

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning **07/01/23** , and ending **06/30/24**

**** - ***9239**

UNITED WAY OF ALAMANCE COUNTY, INC.

Net Asset / Fund Balance at Beginning of Year 1,236,373

Revenue

Contributions	<u>818,895</u>	
Program service revenue		
Investment income	<u>33,813</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>16,198</u>	
Direct expenses	<u>6,666</u>	
Net income	<u>9,532</u>	
Other income	<u>1,294</u>	
Total revenue		<u>863,534</u>

Expenses

Program services	<u>772,909</u>	
Management and general	<u>109,671</u>	
Fundraising	<u>139,050</u>	
Total expenses		<u>1,021,630</u>
Excess / (deficit)		<u>-158,096</u>

Changes 23,803

Net Asset / Fund Balance at End of Year 1,102,080

Reconciliation of Revenue

Total revenue per financial statements	<u>806,424</u>
Less:	
Unrealized gains	<u>23,803</u>
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	<u>2,885</u>
Other	<u>78,028</u>
Total revenue per return	<u>863,534</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>940,717</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	<u>2,885</u>
Other	<u>78,028</u>
Total expenses per return	<u>1,021,630</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>1,418,286</u>	<u>1,290,024</u>	
Liabilities	<u>181,913</u>	<u>187,944</u>	
Net assets	<u>1,236,373</u>	<u>1,102,080</u>	<u>-134,293</u>

Miscellaneous Information

Amended return
 Return / extended due date 05/15/25
 Failure to file penalty _____

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

February 28, 2025

CONFIDENTIAL

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

Dear Tori:

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, 2024

Federal Filing Instructions

Your Form 990 for the year ended 6/30/24 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-TE, 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-TE has been received by this office.

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of filerFor calendar year 2023, or fiscal year beginning 7/01, 2023, and ending 6/30, 20 24
Do not send to the IRS. Keep for your records.
Go to **www.irs.gov/Form8879TE** for the latest information.**2023****UNITED WAY OF ALAMANCE COUNTY, INC.** EIN or SSN **56-0599239**Name and title of officer or person subject to tax **VICTORIA STADLER**
TREASURER**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 ☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>863,534</u>
2a Form 990-EZ check here ☐	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ☐	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here ☐	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ☐	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ☐	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here ☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here ☐	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here ☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

on the tax year 2023 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 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.

Signature of officer or person subject to tax *Victoria Stadler*Date 3/3/2025**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 2023 electronically filed return 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 _____

ERO Must Retain This Form — See Instructions**Do Not Submit This Form to the IRS Unless Requested To Do So**For Privacy Act and Paperwork Reduction Act Notice, see back of form.
DAAForm **8879-TE** (2023)

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of filerFor calendar year 2023, or fiscal year beginning **7/01**, 2023, and ending **6/30**, 20**24****Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.**2023****UNITED WAY OF ALAMANCE COUNTY, INC.** EIN or SSN ****-***9239**Name and title of officer or person subject to tax **VICTORIA STADLER****TREASURER****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, 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 ☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 863,534
2a Form 990-EZ check here ☐	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ☐	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here ☐	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here ☐	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here ☐	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here ☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here ☐	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here ☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

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 tax year 2023 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 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.

Signature of officer or person subject to tax _____ Date **02/27/25****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 2023 electronically filed return 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 **02/27/25****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2023)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization UNITED WAY OF ALAMANCE COUNTY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 220 E. FRONT STREET City or town, state or province, country, and ZIP or foreign postal code BURLINGTON NC 27215	D Employer identification number **-***9239 E Telephone number 336-438-2000 G Gross receipts \$ 870,200
F Name and address of principal officer: VICTORIA STADLER 220 E. FRONT STREET BURLINGTON NC 27215		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number
J Website: UWALAMANCE.ORG		L Year of formation: 1953
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	56
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,190,507	818,895
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,498	33,813
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,188	10,826
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,214,817	863,534
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	418,451
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		546,043	516,611
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25)		139,050	0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		242,223	188,921
Net Assets or Fund Balances	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,206,717	1,021,630
	19 Revenue less expenses. Subtract line 18 from line 12	8,100	-158,096
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,418,286	1,290,024
22 Net assets or fund balances. Subtract line 21 from line 20		181,913	187,944
		1,236,373	1,102,080

Part II Signature Block

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

Sign Here	Signature of officer VICTORIA STADLER	Date TREASURER			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name PATRICIA B. RHODES	Preparer's signature PATRICIA B. RHODES	Date 02/28/25	Check ☐ if self-employed	PTIN *****
	Firm's name STOUT STUART MCGOWEN & KING LLP			Firm's EIN **-***7874	
	Firm's address PO BOX 1440 BURLINGTON, NC 27216-1440			Phone no. 336-226-7343	

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 \$ **304,102** including grants of \$ **304,102**) (Revenue \$)
COMMUNITY INVESTMENTS

WE FINANCIALLY SUPPORT LOCAL NONPROFITS THAT ARE PROVIDING INCREASED ACCESS TO BASIC NEEDS LIKE HOUSING, FOOD, HEALTHCARE, CLOTHING, AND OPPORTUNITIES FOR ECONOMIC MOBILITY. FUNDS ARE GRANTED TO THOSE AGENCIES THAT HAVE THE GREATEST IMPACT AND PROVEN WORK TOWARDS ALLEVIATING POVERTY. COMMUNITY VOLUNTEERS REVIEW THE GRANTS AND RECOMMEND AGENCIES FOR FUNDING ANNUALLY. TWENTY PROGRAMS WERE FUNDED IN 2023.

