number

UNITED WAY OF ALAMANCE COUNTY, INC.

\*\* - \*\*\*9239

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
FINANCIAL INFORMATION IS AVAILABLE FOR PUBLIC INSPECTION BOTH ON THE  
INTERNET AND UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

DONOR DESIGNATED PORTION OF INCOME \$ 80,487

DONOR DESIGNATED PORTION OF EXPENDITURES \$ -80,487

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2019**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return

**UNITED WAY OF ALAMANCE COUNTY, INC.**

Identifying number  
**\*\*-\*\*\*9239**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	31,380
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property		1,925	10.0	HY	200DB	193
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	31,573
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

Year Ended: June 30, 2020

\*\*\_\*\*\*9239

United Way of Alamance County, Inc.  
220 E. Front Street  
Burlington, NC 27215

**Electing out of Bonus Depreciation Allowance for  
All Eligible Depreciable Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>10-year GDS Property:</b>											
116	Lighting Upgrade	3/04/20	1,925				1,925	10	HY 200DB	0	193
			<u>1,925</u>				<u>1,925</u>			<u>0</u>	<u>193</u>
<b>Prior MACRS:</b>											
24	Conference Room Monitor	8/15/13	6,183			X	3,091	5	HY 200DB	6,183	0
32	Dell Vostro 330 FT 13-RW's	6/23/11	1,271			X	0	5	HY 200DB	1,271	0
34	Computer workstation, Lenovo	5/04/15	1,064			X	532	5	HY 200DB	995	69
48	Lateral Files - 2 Drawer	6/23/11	300			X	0	7	HY 200DB	300	0
51	Various lamps, mirrors	12/15/14	1,350			X	675	5	HY 200DB	1,272	78
52	Dell OptiPlex 3020, Monitors and Speakers	6/05/16	3,637			X	1,818	5	MQ200DB	3,264	199
53	Lenovo Tower and Server	9/28/15	2,525			X	1,262	5	MQ200DB	2,369	139
54	Dell XPS 8900 Server	12/31/16	944				944	5	HY 200DB	672	109
55	Reception Area - Accessories	12/31/17	1,131				1,131	7	HY 200DB	438	198
56	Reception Area - Furniture	12/31/17	1,173				1,173	7	HY 200DB	455	205
57	Reception Area - Desk Chair	12/31/17	337				337	7	HY 200DB	131	59
58	Reception Area - Dell OptiPlex Computer	12/31/17	860				860	5	HY 200DB	447	165
59	Reception Area - File Cabinet	12/31/17	70				70	7	HY 200DB	27	12
60	Conference Room - (12) Training Tables	12/31/17	8,752				8,752	7	HY 200DB	3,394	1,531
61	Conference Room - (35) Chairs	12/31/17	5,915				5,915	7	HY 200DB	2,294	1,034
62	Conference Room - Podium	12/31/17	284				284	7	HY 200DB	110	50
63	Conference Room - ViewSonic 55 Display	12/31/17	1,513				1,513	5	HY 200DB	787	291
64	Conference Room - ViewSonic 55 Inter Dis	12/31/17	4,094				4,094	5	HY 200DB	2,129	786
65	Conference Room - Lenovo ThinkPad E57	12/31/17	810				810	5	HY 200DB	421	156
66	Conference Room - ViewSonic 55 Display	12/31/17	1,513				1,513	5	HY 200DB	787	291
67	Conference Room - Lenovo ThinkPad E57	12/31/17	810				810	5	HY 200DB	421	156
68	Conference Room - Lenovo ThinkPad E57	12/31/17	810				810	5	HY 200DB	421	156
69	Conference Room - Lenovo ThinkPad E57	12/31/17	810				810	5	HY 200DB	421	156
70	Rear Conference Room - Table	12/31/17	189				189	5	HY 200DB	98	37
71	Rear Conference Room - (3) Chairs	12/31/17	303				303	7	HY 200DB	118	53
72	Rear Conference Room - (3) Chairs	12/31/17	134				134	7	HY 200DB	52	24
73	Kitchen - Downstairs - Refrigerator	12/31/17	1,299				1,299	7	HY 200DB	504	227
74	Kitchen - Downstairs- Dishwasher	12/31/17	699				699	7	HY 200DB	271	122
75	Kitchen - Downstairs - Keurig	12/31/17	140				140	7	HY 200DB	54	25
76	Kitchen - Downstairs - Sink	12/31/17	405				405	7	HY 200DB	157	71
