

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF THE GREATER TRIANGLE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 110583 City or town, state or province, country, and ZIP or foreign postal code DURHAM, NC 27709	D Employer identification number 56-1949103 E Telephone number 919-460-8687
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 13,999,044.
J Website: ▶ WWW.UNITEDWAYTRIANGLE.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1995 M State of legal domicile: NC

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO ERADICATE POVERTY AND INCREASE SOCIAL MOBILITY THROUGH THE POWER OF PARTNERSHIPS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	28
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	26
	6	Total number of volunteers (estimate if necessary)	6	6200
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	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 9,957,618.
9		Program service revenue (Part VIII, line 2g)	12,753.	96,176.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,470.	5,981.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	11,345.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,987,841.	13,999,044.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,040,869.
	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)	1,990,330.	2,291,429.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,143,256.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,012,036.	1,698,464.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,043,235.	11,140,402.
	19	Revenue less expenses. Subtract line 18 from line 12	-55,394.	2,858,642.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 6,788,084.	End of Year 10,861,522.
	21	Total liabilities (Part X, line 26)	4,514,530.	5,688,371.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,273,554.	5,173,151.

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 DAVID MILLS, CHIEF FINANCIAL OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name AMANDA ADAMS	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00748038
	Firm's name ▶ CHERRY BEKAERT LLP Firm's address ▶ 3800 GLENWOOD AVE, SUITE 200 RALEIGH, NC 27612	Firm's EIN ▶ 56-0574444 Phone no. 919-782-1040

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: TO ERADICATE POVERTY AND TO INCREASE SOCIAL MOBILITY THROUGH THE POWER OF PARTNERSHIPS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 5,376,323. including grants of \$ 5,376,323.) (Revenue \$) COMMUNITY INVESTMENT - FUNDS ALLOCATED FOR DISTRIBUTION TO VARIOUS AGENCIES AND PROGRAMS BASED ON NEED AND OTHER CRITERIA DEEMED APPROPRIATE BY THE BOARD OF DIRECTORS. PLEASE VISIT WWW.UNITEDWAYTRIANGLE.ORG FOR MORE INFORMATION ABOUT FUNDED PARTNERS AND THE RESULTS AND IMPACT OF OUR WORK TOGETHER.

4b (Code:) (Expenses \$ 2,891,018. including grants of \$ 1,774,186.) (Revenue \$ 96,176.) COMMUNITY IMPACT - FUNDS RAISED AND DESIGNATED FOR OTHER NON-PROFITS IN THE COMMUNITY, EXAMINING NEEDS IN EACH COUNTY AND DETERMINING HOW ORGANIZATION RESOURCES CAN BE MAXIMIZED TO ACHIEVE MEASURABLE RESULTS.

4c (Code:) (Expenses \$ 321,841. including grants of \$) (Revenue \$) DIRECT SERVICES - ACTIVITIES THAT DELIVER SERVICES FUNDED BY OTHER SOURCES OTHER THAN THE ANNUAL CAMPAIGN.

UNITED WAY 2-1-1: A COMMUNITY HUMAN SERVICES INFORMATION AND REFERRAL SERVICE WHICH LINKS INDIVIDUALS IN NEED OF SERVICES TO THOSE AVAILABLE SERVICES IN THE COMMUNITY.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,589,182.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	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 Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 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 in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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

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

Section A. Governing Body and Management

		Yes	No
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.		
	1a 28		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 28		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
15a		X	
15b			X
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?		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 **▶**
DAVID MILLS - 919-463-5043
800 PARK OFFICES, STE. 204, DURHAM, NC 27709

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIC GUCKIAN PRESIDENT & CEO	40.00			X			253,256.	0.	8,726.	
(2) AMY STRECKER CHAIR	1.00	X		X			0.	0.	0.	
(3) BYRON KIRKLAND VICE CHAIR	1.00	X		X			0.	0.	0.	
(4) JAMES GIBSON TREASURER	1.00	X		X			0.	0.	0.	
(5) LINDA SHROPSHIRE - EUDY SECRETARY	1.00	X		X			0.	0.	0.	
(6) ROBERT ALBRIGHT DIRECTOR	1.00	X					0.	0.	0.	
(7) DELORES BAILEY DIRECTOR	1.00	X					0.	0.	0.	
(8) SCOTT BYERS DIRECTOR	1.00	X					0.	0.	0.	
(9) AUTRICE CAMPBELL LONG DIRECTOR	1.00	X					0.	0.	0.	
(10) WENDELL DAVIS DIRECTOR	1.00	X					0.	0.	0.	
(11) MICHAEL DEPAOLIS DIRECTOR	1.00	X					0.	0.	0.	
(12) CLAYTON DORN DIRECTOR	1.00	X					0.	0.	0.	
(13) DAVID ELLIS DIRECTOR	1.00	X					0.	0.	0.	
(14) TONY FASSINO DIRECTOR	1.00	X					0.	0.	0.	
(15) JESS GORGE DIRECTOR	1.00	X					0.	0.	0.	
(16) MICHEAL GOODMAN DIRECTOR	1.00	X					0.	0.	0.	
(17) DAVID HAINES DIRECTOR	1.00	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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANNE HOWARD DIRECTOR	1.00	X						0.	0.	0.
(19) JAY IRBY DIRECTOR	1.00	X						0.	0.	0.
(20) ROGER KEMBLE DIRECTOR	1.00	X						0.	0.	0.
(21) DWIGHT MORRIS DIRECTOR	1.00	X						0.	0.	0.
(22) PETER MORRIS DIRECTOR	1.00	X						0.	0.	0.
(23) MIKE MURDY DIRECTOR	1.00	X						0.	0.	0.
(24) JOAN NELSON DIRECTOR	1.00	X						0.	0.	0.
(25) RAHUL PAGIDIPATI DIRECTOR	1.00	X						0.	0.	0.
(26) RON PRINGLE DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								253,256.	0.	8,726.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								253,256.	0.	8,726.

