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BERNARD ROBINSON & COMPANY, LLP
PO BOX 19608
GREENSBORO, NC 27419-9608

UNITED WAY OF THE GREATER TRIANGLE, INC.
PO BOX 110583
DURHAM, NC 27709

|||||

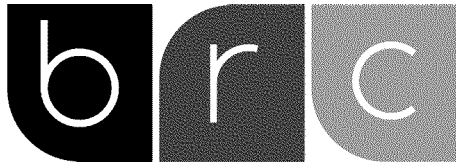
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Bernard Robinson & Company

Balanced. Responsive. Connected.

May 13, 2024

Mr. David Mills
United Way of Greater Triangle, Inc.
PO Box 110583
Durham, NC 27709

Dear David:

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990

As required by Federal Treasury Regulations, 301.6104(d)-1, a tax-exempt organization must make its annual informational returns available for public inspection and/or distribution. Your organization is required to make its annual informational returns available for public inspection, without charge, at your designated office during regular business hours. Each annual information return is required be made available for a period of three years beginning on the date the return is required to be filed (including any extensions) or the date the return is actually filed, whichever is later. In addition, the organization must provide a copy of all or any part of any return required to be made available for public inspection to any individual who makes a request in person or in writing. Any such copy must be provided without charge (other than a reasonable fee for reproduction and actual postage charges). We have provided a copy for public inspection that should be retained at your office.

Sincerely,

John M. Robinson

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TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

Prepared for	Mr. David Mills United Way of Greater Triangle, Inc. PO Box 110583 Durham, NC 27709
Prepared by	Bernard Robinson & Company, LLP PO Box 19608 Greensboro, NC 27419-9608
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	<p>This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2024.</p> <p>The signed Form 8879 should be returned within 7 business days by ONE of the following methods:</p> <ol style="list-style-type: none">1) If you are signing electronically via SafeSend Returns no further action on your part is needed.2) Email admin@brccpa.com to request a secure link be emailed to you that will enable you to upload your signed e-file authorization form securely.3) By Fax: 336.232.05914) Regular Mail: Bernard Robinson & Company, LLP P.O. Box 19608 Greensboro, NC 274195) Email using an unsecure method which is not recommended to

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Special Instructions

efile@brccpa.com

If you have any questions about Form 8879, please contact Kim Burroughs at 336.294.4494.

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Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023**2022**Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

UNITED WAY OF THE GREATER TRIANGLE, INC.

EIN or SSN

****-***9103**

Name and title of officer or person subject to tax

**ERIC GUCKIAN
PRESIDENT AND CEO****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 7,578,652.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **BERNARD ROBINSON & COMPANY, LLP** to enter my PIN **59103**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

56589174910

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **BERNARD ROBINSON & COMPANY, LLP**Date **05/13/24****ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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Form **8868**
(Rev. January 2022)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

- **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNITED WAY OF THE GREATER TRIANGLE, INC.	Taxpayer identification number (TIN) ** - ***9103
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 110583	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DURHAM, NC 27709	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

DAVID MILLS

- The books are in the care of ► **800 PARK OFFICES, STE. 204 - DURHAM, NC 27709**

Telephone No. ► **919-463-5043**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

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EXTENDED TO MAY 15, 2024

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022Open to Public
Inspection**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**UNITED WAY OF THE GREATER TRIANGLE, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 110583

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

DURHAM, NC 27709**F** Name and address of principal officer: **ERIC GUCKIAN****SAME AS C ABOVE****D** Employer identification number**** - ***9103****E** Telephone number**919-460-8687****G** Gross receipts \$**7,578,652.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.UNITEDWAYTRIANGLE.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1995****M** State of legal domicile: **NC****Part I Summary**

Activities & Governance	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.
	3	Number of voting members of the governing body (Part VI, line 1a) 27
	4	Number of independent voting members of the governing body (Part VI, line 1b) 27
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) 25
	6	Total number of volunteers (estimate if necessary) 5000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 10,593,566.
	9	Program service revenue (Part VIII, line 2g) 5,288.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,090.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 79,204.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,685,148.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,569,652.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 1,023,603.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,723,920.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,711,395.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 -2,026,247.
	20	Total assets (Part X, line 16) 8,988,793.
	21	Total liabilities (Part X, line 26) 5,868,836.
	22	Net assets or fund balances. Subtract line 21 from line 20 3,119,957.