4b (Code:) (Expenses \$ **456,811** including grants of \$) (Revenue \$)
SEE SCHEDULE O**4c** (Code:) (Expenses \$ **11,996** including grants of \$) (Revenue \$)
NC 211, SUPPORTED LOCALLY BY UNITED WAY OF ALAMANCE COUNTY, IS AN INFORMATION AND REFERRAL SERVICE THAT FAMILIES AND INDIVIDUALS CAN CALL TO OBTAIN FREE, CONFIDENTIAL INFORMATION ON HEALTH AND HUMAN SERVICE RESOURCES WITHIN THEIR COMMUNITY. CALLERS ARE GREETED BY A TRAINED COMMUNITY RESOURCE SPECIALIST THAT LISTENS, IDENTIFIES NEEDS, AND CONNECTS CALLERS TO LOCAL RESOURCES THAT FIT THEIR SITUATION LIKE VERIFIED ORGANIZATIONS THAT PROVIDE SUPPORT WITH BASIC NEEDS, HOUSING AND UTILITY ASSISTANCE, FOOD, HEALTHCARE, TRANSPORTATION, AND MORE. APPROXIMATELY 3,400 REQUESTS WERE MADE FROM ALAMANCE COUNTY TO 211 THIS FISCAL YEAR. WE ALSO FIELDLED MORE THAN 600 CALLS IN OUR OFFICE OF PEOPLE SEEKING LOCAL RESOURCES AND PUBLIC BENEFITS. TOP CALLER NEEDS ARE CONSISTENTLY HOUSING/SHELTER AND UTILITY ASSISTANCE.**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses **772,909**

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 Schedule B, Schedule of Contributors? 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 the 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 line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash 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 Section 501(c)(3) organizations. 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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	1
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	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	2a	10
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

	1a	13	1b	13	Yes	No
1a 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.		13		13		
b Enter the number of voting members included on line 1a, above, who are independent						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?					3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
6 Did the organization have members or stockholders?					6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.					9	X

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

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

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.

LACEY DABBS
BURLINGTON

220 EAST FRONT STREET

NC 27215

336-438-2000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) ADRIAN DAYE										
CHAIR	5.00 0.00	X		X				0	0	0
(2) VICTORIA STADLER										
TREASURER	5.00 0.00	X		X				0	0	0
(3) PATRICK NOLTEMEYER										
CHAIR ELECT	5.00 0.00	X		X				0	0	0
(4) KELLY CARLISLE										
DIRECTOR	1.00 0.00	X						0	0	0
(5) MISSY FLORA										
DIRECTOR	1.00 0.00	X						0	0	0
(6) LISA GABEL										
DIRECTOR	1.00 0.00	X						0	0	0
(7) TYRONNA HOOKER										
DIRECTOR	1.00 0.00	X						0	0	0
(8) ALEJANDRO GARCIA										
DIRECTOR	1.00 0.00	X						0	0	0
(9) JOSEFVON JONES										
DIRECTOR	1.00 0.00	X						0	0	0
(10) TERESA WILEY										
DIRECTOR	1.00 0.00	X						0	0	0
(11) RACHEL KELLY										
DIRECTOR	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 (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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) LORENA LARA										
(12) DIRECTOR	1.00 0.00	X						0	0	0
(13) KATIE WISE										
(13) DIRECTOR	1.00 0.00	X						0	0	0
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	818,895				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			818,895			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			33,813			33,813
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	16,198				
	b Less: direct expenses	8b	6,666				
	c Net income or (loss) from fundraising events			9,532			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a MANAGEMENT REVENUE			1,294	1,294		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			1,294			
12 Total revenue. See instructions			863,534	1,294	0	33,813	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	316,098	316,098		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	390,941	257,627	51,703	81,611
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	96,162	74,086	12,682	9,394
10 Payroll taxes	29,508	21,576	4,557	3,375
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	24,000	12,720	6,480	4,800
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	893	473	241	179
12 Advertising and promotion				
13 Office expenses	6,353	3,367	1,715	1,271
14 Information technology	4,763	2,524	1,286	953
15 Royalties				
16 Occupancy	12,604	6,680	3,403	2,521
17 Travel	1,455	771	393	291
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,707	5,145	2,621	1,941
20 Interest				
21 Payments to affiliates	12,493	6,621	3,373	2,499
22 Depreciation, depletion, and amortization	22,349	11,845	6,034	4,470
23 Insurance	5,273		5,273	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY IMPACT	39,586	39,586		
b CAMPAIGN EXPENSES	20,541			20,541
c REPAIRS AND MAINTENANCE	14,796	7,842	3,995	2,959
d MARKETING AND DEVELOPMENT	6,023	3,192	1,626	1,205
e All other expenses	8,085	2,756	4,289	1,040
25 Total functional expenses. Add lines 1 through 24e	1,021,630	772,909	109,671	139,050
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	210,135	2	170,418
	3 Pledges and grants receivable, net	283,373	3	162,434
	4 Accounts receivable, net	1,941	4	136
	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	1,458	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 607,770		
	b Less: accumulated depreciation	10b 182,767	10c	425,003
	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	234,161	13	272,484
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	243,141	15	259,549
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,418,286	16	1,290,024	
Liabilities	17 Accounts payable and accrued expenses	181,913	17	187,944
	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		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		25	
	26 Total liabilities. Add lines 17 through 25	181,913	26	187,944
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		549,505	27	509,756
28 Net assets with donor restrictions		686,868	28	592,324
Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		1,236,373	32	1,102,080
33 Total liabilities and net assets/fund balances		1,418,286	33	1,290,024