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 **1**

	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
NONE		

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	25,277.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	13,860,265.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			13,885,542.			
Program Service Revenue	2 a SERVICE FEES	Business Code					
		900099	96,176.	96,176.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			96,176.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,981.			5,981.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue	900099	11,345.			11,345.	
	e Total. Add lines 11a-11d			11,345.			
12 Total revenue. See instructions			13,999,044.	96,176.	0.	17,326.	

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	7,150,509.	7,150,509.		
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	262,056.	131,028.	65,514.	65,514.
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	1,619,240.	428,653.	647,019.	543,568.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	60,206.	15,559.	23,775.	20,872.
9 Other employee benefits	214,715.	68,547.	75,908.	70,260.
10 Payroll taxes	135,212.	42,901.	46,013.	46,298.
11 Fees for services (nonemployees):				
a Management				
b Legal	14,842.	10,700.	4,142.	
c Accounting	56,219.	20,801.	15,179.	20,239.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	932,207.	403,635.	299,157.	229,415.
12 Advertising and promotion	127,946.	100,225.	14,383.	13,338.
13 Office expenses	70,814.	12,896.	50,790.	7,128.
14 Information technology	92,581.	42,953.	49,310.	318.
15 Royalties				
16 Occupancy	90,200.	33,374.	24,354.	32,472.
17 Travel	17,111.	14,591.	7.	2,513.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,468.	18,512.	3,415.	1,541.
20 Interest				
21 Payments to affiliates	153,749.	56,887.	41,512.	55,350.
22 Depreciation, depletion, and amortization	81,469.	30,142.	21,997.	29,330.
23 Insurance	11,197.		11,197.	
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 DUES & SUBSCRIPTIONS	19,879.	7,269.	7,510.	5,100.
b				
c				
d				
e All other expenses	6,782.		6,782.	
25 Total functional expenses. Add lines 1 through 24e	11,140,402.	8,589,182.	1,407,964.	1,143,256.
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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	450.	1	450.
	2 Savings and temporary cash investments	3,912,501.	2	8,279,779.
	3 Pledges and grants receivable, net	2,239,718.	3	1,971,086.
	4 Accounts receivable, net	7,070.	4	9,365.
	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	43,548.	9	56,563.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 900,721.		
	b Less: accumulated depreciation	10b 594,102.	388,092.	10c 306,619.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	196,705.	12	237,660.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,788,084.	16	10,861,522.	
Liabilities	17 Accounts payable and accrued expenses	134,533.	17	279,771.
	18 Grants payable	3,593,348.	18	4,676,649.
	19 Deferred revenue	25,277.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	9,255.	21	8,515.
	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	752,117.	25	723,436.
	26 Total liabilities. Add lines 17 through 25	4,514,530.	26	5,688,371.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,861,134.	27	4,835,614.
	28 Net assets with donor restrictions	412,420.	28	337,537.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,273,554.	32	5,173,151.
33 Total liabilities and net assets/fund balances	6,788,084.	33	10,861,522.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,999,044.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,140,402.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,858,642.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,273,554.
5	Net unrealized gains (losses) on investments	5	40,955.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,173,151.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10282617.	9495039.	9025250.	9957618.	13885542.	52646066.
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	10282617.	9495039.	9025250.	9957618.	13885542.	52646066.
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)						371,347.
6 Public support. Subtract line 5 from line 4.						52274719.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	10282617.	9495039.	9025250.	9957618.	13885542.	52646066.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,506.	23,588.	9,567.	17,470.	5,981.	77,112.
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.)					11,345.	11,345.
11 Total support. Add lines 7 through 10						52734523.
12 Gross receipts from related activities, etc. (see instructions)					12	759,316.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	99.13 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	98.57 %
16a 33 1/3% support test - 2020. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

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

14 First 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 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 in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <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 in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
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>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2020 AMOUNT: \$ 11,345.

Multiple horizontal lines for providing additional information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

UNITED WAY OF THE GREATER TRIANGLE

Employer identification number

56-1949103

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization UNITED WAY OF THE GREATER TRIANGLE	Employer identification number 56-1949103
---	---

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	_____ _____ _____	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>660,681.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF THE GREATER TRIANGLE	Employer identification number 56-1949103
---	---

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

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

Name of organization UNITED WAY OF THE GREATER TRIANGLE	Employer identification number 56-1949103
---	---

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization UNITED WAY OF THE GREATER TRIANGLE Employer identification number 56-1949103

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	185,197.	156,439.	166,439.	191,438.	202,153.
b Contributions		28,758.			2,237.
c Net investment earnings, gains, and losses					
d Grants or scholarships			10,000.	25,000.	12,952.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	185,197.	185,197.	156,439.	166,439.	191,438.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 17.6600 %
 - b Permanent endowment 22.0800 %
 - c Term endowment 60.2600 %
- 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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				
c Leasehold improvements		362,656.	164,734.	197,922.
d Equipment		440,877.	381,282.	59,595.
e Other		97,188.	48,086.	49,102.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				306,619.