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		Date		
	ERIC GUCKIAN, PRESIDENT AND CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOHN M. ROBINSON	JOHN M. ROBINSON	05/13/24	<input type="checkbox"/>	P01281319
Preparer Use Only	Firm's name	Firm's EIN			
	BERNARD ROBINSON & COMPANY, LLP	** - ***1159			
Preparer Use Only	Firm's address	Phone no.			
	PO BOX 19608 GREENSBORO, NC 27419-9608	336-294-4494			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

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Form 990 (2022)

UNITED WAY OF THE GREATER TRIANGLE, INC.

-*9103

Page 2

Part III Statement of Program Service AccomplishmentsCheck 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
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code:) (Expenses \$ **4,168,530.** including grants of \$ **4,168,530.**) (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 \$ **2,673,700.** including grants of \$ **880,406.**) (Revenue \$ **90,835.**)
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 \$ **166,716.** 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 **7,008,946.**

Form 990 (2022)

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Form 990 (2022)

UNITED WAY OF THE GREATER TRIANGLE, INC.

-*9103

Page **3**

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>	1	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	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>	3		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>	4		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		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>	6		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>	7		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>	8		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		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>	10	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>	11a	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>	11b	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>	11c		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>	11d		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>	11e	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>	11f	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>	12a	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>	12b		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		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>	15		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>	16		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		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>	19		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X	

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Form 990 (2022)

UNITED WAY OF THE GREATER TRIANGLE, INC.

-*9103

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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>	22		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>	23	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>	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		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>	25b		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>	26		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>	27		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		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>	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		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>	32		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>	33		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>	34		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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>	35b		
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>	36		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>	37		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	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	1a 45		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	25
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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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	1a 27		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 27		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NC

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
DAVID MILLS - 919-463-5043
800 PARK OFFICES, STE. 204, DURHAM, NC 27709

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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 the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIC GUCKIAN CEO	40.00			X				305,352.	0.	16,418.
(2) NICHOLAS ALLEN CHIEF PROGRAMS OFFICER	40.00				X			168,226.	0.	11,146.
(3) CHRISTOPHER HERNDON CHIEF OPERATING OFFICER	40.00				X			160,483.	0.	10,623.
(4) DAVID MILLS CFO	40.00			X				142,026.	0.	16,066.
(5) DEVIN DESJARLAIS MARKETING & STORYTELLING	40.00				X			107,188.	0.	7,757.
(6) DANETTE CHADWICK DIRECTOR, CORPORATE PHILANTHROPY	40.00				X			102,295.	0.	8,296.
(7) ADRIANNE MOODY CHIEF PHILANTHROPY OFFICER	40.00				X			100,770.	0.	8,235.
(8) BYRON KIRKLAND CHAIR	2.00	X		X				0.	0.	0.
(9) LINDA SHROPSHIRE-EUDY VICE CHAIR	2.00	X		X				0.	0.	0.
(10) AUTRICE CAMPBELL LONG SECRETARY	2.00	X		X				0.	0.	0.
(11) GREG WINKLER PAST CHAIR	2.00	X		X				0.	0.	0.
(12) DELORES BAILEY DIRECTOR	1.00	X						0.	0.	0.
(13) CREIGHTON BLACKWELL DIRECTOR	1.00	X						0.	0.	0.
(14) HEIDI CHAN DIRECTOR	1.00	X						0.	0.	0.
(15) MICHAEL DEPAOLIS DIRECTOR	1.00	X						0.	0.	0.
(16) CLAYTON DORN DIRECTOR	1.00	X						0.	0.	0.
(17) DAVID ELLIS DIRECTOR	1.00	X						0.	0.	0.

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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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TONY FASSINO DIRECTOR	1.00	X						0.	0.	0.
(19) PHILLIP GRAHAM DIRECTOR	1.00	X						0.	0.	0.
(20) JESS GEORGE DIRECTOR	1.00	X						0.	0.	0.
(21) MICHAEL GOODMON DIRECTOR	1.00	X						0.	0.	0.
(22) DAVID HAINES DIRECTOR	1.00	X						0.	0.	0.
(23) ANNE HOWARD DIRECTOR	1.00	X						0.	0.	0.
(24) JAY IRBY DIRECTOR	1.00	X						0.	0.	0.
(25) ROGER KEMBLE DIRECTOR	1.00	X						0.	0.	0.
(26) PETER MORRIS DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,086,340.	0.	78,541.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,086,340.	0.	78,541.