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	863,534
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,021,630
3	Revenue less expenses. Subtract line 2 from line 1	3	-158,096
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,236,373
5	Net unrealized gains (losses) on investments	5	23,803
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,102,080

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

****-***9239****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).)
- 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 on 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)						
Total						

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

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,122,940	976,402	1,014,734	1,190,507	818,895	5,123,478
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,122,940	976,402	1,014,734	1,190,507	818,895	5,123,478
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						5,123,478

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1,122,940	976,402	1,014,734	1,190,507	818,895	5,123,478
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,970	59,900	15,851	28,498	33,813	143,032
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						5,266,510
12 Gross receipts from related activities, etc. (see instructions)					12	102,382

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	97.28 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	97.20 %
16a 33 1/3% support test — 2023. 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 — 2022. 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 — 2023. 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 — 2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests — 2023. 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 — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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.)

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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

Schedule B (Form 990) (2023)

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	CITY OF BURLINGTON PO BOX 1358 BURLINGTON NC 27216	\$ 25,998	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	PRIVATE DONOR 220 EAST FRONT STREET BURLINGTON NC 27215	\$ 190,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	LABCORP CHARITABLE FOUNDATION 531 S. SPRING STREET BURLINGTON NC 27215	\$ 40,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (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 for instructions and the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

Employer identification number

UNITED WAY OF ALAMANCE COUNTY, INC.****-***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? ☐ Yes ☐ No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No		

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under 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 **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	234,161	204,539	223,413	161,439	279,171
b Contributions	9,762	9,520	12,000	13,150	
c Net investment earnings, gains, and losses	31,446	22,655	-28,353	55,594	2,343
d Grants or scholarships					
e Other expenditures for facilities and programs				4,469	118,046
f Administrative expenses	2,885	2,553	2,521	2,301	2,029
g End of year balance	272,484	234,161	204,539	223,413	161,439

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
(i) Unrelated organizations?	3a(i) X	
(ii) Related organizations?	3a(ii)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		504,041	87,756	416,285
c Leasehold improvements				
d Equipment		19,070	13,667	5,403
e Other		84,659	81,344	3,315
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				425,003

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)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

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) ENDOWMENT - GENERAL	151,552	MARKET
(2) ENDOWMENT - FACILITIES	120,932	MARKET
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))	272,484	

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) BENEFICIAL INTEREST IN PERPETUAL TRU	259,549
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	259,549

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (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.

1	Total revenue, gains, and other support per audited financial statements	1	806,424
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	23,803
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	23,803
3	Subtract line 2e from line 1	3	782,621
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,885
b	Other (Describe in Part XIII.)	4b	78,028
c	Add lines 4a and 4b	4c	80,913
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	863,534

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

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

1	Total expenses and losses per audited financial statements	1	940,717
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	940,717
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,885
b	Other (Describe in Part XIII.)	4b	78,028
c	Add lines 4a and 4b	4c	80,913
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,021,630

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 \$ 78,028

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

DESIGNATIONS PAID \$ 78,028

Part XIII Supplemental Information (continued)

**SCHEDULE G
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023Open to Public
Inspection**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 **e** ☐ Solicitation of non-government grants
- b** ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
- c** ☐ Phone solicitations **g** ☐ Special fundraising events
- d** ☐ In-person solicitations

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						
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	16,198			16,198
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	16,198			16,198
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,666			6,666
	10 Direct expense summary. Add lines 4 through 9 in column (d)				6,666
11 Net income summary. Subtract line 10 from line 3, column (d)				9,532	

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c** If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

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

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

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 noncash 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	19,974				COMMUNITY SUPPORT
(2)	ALAMANCE COUNTY MEALS ON WHEELS 508 W. DAVIS STREET BURLINGTON NC 27215	**--***1980	501C3	14,734				COMMUNITY SUPPORT
(3)	ALAMANCE PARTNERSHIP FOR CHILDREN PO BOX 202 BURLINGTON NC 27217	**--***4459	501C3	8,876				COMMUNITY SUPPORT
(4)	ALLIED CHURCHES OF ALAMANCE COUNTY, 3057 S. CHURCH STREET BURLINGTON NC 27215	**--***3388	501C3	10,598				COMMUNITY SUPPORT
(5)	BURLINGTON DEVELOPMENT CORPORATION PO BOX 2380 BURLINGTON NC 27216	**--***8125	501C3	22,998				COMMUNITY SUPPORT
(6)	CATHOLIC CHARITIES / CENTRO LA COMU PO BOX 2061 BURLINGTON NC 27216	**--***9943	501C3	8,942				COMMUNITY SUPPORT
(7)	CROSSROADS: SEXUAL ASSAULT RESPONSE PO BOX 673 BURLINGTON NC 27216	**--***0998	501C3	9,516				COMMUNITY SUPPORT
(8)	LIFESPAN 919 STOKES STREET BURLINGTON NC 27215	**--***2969	501C3	10,000				COMMUNITY SUPPORT
(9)	OPEN DOOR CLINIC OF ALAMANCE COUNTY 319-E NORTH GRAHAM-HOPEDALE ROAD BURLINGTON NC 27217	**--***4210	501C3	14,751				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) 2023