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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	8,267.
(3) DESIGNATIONS PAYABLE	551,761.
(4) TENANT INCENTIVES	119,969.
(5) DEFERRED RENT	43,439.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	723,436.

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	12,265,812.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	40,955.	
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	40,955.	
3	Subtract line 2e from line 1		3	12,224,857.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1,774,186.	
c	Add lines 4a and 4b	4c	1,774,186.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	13,999,043.

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	9,366,215.
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	0.	
3	Subtract line 2e from line 1		3	9,366,215.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1,774,186.	
c	Add lines 4a and 4b	4c	1,774,186.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	11,140,401.

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 IV, LINE 2B:

FIRST CITIZENS BANK FORWARDS PAYROLL DEDUCTIONS FROM ITS EMPLOYEES MONTHLY WITH INSTRUCTIONS CONFIRMING WHICH UNITED WAY SHOULD BE GIVEN THE FUNDS. THESE FUNDS ACCUMULATE MONTHLY AND ARE PAID OUT MONTHLY.

PART V, LINE 4:

BOARD DESIGNATED ENDOWMENT FUNDS: RESPONSE FUNDS ARE INTENDED TO BE USED AS ONE-TIME GRANTS TO NONPROFIT HEALTH AND HUMAN SERVICE AGENCIES TO ADDRESS NEEDS IN THE FOLLOWING CATEGORIES: UNANTICIPATED EMERGENCIES, COMMUNITY PARTNERSHIP OPPORTUNITIES, AND DISCRETIONARY FUNDS FOR INDIVIDUAL/FAMILY NEEDS.

Part XIII Supplemental Information (continued)

TERM ENDOWMENT FUNDS: THE CM AND MARGARET D. SUTHER MEMORIAL FUND WAS ESTABLISHED IN 1980. CRITERIA ESTABLISHED BY THE TRUST ADVISORY COMMITTEE OF WELLS FARGO BANK GUIDES THE DISBURSEMENT OF THE INCOME FROM THIS FUND TO THE ORGANIZATION TO SUPPORT "RENOVATIONS, REPAIRS AND CAPITAL IMPROVEMENTS" IN DURHAM COUNTY.

PERMANENTLY RESTRICTED ENDOWMENT FUNDS: THE BROUGHTON SCHOLARSHIP FUND WAS ESTABLISHED IN THE AMOUNT OF \$20,000 BY THE FAMILY OF MELVILLE BROUGHTON TO PROVIDE SCHOLARSHIPS TO STAFF MEMBERS OF WAKE COUNTY'S MEMBER AGENCIES. THE ASSETS ARE SUBJECT TO DONOR-IMPOSED RESTRICTIONS THAT THE ASSETS BE PERMANENTLY MAINTAINED BY THE ORGANIZATION AND THAT THE DONOR HAS PERMITTED THE ORGANIZATION TO USE THE FUNDS ONLY FOR SPECIFIC PURPOSES. THE BROUGHTON VOLUNTEER AWARD RECOGNIZES EXCELLENCE IN VOLUNTEER SERVICE TO THE NONPROFIT COMMUNITY, AND THE BROUGHTON SCHOLARSHIP AWARD SUPPORTS A RECIPIENT AGENCY'S TRAINING BUDGET. IN ADDITION, TRIANGLE COMMUNITY FOUNDATION MAINTAINS A LEGACY SOCIETY FUND FOR THE FUTURE BENEFIT OF THE ORGANIZATION.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE FASB GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS BY PRESCRIBING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION TAKEN THAT IS BENEFICIAL TO THE ORGANIZATION, INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS "MORE LIKELY THAN NOT" (MORE THAN A 50% LIKELIHOOD) THE POSITION TAKEN BY

Part XIII Supplemental Information (continued)

MANAGEMENT WITH RESPECT TO A TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH POSITIONS AS OF JUNE 30, 2021 AND 2020 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS 1,774,186.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS 1,774,186.