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

7

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

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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 (check all that apply)						(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			
(27) JOAN NELSON DIRECTOR	1.00	X						0.	0.	0.
(28) RAHUL PAGIDIPATI DIRECTOR	1.00	X						0.	0.	0.
(29) RON PRINGLE DIRECTOR	1.00	X						0.	0.	0.
(30) DAVID REESE DIRECTOR	1.00	X						0.	0.	0.
(31) BRADLEY RETZLAFF DIRECTOR	1.00	X						0.	0.	0.
(32) EVAN SITTON DIRECTOR	1.00	X						0.	0.	0.
(33) STELFANIE WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(34) CRYSTAL WILSON DIRECTOR	1.00	X						0.	0.	0.
(35) MIKE MURDY DIRECTOR	1.00	X						0.	0.	0.
(36) AMY STRECKER IMMEDIATE PAST CHAIR	1.00	X						0.	0.	0.
(37) SCOTT BYERS DIRECTOR	1.00	X						0.	0.	0.
(38) GAYLE CABRERA DIRECTOR	1.00	X						0.	0.	0.
(39) DWIGHT MORRIS DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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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				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,450,933.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f			7,450,933.			
Program Service Revenue	2 a	SERVICE FEES	Business Code	900099	4,697.	4,697.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		4,697.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			36,884.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	(ii) Personal			
6 b		Less: rental expenses					
6 c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
7 b		Less: cost or other basis and sales expenses					
7 c		Gain or (loss)					
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				
8 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				
9 b		Less: direct expenses	9b				
c		Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances	10a				
10 b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code	900099	86,138.	86,138.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		86,138.			
	12	Total revenue. See instructions		7,578,652.	90,835.	0.	36,884.

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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	5,048,936.	5,048,936.		
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	459,014.	141,126.	196,014.	121,874.
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	1,884,146.	579,289.	804,592.	500,265.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	67,554.	31,641.	13,648.	22,265.
9 Other employee benefits	212,499.	99,530.	42,930.	70,039.
10 Payroll taxes	165,865.	53,947.	64,999.	46,919.
11 Fees for services (nonemployees):				
a Management				
b Legal	835.		835.	
c Accounting	45,939.	29,090.	11,544.	5,305.
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.)	609,892.	438,938.	98,221.	72,733.
12 Advertising and promotion	31,551.	19,515.	1,651.	10,385.
13 Office expenses	67,768.	33,998.	18,188.	15,582.
14 Information technology	251,181.	139,859.	77,755.	33,567.
15 Royalties				
16 Occupancy	83,732.	42,605.	28,733.	12,394.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	80,627.	58,477.	5,182.	16,968.
20 Interest	166.	83.	58.	25.
21 Payments to affiliates	125,501.	62,751.	43,925.	18,825.
22 Depreciation, depletion, and amortization	73,801.	36,901.	25,830.	11,070.
23 Insurance	11,520.	5,760.	4,032.	1,728.
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 BAD DEBT EXPENSE	164,625.	164,625.		
b SPECIAL EVENTS	55,065.			55,065.
c DUES AND SUBSCRIPTIONS	36,885.	21,875.	6,416.	8,594.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,477,102.	7,008,946.	1,444,553.	1,023,603.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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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	4,569,679.	2	1,504,016.
	3 Pledges and grants receivable, net	3,636,798.	3	2,867,943.
	4 Accounts receivable, net	285,174.	4	206,372.
	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	64,066.	9	64,897.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	756,401.		
	b Less: accumulated depreciation	620,738.		
		221,881.	10c	135,663.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	210,745.	12	278,520.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	0.	15	174,921.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,988,793.	16	5,232,782.	
Liabilities	17 Accounts payable and accrued expenses	690,756.	17	392,771.
	18 Grants payable	4,486,423.	18	2,910,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	7,743.	21	7,831.
	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	683,914.	25	864,011.
	26 Total liabilities. Add lines 17 through 25	5,868,836.	26	4,174,613.
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	2,782,420.	27	784,536.
	28 Net assets with donor restrictions	337,537.	28	273,633.
	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	3,119,957.	32	1,058,169.
	33 Total liabilities and net assets/fund balances	8,988,793.	33	5,232,782.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,578,652.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,477,102.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,898,450.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,119,957.
5	Net unrealized gains (losses) on investments	5	12,856.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-176,194.
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	1,058,169.