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE SALVATION ARMY OF ALAMANCE COUN PO BOX 1238 BURLINGTON NC 27216	** - ***3227	501C3	33,604				COMMUNITY SUPPORT
(2)	SUSTAINABLE ALAMANCE PO BOX 298 BURLINGTON NC 27201	** - ***4877	501C3	10,000				COMMUNITY SUPPORT
(3)	ELON ACADEMY CAMPUS BOX 2108 ELON NC 27244	** - ***2303	501C3	9,976				COMMUNITY SUPPORT
(4)	WOMEN'S RESOURCE CENTER IN ALAMANC 411-B FIFTH STREET BURLINGTON NC 27215	** - ***7630	501C3	19,847				COMMUNITY SUPPORT
(5)	SOUTHERN ALAMANCE FAMILY EMPOWERMEN P.O. BOX 286 SAXAPAHAW NC 27340	** - ***4405	501C3	14,949				COMMUNITY SUPPORT
(6)	CITY GATE DREAM CENTER 1423 N. CHURCH STREET BURLINGTON NC 27217	** - ***6624	501C3	23,399				COMMUNITY SUPPORT
(7)	YOUNG MUSICIANS OF ALAMANCE 513 W. FRONT STREET BURLINGTON NC 27215-3768	** - ***6442	501C3	9,950				COMMUNITY SUPPORT
(8)	ELON UNIVERSITY - HOPE CLINIC 762 EAST HAGGARD AVENUE ELON NC 27244	** - ***2303	501C3	8,002				COMMUNITY SUPPORT
(9)	FREEDOM'S HOPE COMPASSIONATE MINIST 302 N. LOGAN STREET BURLINGTON NC 27217	** - ***3446	501C3	10,002				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) 2023

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BURLINGTON LAND TRUST PO BOX 5094 BURLINGTON NC 27216	** - ***7098	501C3	15,000				COMMUNITY SUPPORT
(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

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

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

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

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

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

UNITED WAY OF ALAMANCE COUNTY ENVISIONS A COMMUNITY THAT COMES TOGETHER TO BREAK DOWN BARRIERS, ELIMINATE INEQUITIES, AND END POVERTY. OUR MISSION IS TO RADICALLY DECREASE THE NUMBER OF FAMILIES IN POVERTY BY ADVANCING SOCIAL EQUITY PRACTICES THAT PROMOTE SOCIAL MOBILITY AND PROVIDE OPPORTUNITIES THAT BUILD A RESILIENT COMMUNITY. WE HELP THE ALAMANCE COMMUNITY BY MOBILIZING THE RIGHT PEOPLE AND RESOURCES AT THE RIGHT TIME TO NAVIGATE CURRENT CHALLENGES AND BUILD A BETTER TOMORROW.

OUR ORGANIZATION IS EQUIPPED TO MEET THE MOST PRESSING NEEDS OF ALAMANCE COUNTY RESIDENTS GIVEN OUR PARTNERSHIPS WITH LOCAL AGENCIES THAT FOCUS ON CO-CREATING COMMUNITY DRIVEN SOLUTIONS. OUR PROGRAMS, SERVICES, AND FUNDING ARE FOCUSED ON INCREASING EQUITABLE ACCESS TO BASIC NEEDS SUCH AS HOUSING, FOOD, MEDICAL CARE, AND OPPORTUNITIES FOR ECONOMIC MOBILITY.

EACH YEAR, UNITED WAY OF ALAMANCE COUNTY RAISES FUNDS THROUGH SPONSORSHIPS, CORPORATE GIFTS, WORKPLACE CAMPAIGNS AND INCOMING GRANTS IN ORDER TO FUND OUR COMMUNITY'S MOST PRESSING NEEDS. THESE NEEDS ARE IDENTIFIED THROUGH THE COMMUNITY HEALTH ASSESSMENT, CENSUS DATA, AND 211 CALLER DATA (SEE BELOW). UNITED WAY FUNDED PROGRAMS AND AGENCIES IMPACT OVER 42,000 LIVES ANNUALLY IN ALAMANCE COUNTY. OUR PROGRAMS AND SERVICES FOSTER LONG-TERM, POSITIVE CHANGE IN OUR COMMUNITY.

FORM 990 - ADDITIONAL INFORMATION**FORM 990, PART IV, LINE 28A AND 28C:**

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

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

UNITED WAY OF ALAMANCE COUNTY, INC.

-*9239

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% OF THE ORGANIZATION'S TOTAL REVENUE FOR THE YEAR.