77	Upstairs Loft Area -- (2) Chairs	12/31/17	133				133	7	HY 200DB	52	23
78	Kitchen - Upstairs - Refrigerator	12/31/17	849				849	7	HY 200DB	329	149
79	Kitchen - Upstairs - Keurig	12/31/17	140				140	7	HY 200DB	54	25
80	Kitchen - Upstairs - Sink	12/31/17	303				303	7	HY 200DB	117	53
81	Kitchen - Upstairs - Microwave	12/31/17	90				90	7	HY 200DB	35	16
82	Bathrooms - Lighting	12/31/17	306				306	7	HY 200DB	119	53
83	Intern Work Area - Storage Cabinet	12/31/17	199				199	7	HY 200DB	77	35
84	Intern Work Area - (2) Chairs	12/31/17	190				190	7	HY 200DB	74	33
85	Intern Work Area - Rolling Desk	12/31/17	164				164	7	HY 200DB	64	28
86	Intern Work Area - Rolling Desk	12/31/17	164				164	7	HY 200DB	64	28
87	Intern Work Area - File Cabinet	12/31/17	70				70	7	HY 200DB	27	12
88	Intern Work Area - Lenovo ThinkPad	12/31/17	625				625	5	HY 200DB	325	120
89	Accessories - Misc.	12/31/17	168				168	7	HY 200DB	65	29
90	President's Office - Desk, Chair and Hutch	12/31/17	4,974				4,974	7	HY 200DB	1,929	870
91	President's Office - Table and Chairs	12/31/17	500				500	7	HY 200DB	194	87
92	President's Office - Shades	12/31/17	298				298	7	HY 200DB	115	52
93	President's Office - Shades	12/31/17	298				298	7	HY 200DB	115	52
94	Direct. Fin./Admin. - Desk, Chair and Hutch	12/31/17	6,029				6,029	7	HY 200DB	2,338	1,054
95	Direct. Fin./Admin. - Shades	12/31/17	298				298	7	HY 200DB	115	52
96	Direct. Fin./Admin. - Shades	12/31/17	298				298	7	HY 200DB	115	52
97	Comm. Outreach Coord. Office - Desk and Chair	12/31/17	4,974				4,974	7	HY 200DB	1,929	870
98	Direct. Resource Dev. Office - Desk and Chair	12/31/17	4,974				4,974	7	HY 200DB	1,929	870
99	Direct. Resource Dev. Office - Table	12/31/17	78				78	7	HY 200DB	30	14
100	Direct. Resource Dev. Off. - Lenovo ThinkPad	12/31/17	550				550	5	HY 200DB	286	106
101	Direct. Comm. Impact. Office - Desk and Chair	12/31/17	4,974				4,974	7	HY 200DB	1,929	870
102	Direct. Comm. Impact. Office - Table	12/31/17	74				74	7	HY 200DB	29	13
103	Market. and PR Coord. - Desk, Chair and Hutch	12/31/17	4,974				4,974	7	HY 200DB	1,929	870
104	Signage- Windows, Plaques, Offices	12/31/17	6,256				6,256	7	HY 200DB	2,426	1,094
105	Network - Install, Set-up, General Work	12/31/17	12,278				12,278	7	HY 200DB	4,761	2,147
106	Server	12/31/17	4,243				4,243	5	HY 200DB	2,206	815
107	Building - 220 E. Front Street, Burlington	12/31/17	338,039				338,039	39	MMS/L	13,363	8,667
108	Architectual/Engineering Work	12/31/17	6,551				6,551	39	MMS/L	259	168
109	Upfit	12/31/17	149,928				149,928	39	MMS/L	5,927	3,844

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
110	Security System	12/31/17	1,270			1,270	7 HY 200DB	492	223
111	Conduit to Monitors	2/22/19	595			595	5 HY 200DB	119	190
112	Ceiling Fan - Intern Work Area	8/06/18	1,005			1,005	5 HY 200DB	201	321
113	Ceiling Fan - Pres Office	8/06/18	1,005			1,005	5 HY 200DB	201	321
114	Dell XPS 8930 - Dir Fin	10/01/18	1,873			1,873	5 HY 200DB	375	599
115	Dell P2715Q Monitor - Dir Fin	10/01/18	486			486	5 HY 200DB	97	156
			<u>609,548</u>			<u>600,596</u>		<u>75,074</u>	<u>31,380</u>
<b>Other Depreciation:</b>									
35	ANDAR Computer Software	12/31/04	12,077		X	6,039	3 MO Amort	12,077	0
	<b>Total Other Depreciation</b>		<u>12,077</u>			<u>6,039</u>		<u>12,077</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>12,077</u>			<u>6,039</u>		<u>12,077</u>	<u>0</u>
	<b>Grand Totals</b>		623,550			608,560		87,151	31,573
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>623,550</u>			<u>608,560</u>		<u>87,151</u>	<u>31,573</u>