**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

2020

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF THE GREATER TRIANGLE** Employer identification number **56-1949103**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A PLACE AT THE TABLE 300 W. HARGETT STREET, SUITE 50 RALEIGH, NC 27608	47-2959935	501(C)(3)	29,874.	0.			GENERAL SUPPORT
ALLIANCE MEDICAL MINISTRY 101 DONALD ROSS DRIVE RALEIGH, NC 27610	56-2168673	501(C)(3)	51,640.	0.			GENERAL SUPPORT
AMERICAN RED CROSS TRIANGLE AREA 100 N. PEARTREE LANE RALEIGH, NC 27610	53-0196605	501(C)(3)	33,641.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF THE TRIANGLE - 808 AVIATION PARKWAY, SUITE 900 - MORRISVILLE, NC 27560	56-2109717	501(C)(3)	26,964.	0.			GENERAL SUPPORT
BOOK HARVEST 2501 UNIVERSITY DRIVE DURHAM, NC 27707	45-2610533	501(C)(3)	115,498.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUBS OF DURHAM AND ORANGE COUNTIES - P. O. BOX 446 - DURHAM, NC 27702	56-6001906	501(C)(3)	5,347.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **123.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF WAKE COUNTY 701 N. RALEIGH BLVD. RALEIGH, NC 27610	56-0863051	501(C)(3)	114,442.	0.			GENERAL SUPPORT
CAMP CORRAL 801 NORTH WEST STREET RALEIGH, NC 27603	45-3555807	501(C)(3)	15,125.	0.			GENERAL SUPPORT
CAMPAIGN4CHANGE P. O. BOX 3355 DURHAM, NC 27702	26-0096724	501(C)(3)	16,519.	0.			GENERAL SUPPORT
CASA P. O. BOX 12545 RALEIGH, NC 27605	56-1778714	501(C)(3)	35,016.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH - 7200 STONEHENGE DRIVE - RALEIGH, NC 27613	56-0529943	501(C)(3)	12,485.	0.			GENERAL SUPPORT
CENTER FOR CHILD & FAMILY HEALTH 1121 W. CHAPEL HILL STREET, SUITE 1 DURHAM, NC 27701	58-1446309	501(C)(3)	50,316.	0.			GENERAL SUPPORT
CHAPEL HILL-CARRBORO PUBLIC SCHOOL FOUNDATION - P. O. BOX 877 - CARRBORO, NC 27510	56-1421977	501(C)(3)	27,084.	0.			GENERAL SUPPORT
CHILD CARE SERVICES ASSOCIATION P. O. BOX 901 CHAPEL HILL, NC 27514	56-1514058	501(C)(3)	58,935.	0.			GENERAL SUPPORT
CHURCH IN THE WOODS 4701 FORESTDALE ROAD RALEIGH, NC 27603	58-1716126	501(C)(3)	6,575.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN PARTNERSHIP P.O. BOX 11247 DURHAM, NC 27703	47-5567396	501(C)(3)	6,700.	0.			GENERAL SUPPORT
COMMUNITY EMPOWERMENT FUND 208 N. COLUMBIA STREET, SUITE 100 CHAPEL HILL, NC 27514	27-0428981	501(C)(3)	31,500.	0.			GENERAL SUPPORT
CURAMERICAS GLOBAL, INC. 318 W. MILLBROOK ROAD, SUITE 105 RALEIGH, NC 27609	56-1400098	501(C)(3)	16,000.	0.			GENERAL SUPPORT
CURRYBLOSSOM FOUNDATION 431 W. FRANKLIN STREET, UNIT 415 CHAPEL HILL, NC 27516	82-5120019	501(C)(3)	12,460.	0.			GENERAL SUPPORT
DELTA C/O EXCHANGE FAMILY CENTER 3400 CROASDAILE DRIVE, #206 DURHAM, NC 27705	58-1978668	501(C)(3)	100,000.	0.			GENERAL SUPPORT
DRESS FOR SUCCESS TRIANGLE NC 1812 TILERY PLACE, SUITE 105 RALEIGH, NC 27604	26-2229898	501(C)(3)	27,275.	0.			GENERAL SUPPORT
DURHAM CHILDREN'S INITIATIVE 2101 ANGIER AVENUE, SUITE 200 DURHAM, NC 27703	32-0263133	501(C)(3)	151,503.	0.			GENERAL SUPPORT
DURHAM CONGREGATIONS IN ACTION 504 WEST CHAPEL HILL STREET DURHAM, NC 27701	23-7208424	501(C)(3)	5,267.	0.			GENERAL SUPPORT
DURHAM COUNTY DEPARTMENT OF PUBLIC HEALTH - 414 EAST MAIN STREET - DURHAM, NC 27701		501(C)(3)	5,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DURHAM LITERACY CENTER P. O. BOX 52209 DURHAM, NC 27717	56-1479534	501(C)(3)	8,758.	0.			GENERAL SUPPORT
DURHAM PUBLIC SCHOOLS FOUNDATION 2717 WESTERN BYPASS, SUITE 104 DURHAM, NC 27705	82-2803464	501(C)(3)	37,637.	0.			GENERAL SUPPORT
EL CENTRO HISPANO, INC. 2000 CHAPEL HILL ROAD, SUITE 26A DURHAM, NC 27707	56-2011661	501(C)(3)	10,127.	0.			GENERAL SUPPORT
EL FUTURO 136 E. CHAPEL HILL STREET DURHAM, NC 27701	80-0122334	501(C)(3)	25,608.	0.			GENERAL SUPPORT
EMILY KRZYZEWSKI COMMUNITY CENTER 904 W. CHAPEL HILL STREET DURHAM, NC 27701	56-2230469	501(C)(3)	26,477.	0.			GENERAL SUPPORT
EMPOWERMENT, INC. 109 N. GRAHAM STREET CHAPEL HILL, NC 27516	56-1965772	501(C)(3)	26,111.	0.			GENERAL SUPPORT
EXCHANGE FAMILY CENTER 3400 CROASDAILE DRIVE, #206 DURHAM, NC 27705	58-1978668	501(C)(3)	101,888.	0.			GENERAL SUPPORT
FAMILIES MOVING FORWARD P. O. BOX 25426 DURHAM, NC 27702	56-1633998	501(C)(3)	113,233.	0.			GENERAL SUPPORT
FAMILIES TOGETHER P. O. BOX 14395 RALEIGH, NC 27620	56-1278004	501(C)(3)	192,370.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SUCCESS ALLIANCE 120 PROVIDENCE ROAD, SUITE 101 CHAPEL HILL, NC 27514	56-1844192	501(C)(3)	150,000.	0.			GENERAL SUPPORT
FAMILY TABLE C/O STEPUP MINISTRY 1701 OBERLIN ROAD RALEIGH, NC 27608	56-1655255	501(C)(3)	100,076.	0.			GENERAL SUPPORT
FOOD BANK OF CENTRAL AND EASTERN NC - 1924 CAPITAL BLVD. - RALEIGH, NC 27604	56-1283426	501(C)(3)	14,066.	0.			GENERAL SUPPORT
GC CARES, INC. P. O. BOX 29502 RALEIGH, NC 27626	82-1025217	501(C)(3)	5,712.	0.			GENERAL SUPPORT
GOOD NEWS INTERNATIONAL MINISTRIES P. O. BOX 698 SELMA, NC 27576	20-1170714	501(C)(3)	26,700.	0.			GENERAL SUPPORT
GROW YOUR WORLD 901 W. MAIN STREET CARRBORO, NC 27510	84-1845124	501(C)(3)	12,500.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF ORANGE COUNTY, NC, INC. - 88 VILCOM CENTER DRIVE, SUITE L110 - CHAPEL HILL, NC 27514	58-1603427	501(C)(3)	26,150.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY, DURHAM COUNTY - 215 NORTH CHURCH STREET - DURHAM, NC 27701	58-1674794	501(C)(3)	100,779.	0.			GENERAL SUPPORT