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

COMMUNITY PARTNERSHIPS AND PROGRAMS

HOUSING ALAMANCE IS A NEW WAY OF COLLABORATING THAT BRINGS TOGETHER A DIVERSE CROSS-SECTION OF COMMUNITY MEMBERS, HOUSING PROFESSIONALS, NON-PROFIT PROFESSIONALS AND LOCAL ORGANIZATIONS VIA HOUSING WORKGROUPS TO FOSTER THOUGHT LEADERSHIP AND POLICY DEVELOPMENT WITH THE COMMON GOAL OF CREATING EQUITABLE SOLUTIONS FOR AFFORDABLE AND SAFE HOUSING IN ALAMANCE COUNTY. THERE IS AN EMPHASIS ON EDUCATION AND ADVOCACY OPPORTUNITIES. WE ENGAGED MORE THAN 80 COMMUNITY LEADERS THROUGH HOUSING ALAMANCE THIS YEAR.

TAX TIME IS A FREE INCOME TAX PREPARATION PROGRAM THAT PRIMARILY SERVES ELDERLY, LOW INCOME, AND DISABLED INDIVIDUALS AND FAMILIES LIVING IN ALAMANCE COUNTY. TAX PREPARATION IS COMPLETED BY COMMUNITY AND STUDENT VOLUNTEERS WHO SHARE OUR BELIEF IN CREATING EQUITABLE ACCESS TO SERVICES. THE MAIN GOAL OF THE PROGRAM IS TO SAVE FAMILIES TIME AND MONEY TO SPEND WHERE IT MATTERS MOST. LAST SEASON, 720 INDIVIDUALS WERE SERVED. TOGETHER, WE'RE BUILDING PATHWAYS TO FINANCIAL CONFIDENCE AND SECURITY FOR ALL.

COMMUNITY COUNCIL IS OUR SIGNATURE MONTHLY MEETING TO UNITE VARIOUS SECTORS TO ADDRESS CRITICAL NEEDS, PROMOTE VOLUNTEERISM, SHARE RESOURCES AND BUILD RELATIONSHIPS. EACH MONTH IS A DIFFERENT THEME AND THE PROGRAMS VARY FROM SPEAKERS, PANEL DISCUSSIONS, AND NETWORKING ACTIVITIES. THIS PROGRAM

Name of the organization

Employer identification number

UNITED WAY OF ALAMANCE COUNTY, INC.

-*9239

PROVIDES DEDICATED TIME EACH MONTH FOR COMMUNITY LEADERS TO DEEPEN CONNECTIONS. ALL COMMUNITY COUNCIL MEETINGS ARE OPEN TO THE PUBLIC AND WE HAD NEARLY 450 ATTENDEES THROUGHOUT THE YEAR.

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.

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.

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

Name of the organization

Employer identification number

UNITED WAY OF ALAMANCE COUNTY, INC.

**** - ***9239**

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

DONOR DESIGNATED PORTION OF INCOME	\$	78,028
------------------------------------	----	--------

DONOR DESIGNATED PORTION OF EXPENDITURES	\$	-78,028
--	----	---------

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023Attachment
Sequence No. **179****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	1,160,000
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	2,890,000
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 smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 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 2024. 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	2,620
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 2023	17	21,725
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 ☐		

Section B—Assets Placed in Service During 2023 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		655	7.0	HY	200DB	94
d	10-year property						
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 2023 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	Total. 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	24,439
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.