**Bonus Depreciation Report**

FYE: 6/30/2020

**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
24	Conference Room Monitor	8/15/13	6,183		0	0	3,092	3,091
32	Dell Vostro 330 FT 13-RW's	6/23/11	1,271		0	0	1,271	0
34	Computer workstation, Lenovo	5/04/15	1,064		0	0	532	532
35	ANDAR Computer Software	12/31/04	12,077		0	0	6,038	6,039
48	Lateral Files - 2 Drawer	6/23/11	300		0	0	300	0
51	Various lamps, mirrors	12/15/14	1,350		0	0	675	675
52	Dell OptiPlex 3020, Monitors and Speakers	6/05/16	3,637		0	0	1,819	1,818
53	Lenovo Tower and Server	9/28/15	2,525		0	0	1,263	1,262
<b>Grand Total</b>			<b>28,407</b>		<b>0</b>	<b>0</b>	<b>14,990</b>	<b>13,417</b>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b>There are no assets that meet the criteria of this report</b>						

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
24	Conference Room Monitor	8/15/13	6,183	0	0
32	Dell Vostro 330 FT 13-RW's	6/23/11	1,271	0	0
34	Computer workstation, Lenovo	5/04/15	1,064	0	0
48	Lateral Files - 2 Drawer	6/23/11	300	0	0
51	Various lamps, mirrors	12/15/14	1,350	0	0
52	Dell OptiPlex 3020, Monitors and Speakers	6/05/16	3,637	174	0
53	Lenovo Tower and Server	9/28/15	2,525	17	0
54	Dell XPS 8900 Server	12/31/16	944	109	0
55	Reception Area - Accessories	12/31/17	1,131	141	0
56	Reception Area - Furniture	12/31/17	1,173	147	0
57	Reception Area - Desk Chair	12/31/17	337	42	0
58	Reception Area - Dell OptiPlex Computer	12/31/17	860	99	0
59	Reception Area - File Cabinet	12/31/17	70	9	0
60	Conference Room - (12) Training Tables	12/31/17	8,752	1,093	0
61	Conference Room - (35) Chairs	12/31/17	5,915	739	0
62	Conference Room - Podium	12/31/17	284	35	0
63	Conference Room - ViewSonic 55 Display	12/31/17	1,513	174	0
64	Conference Room - ViewSonic 55 Inter Display	12/31/17	4,094	471	0
65	Conference Room - Lenovo ThinkPad E570	12/31/17	810	93	0
66	Conference Room - ViewSonic 55 Display	12/31/17	1,513	174	0
67	Conference Room - Lenovo ThinkPad E570	12/31/17	810	93	0
68	Conference Room - Lenovo ThinkPad E570	12/31/17	810	93	0
69	Conference Room - Lenovo ThinkPad E570	12/31/17	810	93	0
70	Rear Conference Room - Table	12/31/17	189	21	0
71	Rear Conference Room - (3) Chairs	12/31/17	303	38	0
72	Rear Conference Room - (3) Chairs	12/31/17	134	16	0
73	Kitchen - Downstairs - Refrigerator	12/31/17	1,299	162	0
74	Kitchen - Downstairs- Dishwasher	12/31/17	699	88	0
75	Kitchen - Downstairs - Keurig	12/31/17	140	17	0
76	Kitchen - Downstairs - Sink	12/31/17	405	50	0
77	Upstairs Loft Area - (2) Chairs	12/31/17	133	16	0
78	Kitchen - Upstairs - Refrigerator	12/31/17	849	106	0
79	Kitchen - Upstairs - Keurig	12/31/17	140	17	0
80	Kitchen - Upstairs - Sink	12/31/17	303	38	0
81	Kitchen - Upstairs - Microwave	12/31/17	90	11	0
82	Bathrooms - Lighting	12/31/17	306	39	0
83	Intern Work Area - Storage Cabinet	12/31/17	199	25	0
84	Intern Work Area - (2) Chairs	12/31/17	190	24	0
85	Intern Work Area - Rolling Desk	12/31/17	164	21	0
86	Intern Work Area - Rolling Desk	12/31/17	164	21	0
87	Intern Work Area - File Cabinet	12/31/17	70	9	0
88	Intern Work Area - Lenovo ThinkPad	12/31/17	625	72	0
89	Accessories - Misc.	12/31/17	168	21	0
90	President's Office - Desk, Chair and Hutch	12/31/17	4,974	621	0
91	President's Office - Table and Chairs	12/31/17	500	63	0
92	President's Office - Shades	12/31/17	298	38	0
93	President's Office - Shades	12/31/17	298	38	0
94	Direct. Fin./Admin. - Desk, Chair and Hutch	12/31/17	6,029	754	0