HELIUS FOUNDATION 2208 COLLIER DRIVE DURHAM, NC 27707	47-4482327	501(C)(3)	10,240.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPS EDUCATION FUND P. O. BOX 51537 DURHAM, NC 27717	45-2046989	501(C)(3)	7,763.	0.			GENERAL SUPPORT
HOUSING FOR NEW HOPE INC. 18 WEST COLONY PLACE, SUITE 250 DURHAM, NC 27705	58-2089068	501(C)(3)	25,093.	0.			GENERAL SUPPORT
INTERACT 1012 OBERLIN ROAD, SUITE 100 RALEIGH, NC 27605	58-1320613	501(C)(3)	131,392.	0.			GENERAL SUPPORT
INTER-FAITH COUNCIL FOR SOCIAL SERVICE, INC. - 100 W. ROSEMARY STREET - CHAPEL HILL, NC 27516	59-1224041	501(C)(3)	56,818.	0.			GENERAL SUPPORT
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DRIVE, SUITE 120 RALEIGH, NC 27603	56-1753180	501(C)(3)	62,595.	0.			GENERAL SUPPORT
JOHNSTON COUNTY INDUSTRIES INC. 1100 E. PRESTON STREET SELMA, NC 27576	56-1101999	501(C)(3)	100,594.	0.			GENERAL SUPPORT
JOHNSTON LEE HARNETT COMMUNITY ACTION, INC. - P. O. DRAWER 711 - SMITHFIELD, NC 27577	56-0859623	501(C)(3)	165,255.	0.			GENERAL SUPPORT
JUSTICE LOVE FOUNDATION 4801 GLENWOOD AVENUE, SUITE 200 RALEIGH, NC 27612	82-4971980	501(C)(3)	25,000.	0.			GENERAL SUPPORT
KATE'S KORNER C/O RECITY NETWORK 112 BROADWAY STREET, SUITE B DURHAM, NC 27701		501(C)(3)	15,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KRAMDEN INSTITUTE INC. 4915 PROSPECTUS DRIVE, SUITE J DURHAM, NC 27713	74-3108814	501(C)(3)	15,369.	0.			GENERAL SUPPORT
LATINK EDUCATION CENTER 205 PEABODY HALL, CB 3500 UNC CHAPEL HILL, NC 27599	82-4014210	501(C)(3)	125,000.	0.			GENERAL SUPPORT
LEADERSHIP TRIANGLE INC. P. O. BOX 611 DURHAM, NC 27702	56-1852726	501(C)(3)	58,000.	0.			GENERAL SUPPORT
LGBTQ CENTER OF DURHAM, INC. 114 HUNT STREET DURHAM, NC 27701	27-1277498	501(C)(3)	5,600.	0.			GENERAL SUPPORT
LIFE SKILLS FOUNDATION P. O. BOX 51129 DURHAM, NC 27717	20-3676000	501(C)(3)	12,374.	0.			GENERAL SUPPORT
MADE IN DURHAM 359 BLACKWELL STREET, SUITE 200 DURHAM, NC 27701	56-0894222	501(C)(3)	50,109.	0.			GENERAL SUPPORT
MEALS ON WHEELS OF WAKE COUNTY INC P. O. BOX 37639 RALEIGH, NC 27627	56-1061085	501(C)(3)	35,731.	0.			GENERAL SUPPORT
MENTOR NORTH CAROLINA 406 BLACKWELL STREET, SUITE B030 DURHAM, NC 27701	26-2399990	501(C)(3)	25,150.	0.			GENERAL SUPPORT
METHODIST HOME FOR CHILDREN FOUNDATION - 1041 WASHINGTON STREET - RALEIGH, NC 27605	56-2259577	501(C)(3)	17,133.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MY KIDS CLUB P. O. BOX 784 SELMA, NC 27526	83-2337004	501(C)(3)	47,501.	0.			GENERAL SUPPORT
OAK CITY CARES 1430 SOUTH WILMINGTON STREET RALEIGH, NC 27604	83-0826329	501(C)(3)	66,632.	0.			GENERAL SUPPORT
OCCONEECHEE COUNCIL, BOY SCOUTS OF AMERICA - 3231 ATLANTIC AVENUE - RALEIGH, NC 27604	56-0529984	501(C)(3)	5,000.	0.			GENERAL SUPPORT
OE ENTERPRISES INC. 348 ELIZABETH BRADY ROAD HILLSBOROUGH, NC 27278	57-0740781	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OPEN TABLE MINISTRY, INC. P. O. BOX 51363 DURHAM, NC 27717	27-0977564	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ORANGE CONGREGATIONS IN MISSION 300 MILLSTONE DRIVE HILLSBOROUGH, NC 27278	58-1563438	501(C)(3)	22,322.	0.			GENERAL SUPPORT
ORANGE COUNTY LITERACY COUNCIL 200 N. GREENSBORO STREET, SUITE C-2 CARRBORO, NC 27510	56-1433933	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OVERFLOWING HANDS, INC. 1500 BRIARWOOD PLACE RALEIGH, NC 27614	27-5154645	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PARTNERS FOR YOUTH OPPORTUNITY P. O. BOX 51235 DURHAM, NC 27717	35-2206640	501(C)(3)	50,610.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP FOR CHILDREN OF JOHNSTON COUNTY - 1406-A S. POLLOCK STREET - SELMA, NC 27576	56-2063680	501(C)(3)	34,964.	0.			GENERAL SUPPORT
PATHWAYS TO CHANGE 960 CORPORATE DRIVE, SUITE 408 HILLSBOROUGH, NC 27278	58-2063924	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PORCH INC. 218 LAKE MANOR ROAD CHAPEL HILL, NC 27516	27-2759081	501(C)(3)	5,047.	0.			GENERAL SUPPORT
RECITY NETWORK 112 BROADWAY STREET, SUITE B DURHAM, NC 27701	80-0402656	501(C)(3)	15,000.	0.			GENERAL SUPPORT
REFUGEE COMMUNITY PARTNERSHIP P. O. BOX 461 CARRBORO, NC 27510	26-3608741	501(C)(3)	13,000.	0.			GENERAL SUPPORT
REFUGEE SUPPORT CENTER P. O. BOX 1025 CARRBORO, NC 27510	46-3944698	501(C)(3)	7,500.	0.			GENERAL SUPPORT
RURAL ADVANCEMENT FOUNDATION INTL P. O. BOX 640 PITTSBORO, NC 27312	56-1704863	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SAFECHILD 864 W. MORGAN STREET RALEIGH, NC 27603	56-1817816	501(C)(3)	105,396.	0.			GENERAL SUPPORT
SALVATION ARMY BOYS & GIRLS CLUB P. O. BOX 1330 DURHAM, NC 27702	13-5562976	501(C)(3)	5,650.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN'S PURSE P. O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	10,337.	0.			GENERAL SUPPORT
SEEDS 706 GILBERT STREET DURHAM, NC 27701	38-3482266	501(C)(3)	5,822.	0.			GENERAL SUPPORT
SOUTHEAST RALEIGH PROMISE 900 S. WILMINGTON STREET, SUITE 105 RALEIGH, NC 27601	82-0614057	501(C)(3)	50,255.	0.			GENERAL SUPPORT