DAA

Form **4562** (2023)
THERE ARE NO AMOUNTS FOR PAGE 2

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv Meth	Prior	Current
7-year GDS Property:									
129	Conference Room - 85" TV	10/31/23	3,275		X	655	7 HY 200DB	0	2,714
			3,275			655		0	2,714
Prior MACRS:									
24	Conference Room Monitor	8/15/13	6,183		X	3,091	5 HY 200DB	6,183	0
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	1,350	0
55	Reception Area - Accessories	12/31/17	1,131			1,131	7 HY 200DB	979	101
56	Reception Area - Furniture	12/31/17	1,173			1,173	7 HY 200DB	1,016	105
57	Reception Area - Desk Chair	12/31/17	337			337	7 HY 200DB	292	30
58	Reception Area - Dell OptiPlex Computer	12/31/17	860			860	5 HY 200DB	860	0
59	Reception Area - File Cabinet	12/31/17	70			70	7 HY 200DB	61	6
60	Conference Room - (12) Training Tables	12/31/17	8,752			8,752	7 HY 200DB	7,580	781
61	Conference Room - (35) Chairs	12/31/17	5,915			5,915	7 HY 200DB	5,123	528
62	Conference Room - Podium	12/31/17	284			284	7 HY 200DB	246	25
63	Conference Room - ViewSonic 55 Display	12/31/17	1,513			1,513	5 HY 200DB	1,513	0
64	Conference Room - ViewSonic 55 Inter Dis	12/31/17	4,094			4,094	5 HY 200DB	4,094	0
65	Conference Room - Lenovo ThinkPad E570	12/31/17	810			810	5 HY 200DB	810	0
66	Conference Room - ViewSonic 55 Display	12/31/17	1,513			1,513	5 HY 200DB	1,513	0
67	Conference Room - Lenovo ThinkPad E570	12/31/17	810			810	5 HY 200DB	810	0
68	Conference Room - Lenovo ThinkPad E570	12/31/17	810			810	5 HY 200DB	810	0
69	Conference Room - Lenovo ThinkPad E570	12/31/17	810			810	5 HY 200DB	810	0
70	Rear Conference Room - Table	12/31/17	189			189	5 HY 200DB	189	0
71	Rear Conference Room - (3) Chairs	12/31/17	303			303	7 HY 200DB	263	27
72	Rear Conference Room - (3) Chairs	12/31/17	134			134	7 HY 200DB	116	12
73	Kitchen - Downstairs - Refrigerator	12/31/17	1,299			1,299	7 HY 200DB	1,125	116
74	Kitchen - Downstairs - Dishwasher	12/31/17	699			699	7 HY 200DB	605	63
75	Kitchen - Downstairs - Keurig	12/31/17	140			140	7 HY 200DB	121	13
76	Kitchen - Downstairs - Sink	12/31/17	405			405	7 HY 200DB	351	36
77	Upstairs Loft Area - (2) Chairs	12/31/17	133			133	7 HY 200DB	115	12
78	Kitchen - Upstairs - Refrigerator	12/31/17	849			849	7 HY 200DB	735	76
79	Kitchen - Upstairs - Keurig	12/31/17	140			140	7 HY 200DB	121	13
80	Kitchen - Upstairs - Sink	12/31/17	303			303	7 HY 200DB	262	27
81	Kitchen - Upstairs - Microwave	12/31/17	90			90	7 HY 200DB	78	8
82	Bathrooms - Lighting	12/31/17	306			306	7 HY 200DB	265	27
83	Intern Work Area - Storage Cabinet	12/31/17	199			199	7 HY 200DB	172	18
84	Intern Work Area - (2) Chairs	12/31/17	190			190	7 HY 200DB	165	17
85	Intern Work Area - Rolling Desk	12/31/17	164			164	7 HY 200DB	142	15
86	Intern Work Area - Rolling Desk	12/31/17	164			164	7 HY 200DB	142	15
87	Intern Work Area - File Cabinet	12/31/17	70			70	7 HY 200DB	61	6
88	Intern Work Area - Lenovo ThinkPad	12/31/17	625			625	5 HY 200DB	625	0
89	Accessories - Misc.	12/31/17	168			168	7 HY 200DB	145	15
90	President's Office - Desk, Chair and Hutch	12/31/17	4,974			4,974	7 HY 200DB	4,308	444
91	President's Office - Table and Chairs	12/31/17	500			500	7 HY 200DB	433	45
92	President's Office - Shades	12/31/17	298			298	7 HY 200DB	258	26
93	President's Office - Shades	12/31/17	298			298	7 HY 200DB	258	26
94	Direct. Fin./Admin. - Desk, Chair and Hutch	12/31/17	6,029			6,029	7 HY 200DB	5,222	538
95	Direct. Fin./Admin. - Shades	12/31/17	298			298	7 HY 200DB	258	26
96	Direct. Fin./Admin. - Shades	12/31/17	298			298	7 HY 200DB	258	26
97	Comm. Outreach Coord. Office - Desk and Chair	12/31/17	4,974			4,974	7 HY 200DB	4,308	444
98	Direct. Resource Dev. Office - Desk and Chair	12/31/17	4,974			4,974	7 HY 200DB	4,308	444
99	Direct. Resource Dev. Office - Table	12/31/17	78			78	7 HY 200DB	68	7
100	Direct. Resource Dev. Off. - Lenovo ThinkPad	12/31/17	550			550	5 HY 200DB	550	0
101	Direct. Comm. Impact. Office - Desk and Chair	12/31/17	4,974			4,974	7 HY 200DB	4,308	444
102	Direct. Comm. Impact. Office - Table	12/31/17	74			74	7 HY 200DB	64	7
103	Market. and PR Coord. - Desk, Chair and Hutch	12/31/17	4,974			4,974	7 HY 200DB	4,308	444
104	Signage- Windows, Plaques, Offices	12/31/17	6,256			6,256	7 HY 200DB	5,418	559
106	Server	12/31/17	4,243			4,243	5 HY 200DB	4,243	0
107	Building - 220 E. Front Street, Burlington	12/31/17	338,039			338,039	39 MMS/L	48,033	8,668
108	Architectural/Engineering Work	12/31/17	6,551			6,551	39 MMS/L	931	168
109	Upfit	12/31/17	149,928			149,928	39 MMS/L	21,304	3,844
110	Security System	12/31/17	1,270			1,270	7 HY 200DB	1,100	113
111	Conduit to Monitors	2/22/19	595			595	5 HY 200DB	560	35
112	Ceiling Fan - Intern Work Area	8/06/18	1,005			1,005	5 HY 200DB	947	58
113	Ceiling Fan - Pres Office	8/06/18	1,005			1,005	5 HY 200DB	947	58
116	Lighting Upgrade	3/04/20	1,925			1,925	10 HY 200DB	1,038	177
117	Office Chairs	2/18/22	582			582	7 MQ200DB	211	106

Federal Asset Report

FYE: 6/30/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
118	Apple MacBook Air	10/29/21	1,174				1,174	5 MQ200DB	646	211
119	Apple MacBook Air	10/29/21	1,174				1,174	5 MQ200DB	646	211
120	Apple MacBook Air	10/29/21	1,174				1,174	5 MQ200DB	646	211
121	Apple MacBook Air	10/29/21	1,174				1,174	5 MQ200DB	646	211
122	Apple MacBook Air	1/01/22	1,174				1,174	5 MQ200DB	575	240
123	Apple MacBook Air	3/24/22	1,174				1,174	5 MQ200DB	575	240
124	Apple MacBook Air	5/27/22	999				999	5 MQ200DB	430	227
125	Apple iPad Pro	12/31/21	1,569				1,569	5 MQ200DB	863	282
126	Office Chairs	2/18/22	582				582	7 MQ200DB	211	106
127	3x7 Metal Rear Door	5/25/22	4,492				4,492	10 MQ200DB	988	701
128	Awning for Backdoor	5/25/22	1,836				1,836	10 MQ200DB	404	286
			<u>604,499</u>				<u>600,432</u>		<u>160,419</u>	<u>21,725</u>
Grand Totals			607,774				601,087		160,419	24,439
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>607,774</u>				<u>601,087</u>		<u>160,419</u>	<u>24,439</u>