95	Direct. Fin./Admin. - Shades	12/31/17	298	38	0
96	Direct. Fin./Admin. - Shades	12/31/17	298	38	0
97	Comm. Outreach Coord. Office - Desk and Chair	12/31/17	4,974	621	0
98	Direct. Resource Dev. Office - Desk and Chair	12/31/17	4,974	621	0
99	Direct. Resource Dev. Office - Table	12/31/17	78	10	0
100	Direct. Resource Dev. Off. - Lenovo Think Cen	12/31/17	550	63	0
101	Direct. Comm. Impact. Office - Desk and Chair	12/31/17	4,974	621	0
102	Direct. Comm. Impact. Office - Table	12/31/17	74	9	0
103	Market. and PR Coord. - Desk, Chair and Hutch	12/31/17	4,974	621	0
104	Signage- Windows, Plaques, Offices	12/31/17	6,256	782	0
105	Network - Install, Set-up, General Work	12/31/17	12,278	1,534	0
106	Server	12/31/17	4,243	489	0
107	Building - 220 E. Front Street, Burlington	12/31/17	338,039	8,668	0
108	Architectual/Engineering Work	12/31/17	6,551	168	0
109	Upfit	12/31/17	149,928	3,844	0
110	Security System	12/31/17	1,270	158	0
111	Conduit to Monitors	2/22/19	595	114	0
112	Ceiling Fan - Intern Work Area	8/06/18	1,005	193	0
113	Ceiling Fan - Pres Office	8/06/18	1,005	193	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
114	Dell XPS 8930 - Dir Fin	10/01/18	1,873	360	0
115	Dell P2715Q Monitor - Dir Fin	10/01/18	486	93	0
116	Lighting Upgrade	3/04/20	1,925	346	0
			<u>611,473</u>	<u>25,706</u>	<u>0</u>
<b><u>Other Depreciation:</u></b>					
35	ANDAR Computer Software	12/31/04	12,077	0	0
	<b>Total Other Depreciation</b>		<u>12,077</u>	<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>12,077</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>623,550</u>	<u>25,706</u>	<u>0</u>

Form **990****Two Year Comparison Report****2018 & 2019**For calendar year 2019, or tax year beginning **07/01/19**, ending **06/30/20**

Name

Taxpayer Identification Number

**UNITED WAY OF ALAMANCE COUNTY, INC.****\*\* - \*\*\*9239**

		2018	2019	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1,122,803	1,122,940	137
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	7,147	4,970	-2,177
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		-9,008	-9,008
	8. Net income or (loss) from fundraising events	30,813	17,589	-13,224
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	13,069	35,246	22,177
	12. <b>Total revenue.</b> Add lines 1 through 11	1,173,832	1,171,737	-2,095
<b>Expenses</b>	13. Grants and similar amounts paid	824,112	501,389	-322,723
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	77,925		-77,925
	16. Salaries, other compensation, and employee benefits	335,604	370,349	34,745
	17. Professional fundraising fees			
	18. Other professional fees	21,327	24,144	2,817
	19. Occupancy, rent, utilities, and maintenance	12,222	14,596	2,374
	20. Depreciation and Depletion	38,876	31,573	-7,303
	21. Other expenses	219,367	315,454	96,087
	22. <b>Total expenses.</b> Add lines 13 through 21	1,529,433	1,257,505	-271,928
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	-355,601	-85,768	269,833
<b>Other Information</b>	24. Total exempt revenue	1,173,832	1,171,737	-2,095
	25. Total unrelated revenue			
	26. Total excludable revenue	20,216	31,208	10,992
	27. Total assets	1,486,411	1,323,537	-162,874
	28. Total liabilities	317,785	243,305	-74,480
	29. Retained earnings	1,168,626	1,080,232	-88,394
	30. Number of voting members of governing body	25	25	
31. Number of independent voting members of governing body	25	25		
32. Number of employees	11	11		
33. Number of volunteers	350	339		