SOUTHEAST RALEIGH VICINITY EMERGING - GROCERS ON WHEELS, 1109 BLAKEHAM ROAD - RALEIGH, NC 27610	52-2454832	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SOUTHLIGHT INC. 3125 POPLARWOOD COURT, SUITE 203 RALEIGH, NC 27604	56-0988422	501(C)(3)	56,474.	0.			GENERAL SUPPORT
STANDUP-SPEAKOUT OF NORTH CAROLINA P. O. BOX 71532 DURHAM, NC 27722	27-2331305	501(C)(3)	7,585.	0.			GENERAL SUPPORT
STEPUP DURHAM P. O. BOX 1955 DURHAM, NC 27702	47-4578727	501(C)(3)	25,000.	0.			GENERAL SUPPORT
STEP-UP MINISTRY 1701 OBERLIN ROAD RALEIGH, NC 27608	56-1655255	501(C)(3)	31,555.	0.			GENERAL SUPPORT
STUDENT U 600 E. UMSTEAD STREET DURHAM, NC 27701	27-3460491	501(C)(3)	115,856.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STUDENTS TO SCHOLARS 1117 SOURWOOD DRIVE CHAPEL HILL, NC 27517	82-2838733	501(C)(3)	25,294.	0.			GENERAL SUPPORT
SUMMIT CHURCH 2335 PRESIDENTIAL DRIVE, SUITE 114 DURHAM, NC 27703	83-0398389	501(C)(3)	7,846.	0.			GENERAL SUPPORT
TAMMY LYNN MEMORIAL FOUNDATION 739 CHAPPELL DRIVE RALEIGH, NC 27606	56-0999619	501(C)(3)	51,775.	0.			GENERAL SUPPORT
THE BEAUTIFUL PROJECT 201 WEST MAIN STREET, SUITE 100/PMB DURHAM, NC 27701	75-2993148	501(C)(3)	25,000.	0.			GENERAL SUPPORT
THE DANIEL CENTER FOR MATH AND SCIENCE - 735 ROCK QUARRY ROAD - RALEIGH, NC 27610	27-1597059	501(C)(3)	87,017.	0.			GENERAL SUPPORT
THE GREEN CHAIR PROJECT, INC. 1853 CAPITAL BLVD. RALEIGH, NC 27604	27-2323103	501(C)(3)	25,454.	0.			GENERAL SUPPORT
THE HOPE CENTER AT PULLEN 112 COX AVENUE, SUITE 100-A RALEIGH, NC 27605	27-1597059	501(C)(3)	49,014.	0.			GENERAL SUPPORT
THE MARIAN CHEEK JACKSON CENTER FOR SAVING & MAKING HISTORY - 512 W. ROSEMARY STREET - CHAPEL HILL, NC 27516	46-1988511	501(C)(3)	17,200.	0.			GENERAL SUPPORT
THE SALVATION ARMY OF WAKE COUNTY P. O. BOX 27584 RALEIGH, NC 27611	58-0660607	501(C)(3)	10,882.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THEGIFTED ARTS, INC. P. O. BOX 40277 RALEIGH, NC 27603	45-2650004	501(C)(3)	25,489.	0.			GENERAL SUPPORT
THRESHOLD INC. P. O. BOX 11706 DURHAM, NC 27703	56-1458745	501(C)(3)	26,152.	0.			GENERAL SUPPORT
TIES FOR GUYS MENS MINISTRY INC. 49 HERNDON COURT CLAYTON, NC 27520	82-0764217	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TRANSITIONS LIFECARE 250 HOSPICE CIRCLE RALEIGH, NC 27607	56-1228779	501(C)(3)	58,505.	0.			GENERAL SUPPORT
TRANSPLANTING TRADITIONS COMMUNITY FARM - P. O. BOX 835 - HILLSBOROUGH, NC 27278	82-4415307	501(C)(3)	7,740.	0.			GENERAL SUPPORT
TRIANGLE BIKEWORKS, INC. 117 WEST MAIN STREET CARRBORO, NC 27510	46-1229632	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TRIANGLE FAMILY SERVICES INC. 3937 WESTERN BLVD. RALEIGH, NC 27606	56-0547491	501(C)(3)	7,799.	0.			GENERAL SUPPORT
TRIANGLE MARTIN LUTHER KING, JR. COMMITTEE, INC. - P. O. BOX 25866 - RALEIGH, NC 27611		501(C)(3)	10,000.	0.			GENERAL SUPPORT
TROSA, INC. 1820 JAMES STREET DURHAM, NC 27707	56-1861158	501(C)(3)	51,547.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U. S. COMMITTEE FOR REFUGEES AND IMMIGRANT - 3824 BARRETT DRIVE, SUITE 200 - RALEIGH, NC 27609	13-1878704	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNITED WAY OF ALAMANCE COUNTY 220 EAST FRONT STREET BURLINGTON, NC 27215	56-0599239	501(C)(3)	12,483.	0.			GENERAL SUPPORT
UNITED WAY OF ASHEVILLE & BUNCOMBE COUNTY - 50 S. FRENCH BROAD AVENUE, SUITE 100 - ASHEVILLE, NC 28801	56-0576157	501(C)(3)	10,279.	0.			GENERAL SUPPORT
UNITED WAY OF CENTRAL CAROLINAS P. O. BOX 890685 CHARLOTTE, NC 28289	56-0529948	501(C)(3)	19,211.	0.			GENERAL SUPPORT
UNITED WAY OF CHATHAM COUNTY INC. P. O. BOX 1066 PITTSBORO, NC 27312	58-1897275	501(C)(3)	5,416.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER GREENSBORO 1500 YANCEYVILLE STREET GREENSBORO, NC 27405	56-0668555	501(C)(3)	7,008.	0.			GENERAL SUPPORT
UNITED WAY OF ONSLOW COUNTY, INC. 403 N. BAYSHORE BLVD. JACKSONVILLE, NC 28540	23-7356577	501(C)(3)	6,996.	0.			GENERAL SUPPORT
UNITED WAY OF THE NATIONAL CAPITAL AREA - 1577 SPRING HILL ROAD, SUITE 420 - VIENNA, VA 22182	53-0234290	501(C)(3)	10,351.	0.			GENERAL SUPPORT
URBAN MINISTRIES OF DURHAM INC. P. O. BOX 249 DURHAM, NC 27702	58-1505891	501(C)(3)	17,186.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN MINISTRIES OF WAKE COUNTY P. O. BOX 26476 RALEIGH, NC 27611	58-1422700	501(C)(3)	82,445.	0.			GENERAL SUPPORT
VILLAGE OF WISDOM, INC 600 E. UMSTEAD STREET DURHAM, NC 27703	47-2060936	501(C)(3)	25,026.	0.			GENERAL SUPPORT
WAKE COUNTY CONTINUUM OF CARE 410 N. BOYLAN AVENUE RALEIGH, NC 27603	65-1267717	501(C)(3)	100,000.	0.			GENERAL SUPPORT
WAKE EDUCATION PARTNERSHIP 3101 INDUSTRIAL DRIVE, SUITE 100 RALEIGH, NC 27609	58-1518182	501(C)(3)	10,461.	0.			GENERAL SUPPORT
WAKE UP AND READ C/O WAKEED PARTNERSHIP - 3101 INDUSTRIAL DRIVE, SUITE 100 - RALEIGH, NC 27609	56-1137759	501(C)(3)	100,486.	0.			GENERAL SUPPORT
WESTERN WAKE CRISIS MINISTRY 1600 OLIVE CHAPEL ROAD, SUITE 408 APEX, NC 27502	56-1585440	501(C)(3)	5,442.	0.			GENERAL SUPPORT
WORLD RELIEF DURHAM 801 GILBERT STREET, #209 DURHAM, NC 27701	23-6393344	501(C)(3)	40,000.	0.			GENERAL SUPPORT
YMCA OF THE TRIANGLE 801 CORPORATE CENTER DRIVE, SUITE 2 RALEIGH, NC 27607	56-0591307	501(C)(3)	77,641.	0.			GENERAL SUPPORT
YOUTH VILLAGES 3320 BROTHER BLVD. MEMPHIS, TN 38133	58-1716970	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