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
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
129	Conference Room - 85" TV	10/31/23	3,275		0	2,620	0	655
Grand Total			11,108		0	2,620	4,067	4,421

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>
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
24	Conference Room Monitor	8/15/13	6,183	0	0
48	Lateral Files - 2 Drawer	6/23/11	300	0	0
51	Various lamps, mirrors	12/15/14	1,350	0	0
55	Reception Area - Accessories	12/31/17	1,131	51	0
56	Reception Area - Furniture	12/31/17	1,173	52	0
57	Reception Area - Desk Chair	12/31/17	337	15	0
58	Reception Area - Dell OptiPlex Computer	12/31/17	860	0	0
59	Reception Area - File Cabinet	12/31/17	70	3	0
60	Conference Room - (12) Training Tables	12/31/17	8,752	391	0
61	Conference Room - (35) Chairs	12/31/17	5,915	264	0
62	Conference Room - Podium	12/31/17	284	13	0
63	Conference Room - ViewSonic 55 Display	12/31/17	1,513	0	0
64	Conference Room - ViewSonic 55 Inter Display	12/31/17	4,094	0	0
65	Conference Room - Lenovo ThinkPad E570	12/31/17	810	0	0
66	Conference Room - ViewSonic 55 Display	12/31/17	1,513	0	0
67	Conference Room - Lenovo ThinkPad E570	12/31/17	810	0	0
68	Conference Room - Lenovo ThinkPad E570	12/31/17	810	0	0
69	Conference Room - Lenovo ThinkPad E570	12/31/17	810	0	0
70	Rear Conference Room - Table	12/31/17	189	0	0
71	Rear Conference Room - (3) Chairs	12/31/17	303	13	0
72	Rear Conference Room - (3) Chairs	12/31/17	134	6	0
73	Kitchen - Downstairs - Refrigerator	12/31/17	1,299	58	0
74	Kitchen - Downstairs - Dishwasher	12/31/17	699	31	0
75	Kitchen - Downstairs - Keurig	12/31/17	140	6	0
76	Kitchen - Downstairs - Sink	12/31/17	405	18	0
77	Upstairs Loft Area -- (2) Chairs	12/31/17	133	6	0
78	Kitchen - Upstairs - Refrigerator	12/31/17	849	38	0
79	Kitchen - Upstairs - Keurig	12/31/17	140	6	0
80	Kitchen - Upstairs - Sink	12/31/17	303	14	0
81	Kitchen - Upstairs - Microwave	12/31/17	90	4	0
82	Bathrooms - Lighting	12/31/17	306	14	0
83	Intern Work Area - Storage Cabinet	12/31/17	199	9	0
84	Intern Work Area - (2) Chairs	12/31/17	190	8	0
85	Intern Work Area - Rolling Desk	12/31/17	164	7	0
86	Intern Work Area - Rolling Desk	12/31/17	164	7	0
87	Intern Work Area - File Cabinet	12/31/17	70	3	0
88	Intern Work Area - Lenovo ThinkPad	12/31/17	625	0	0
89	Accessories - Misc.	12/31/17	168	8	0
90	President's Office - Desk, Chair and Hutch	12/31/17	4,974	222	0
91	President's Office - Table and Chairs	12/31/17	500	22	0
92	President's Office - Shades	12/31/17	298	14	0
93	President's Office - Shades	12/31/17	298	14	0
94	Direct. Fin./Admin. - Desk, Chair and Hutch	12/31/17	6,029	269	0
95	Direct. Fin./Admin. - Shades	12/31/17	298	14	0
96	Direct. Fin./Admin. - Shades	12/31/17	298	14	0
97	Comm. Outreach Coord. Office - Desk and Chair	12/31/17	4,974	222	0
98	Direct. Resource Dev. Office - Desk and Chair	12/31/17	4,974	222	0
99	Direct. Resource Dev. Office - Table	12/31/17	78	3	0
100	Direct. Resource Dev. Off. - Lenovo Think Cen	12/31/17	550	0	0
101	Direct. Comm. Impact. Office - Desk and Chair	12/31/17	4,974	222	0
102	Direct. Comm. Impact. Office - Table	12/31/17	74	3	0
103	Market. and PR Coord. - Desk, Chair and Hutch	12/31/17	4,974	222	0
104	Signage- Windows, Plaques, Offices	12/31/17	6,256	279	0
106	Server	12/31/17	4,243	0	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	3,845	0
110	Security System	12/31/17	1,270	57	0
111	Conduit to Monitors	2/22/19	595	0	0
112	Ceiling Fan - Intern Work Area	8/06/18	1,005	0	0
113	Ceiling Fan - Pres Office	8/06/18	1,005	0	0
116	Lighting Upgrade	3/04/20	1,925	142	0
117	Office Chairs	2/18/22	582	75	0
118	Apple MacBook Air	10/29/21	1,174	133	0
119	Apple MacBook Air	10/29/21	1,174	133	0
120	Apple MacBook Air	10/29/21	1,174	133	0
121	Apple MacBook Air	10/29/21	1,174	133	0