Form **990****Tax Return History****2019**

Name

**UNITED WAY OF ALAMANCE COUNTY, INC.**

Employer Identification Number

**\*\* - \*\*\*9239**

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	1,274,392	1,240,804	1,204,095	1,122,803	1,122,940	
Membership dues						
Program service revenue						
Capital gain or loss	-13,671		-11,669		-9,008	
Investment income	17,482	32,220	14,004	7,147	4,970	
Fundraising revenue (income/loss)	60,121	12,390	34,951	30,813	17,589	
Gaming revenue (income/loss)						
Other revenue	30,679	16,017	13,852	13,069	35,246	
<b>Total revenue</b>	<b>1,369,003</b>	<b>1,301,431</b>	<b>1,255,233</b>	<b>1,173,832</b>	<b>1,171,737</b>	
Grants and similar amounts paid	1,183,169	1,100,212	1,058,166	824,112	501,389	
Benefits paid to or for members						
Compensation of officers, etc.	68,980	61,702	68,080	77,925		
Other compensation	310,114	329,443	359,317	335,604	370,349	
Professional fees	35,145	28,700	19,500	21,327	24,144	
Occupancy costs	4,860	14,211	16,873	12,222	14,596	
Depreciation and depletion	12,795	7,743	25,550	38,876	31,573	
Other expenses	212,366	250,592	187,377	219,367	315,454	
<b>Total expenses</b>	<b>1,827,429</b>	<b>1,792,603</b>	<b>1,734,863</b>	<b>1,529,433</b>	<b>1,257,505</b>	
<b>Excess or (Deficit)</b>	<b>-458,426</b>	<b>-491,172</b>	<b>-479,630</b>	<b>-355,601</b>	<b>-85,768</b>	
<b>Total exempt revenue</b>	<b>1,369,003</b>	<b>1,301,431</b>	<b>1,255,233</b>	<b>1,173,832</b>	<b>1,171,737</b>	
Total unrelated revenue						
Total excludable revenue	34,490	48,237	16,187	20,216	31,208	
Total Assets	2,209,751	1,967,175	1,667,307	1,486,411	1,323,537	
Total Liabilities	261,481	254,385	254,934	317,785	243,305	
Net Fund Balances	1,948,270	1,712,790	1,412,373	1,168,626	1,080,232	

FYE: 6/30/2020

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 4,970		32			
TOTAL	\$ <u>4,970</u>					

**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
	\$ 1,644	\$ 855	\$ 296	\$ 493
TOTAL	\$ 1,644	\$ 855	\$ 296	\$ 493

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER EXPENSES	\$ 5,839	\$ 3,036	\$ 1,051	\$ 1,752
INVESTMENT FEES	2,029		2,029	
TOTAL	\$ 7,868	\$ 3,036	\$ 3,080	\$ 1,752

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
ALAMANCE REGIONAL MEDICAL CENTER	\$ 785,740
CASH CONTRIBUTION	30,200
ELON UNIVERSITY	
CASH CONTRIBUTION	26,250
LABCORP	
CASH CONTRIBUTION	57,500
PRIVATE DONOR	
CASH CONTRIBUTION	110,000
IMPACT ALAMANCE	
CASH CONTRIBUTION	<u>113,250</u>
TOTAL	<u>\$ 1,122,940</u>

**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
PRIVATE	\$ <u>150,000</u>	\$ <u>28,249</u>
TOTAL	\$ <u><u>150,000</u></u>	\$ <u><u>28,249</u></u>

**Federal Statements****Schedule A, Part II, Line 8(e)**

Description	Amount
	\$ 4,970
TOTAL	\$ 4,970

**Schedule A, Part II, Line 12 - Current year**

Description	Amount
MANAGEMENT REVENUE	\$ 26,555
OTHER RECEIPTS	8,691
TASTE OF ALAMANCE	5,500
CHAIR-ITY BALL	20,577
TOTAL	\$ 61,323