UNITED WAY OF THE GREATER TRIANGLE'S COMMUNITY IMPACT DEPARTMENT IS RESPONSIBLE FOR ENSURING DONOR GIFTS ARE INVESTED RESPONSIBLY AND ARE ACHIEVING IMPACT. THIS TEAM WORKS CLOSELY WITH A VOLUNTEER COMMITTEE TO DETERMINE GAPS IN HUMAN SERVICES AND RELATED SYSTEMS AND TO CREATE AND EXECUTE A FUNDING PLAN THAT BEST FILLS THESE GAPS, WITH THE GOAL OF MAXIMIZING IMPACT FOR PEOPLE LIVING IN THE TRIANGLE COMMUNITY. ORGANIZATIONS RECEIVING GRANT FUNDING ARE HELD TO HIGH STANDARDS OF REPORTING OF OUTCOMES DATA SPECIFIC TO KEY MEASUREMENT AREAS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization: **UNITED WAY OF THE GREATER TRIANGLE**
 Employer identification number: **56-1949103**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ERIC GUCKIAN PRESIDENT & CEO	(i)	200,756.	52,500.	0.	8,726.	0.	261,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR SETTING THE COMPENSATION OF THE PRESIDENT/CEO. COMPARATIVE DATA FROM UNITED WAY WORLDWIDE AND OTHER NONPROFIT ORGANIZATIONS IS USED IN THE PROCESS.