Asset	Description	Date In Service	Cost	Tax	AMT
122	Apple MacBook Air	1/01/22	1,174	143	0
123	Apple MacBook Air	3/24/22	1,174	143	0
124	Apple MacBook Air	5/27/22	999	137	0
125	Apple iPad Pro	12/31/21	1,569	179	0
126	Office Chairs	2/18/22	582	75	0
127	3x7 Metal Rear Door	5/25/22	4,492	561	0
128	Awning for Backdoor	5/25/22	1,836	229	0
129	Conference Room - 85" TV	10/31/23	3,275	160	0
			<u>607,774</u>	<u>17,901</u>	<u>0</u>
Grand Totals			<u>607,774</u>	<u>17,901</u>	<u>0</u>

Form 990	Two Year Comparison Report For calendar year 2023, or tax year beginning 07/01/23 , ending 06/30/24	2022 & 2023
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Name

Taxpayer Identification Number

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

		2022	2023	Differences
Revenue	1. Contributions, gifts, grants	1. 1,190,507	818,895	-371,612
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4.		
	5. Investment income	5. 28,498	33,813	5,315
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. -5,915	9,532	15,447
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 1,727	1,294	-433
	12. Total revenue. Add lines 1 through 11	12. 1,214,817	863,534	-351,283
Expenses	13. Grants and similar amounts paid	13. 418,451	316,098	-102,353
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 546,043	516,611	-29,432
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 26,335	24,893	-1,442
	19. Occupancy, rent, utilities, and maintenance	19. 18,064	12,604	-5,460
	20. Depreciation and Depletion	20. 24,444	22,349	-2,095
	21. Other expenses	21. 173,380	129,075	-44,305
	22. Total expenses. Add lines 13 through 21	22. 1,206,717	1,021,630	-185,087
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 8,100	-158,096	-166,196
Other Information	24. Total exempt revenue	24. 1,214,817	863,534	-351,283
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 30,225	35,107	4,882
	27. Total assets	27. 1,418,286	1,290,024	-128,262
	28. Total liabilities	28. 181,913	187,944	6,031
	29. Retained earnings	29. 1,236,373	1,102,080	-134,293
	30. Number of voting members of governing body	30. 10	13	
	31. Number of independent voting members of governing body	31. 10	13	
	32. Number of employees	32. 10	10	
	33. Number of volunteers	33. 142	56	

Form 990	Tax Return History	2023
Name UNITED WAY OF ALAMANCE COUNTY, INC.		Employer Identification Number **-***9239

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	1,122,940	976,402	1,014,734	1,190,507	818,895	
Membership dues						
Program service revenue						
Capital gain or loss	-9,008		-3,831			
Investment income	4,970	59,900	15,851	28,498	33,813	
Fundraising revenue (income/loss)	17,589			-5,915	9,532	
Gaming revenue (income/loss)						
Other revenue	35,246	14,900	6,940	1,727	1,294	
Total revenue	1,171,737	1,051,202	1,033,694	1,214,817	863,534	
Grants and similar amounts paid	501,389	289,806	397,173	418,451	316,098	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	370,349	302,149	375,964	546,043	516,611	
Professional fees	24,144	22,627	24,728	26,335	24,893	
Occupancy costs	14,596	15,631	17,044	18,064	12,604	
Depreciation and depletion	31,573	25,706	23,868	24,444	22,349	
Other expenses	315,454	211,896	219,854	173,380	129,075	
Total expenses	1,257,505	867,815	1,058,631	1,206,717	1,021,630	
Excess or (Deficit)	-85,768	183,387	-24,937	8,100	-158,096	
Total exempt revenue	1,171,737	1,051,202	1,033,694	1,214,817	863,534	
Total unrelated revenue						
Total excludable revenue	31,208	74,800	18,960	30,225	35,107	
Total Assets	1,323,537	1,473,745	1,290,307	1,418,286	1,290,024	
Total Liabilities	243,305	157,816	77,574	181,913	187,944	
Net Fund Balances	1,080,232	1,315,929	1,212,733	1,236,373	1,102,080	

Taxable Interest on Investments

<u>Description</u>		<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
			<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
		\$ 33,813		32			
TOTAL		\$ 33,813					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
	\$ 893	\$ 473	\$ 241	\$ 179
TOTAL	\$ 893	\$ 473	\$ 241	\$ 179

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER EXPENSES	\$ 5,200	\$ 2,756	\$ 1,404	\$ 1,040
INVESTMENT FEES	2,885		2,885	
TOTAL	\$ 8,085	\$ 2,756	\$ 4,289	\$ 1,040

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
	\$ 818,895
TOTAL	\$ 818,895

Schedule A, Part II, Line 8(e)

Description	Amount
	\$ 33,813
TOTAL	\$ 33,813

Schedule A, Part II, Line 12 - Current year

Description	Amount
MANAGEMENT REVENUE	\$ 1,294
OTHER RECEIPTS	16,198
TOTAL	\$ 17,492