Part XII Financial Statements and Reporting

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

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

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Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

UNITED WAY OF THE GREATER TRIANGLE, INC. ** - ***9103 Page 2

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,025,250.	9,957,618.	13,885,542.	10,593,566.	7,450,933.	50,912,909.
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	9,025,250.	9,957,618.	13,885,542.	10,593,566.	7,450,933.	50,912,909.
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)						669,235.
6 Public support. Subtract line 5 from line 4.						50,243,674.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	9,025,250.	9,957,618.	13,885,542.	10,593,566.	7,450,933.	50,912,909.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,567.	17,470.	5,981.	7,090.	36,884.	76,992.
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.	21,236.		32,581.
11 Total support. Add lines 7 through 10						51,022,482.
12 Gross receipts from related activities, etc. (see instructions)					12	337,925.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	98.47 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	97.60 %

16a **33 1/3% support test - 2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

UNITED WAY OF THE GREATER TRIANGLE, INC.**-***9103 Page 3

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 ☐

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Schedule A (Form 990) 2022

UNITED WAY OF THE GREATER TRIANGLE, INC.**-***9103 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

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Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

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)? 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).		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
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.		Yes	No
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? 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.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
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? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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UNITED WAY OF THE GREATER TRIANGLE, INC. ** - ***9103 Page 6

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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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).		

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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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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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.)

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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

2022

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE GREATER TRIANGLE, INC.

Employer identification number

-*9103

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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UNITED WAY OF THE GREATER TRIANGLE, INC.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange program
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 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	96,213.	185,197.	185,197.	156,439.	166,439.
b Contributions				28,758.	
c Net investment earnings, gains, and losses	8,433.	-91,984.			
d Grants or scholarships					10,000.
e Other expenditures for facilities and programs					
f Administrative expenses	977.				
g End of year balance	103,669.	96,213.	185,197.	156,439.	156,439.

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:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		362,656.	264,237.	98,419.
d Equipment		296,555.	282,036.	14,519.
e Other		97,190.	74,465.	22,725.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				135,663.

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UNITED WAY OF THE GREATER TRIANGLE, INC.

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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) OTHER SECURITIES	278,520.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	278,520.	

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) DESIGNATIONS PAYABLE	596,061.
(3) RIGHT OF USE LIABILITIES	267,950.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	864,011.

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... ☒

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UNITED WAY OF THE GREATER TRIANGLE, INC.

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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	6,711,102.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	12,856.
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	12,856.
3 Subtract line 2e from line 1	3	6,698,246.
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	880,406.
c Add lines 4a and 4b	4c	880,406.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,578,652.

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	8,596,696.
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	8,596,696.
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	880,406.
c Add lines 4a and 4b	4c	880,406.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,477,102.

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.

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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 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

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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, 2023 AND 2022 AND, ACCORDINGLY,
NO LIABILITY HAS BEEN ACCRUED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS	880,406.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS	880,406.
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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

2022

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE GREATER TRIANGLE, INC.

Employer identification number
-*9103

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALLIANCE MEDICAL MINISTRY 101 DONALD ROSS DRIVE RALEIGH, NC 27610	**_***8673	501C3	50,000.	0.			CHARITABLE
AMIKIDS INFINITY WAKE COUNTY 3351 CARL SANDBURG COURT RALEIGH, NC 27610	**_***0836	501C3	25,000.	0.			CHARITABLE
JOHNSTON COUNTY INDUSTRIES 1100 EAST PRESTON STREET SELMA, NC 27576	**_***1999	501C3	50,000.	0.			CHARITABLE
BE CONNECTED DURHAM & BEYOND: THE FAYETTEVILLE STREET CORRIDOR FELLOWS PROJ - 851 S ROXBORO ST., UNIT 302 - DURHAM, NC 27707	**_***0259	501C3	12,500.	0.			CHARITABLE
BIG BROTHERS BIG SISTERS OF THE TRIANGLE - 808 AVIATION PARKWAY, SUITE 900 - MORRISVILLE, NC 27560	**_***9717	501C3	25,000.	0.			CHARITABLE
BOOK HARVEST 2501 UNIVERSITY DRIVE DURHAM, NC 27707	**_***0533	501C3	120,000.	0.			CHARITABLE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 85.