PART I, LINE 7:

THE BOARD DETERMINES THE BONUS FOR THE CEO BY EXAMINING PERFORMANCE AND MARKET RATES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE GREATER TRIANGLE

Employer identification number

56-1949103

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY MEMBERS OF UNITED WAY'S AUDIT AND FINANCE COMMITTEE
BEFORE FILING. COMMUNICATION REGARDING THE PROCESS IS MADE TO THE FULL
BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS SHARED WITH THE BOARD OF DIRECTORS AND
ALL EMPLOYEES ANNUALLY. ALL PERSONS ARE REQUIRED TO SIGN A STATEMENT
STATING THAT THEY HAVE READ AND COMPLIED WITH THE POLICY. POTENTIAL
CONFLICTS ARE IDENTIFIED AND DOCUMENTED. ANY PERSON WITH A CONFLICT OF
INTEREST IS RECUSED FROM CERTAIN DISCUSSIONS AND/OR VOTING AS APPROPRIATE.

THE CODE OF ETHICS IS ANNUALLY PROVIDED TO THE BOARD WITH A CODE OF ETHICS
CERTIFICATE REQUIRED TO BE COMPLETED, SIGNED BY EACH MEMBER AND RETURNED TO
THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15A:

EXECUTIVE COMMITTEE IS RESPONSIBLE FOR SETTING THE COMPENSATION OF THE
PRESIDENT/CEO. THE PRESIDENT/CEO IS RESPONSIBLE FOR SETTING COMPENSATION
FOR ALL OTHER OFFICERS AND EMPLOYEES BASED ON THE BUDGET APPROVED BY THE
BOARD. COMPARATIVE DATA FROM UNITED WAY WORLDWIDE AND OTHER NONPROFIT
ORGANIZATIONS IS USED IN THE PROCESS.

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

FINANCIAL STATEMENTS CAN BE FOUND ON OUR WEBSITE. OTHER POLICIES AND
DOCUMENTS ARE AVAILABLE BY REQUEST.