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

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Schedule I (Form 990) 2022

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOOMERANG YOUTH, INC. 825A NORTH ESTES DRIVE CHAPEL HILL, NC 27514	** - ***0452	501C3	35,000.	0.			CHARITABLE
BOYS & GIRLS CLUBS OF DURHAM AND ORANGE COUNTIES - 1010 MLK PKWY STE 300 - DURHAM, NC 27713	** - ***1906	501C3	100,000.	0.			CHARITABLE
CASA 624 W. JONES ST RALEIGH, NC 27603	** - ***8714	501C3	25,000.	0.			CHARITABLE
CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH, INC. (SUSTAINING THE FAMILY T - 7200 STONEHENGE DR - RALEIGH, NC 27613	** - ***9943	501C3	100,000.	0.			CHARITABLE
CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH, INC. (SUSTAINING THE FAMILY T - 1701 OBERLIN ROAD - RALEIGH, NC 27608	** - ***9943	501C3	100,000.	0.			CHARITABLE
CENTER FOR CHILD & FAMILY HEALTH 1121 W CHAPEL HILL ST STE 100 DURHAM, NC 27701	** - ***6309	501C3	50,000.	0.			CHARITABLE
CHILD CARE SERVICES ASSOCIATION PO BOX 901 CHAPEL HILL, NC 27514	** - ***4058	501C3	50,000.	0.			CHARITABLE
CLUB NOVA COMMUNITY, INC. 103-D W. MAIN ST CARRBORO, NC 27510	** - ***3430	501C3	25,000.	0.			CHARITABLE
COMMUNITY EMPOWERMENT FUND 208 N COLUMBIA ST STE 100 CHAPEL HILL, NC 27514	** - ***8981	501C3	190,000.	0.			CHARITABLE

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPASS CENTER FOR WOMEN AND FAMILIES (THE WOMEN'S CENTER) - P.O. BOX 1057 - CHAPEL HILL, NC 27514	** - ***1474	501C3	100,000.	0.			CHARITABLE
COMPASS CENTER FOR WOMEN AND FAMILIES (THE WOMEN'S CENTER) - P.O. BOX 1057 - CHAPEL HILL, NC 27514	** - ***1474	501C3	15,000.	0.			CHARITABLE
DATAWORKS, NC 323 E. CHAPEL HILL STREET #1341 DURHAM, NC 27702	** - ***9302	501C3	12,500.	0.			CHARITABLE
DIAPER BANK OF NORTH CAROLINA 1311 E. CLUB BLVD DURHAM, NC 27704	** - ***1621	501C3	75,000.	0.			CHARITABLE
DRESS FOR SUCCESS TRIANGLE 1812 TILLERY PL, STE 105 RALEIGH, NC 27604	** - ***9898	501C3	50,000.	0.			CHARITABLE
DURHAM CHILDREN'S INITIATIVE 2101 ANGIER AVE STE 200 DURHAM, NC 27703	** - ***3133	501C3	150,000.	0.			CHARITABLE
DURHAM COLLABORATIVE TO END FAMILY HOMELESSNESS (DCEFH) - P.O. BOX 25426 - DURHAM, NC 27702	** - ***3998	501C3	100,000.	0.			CHARITABLE
DURHAM LITERACY CENTER 1905 CHAPEL HILL RD DURHAM, NC 27707	** - ***9534	501C3	40,000.	0.			CHARITABLE
DURHAM PUBLIC SCHOOLS FOUNDATION 600 E UMSTEAD ST DURHAM, NC 27701	** - ***3464	501C3	95,000.	0.			CHARITABLE

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DURHAM'S EARLY LEARNING TWO-GENERATION ALLIANCE (DELTA) C/O EXCHANGE FAMILY - 3400 CROASDAILE DR SUITE 206 - DURHAM,	** - ***8668	501C3	100,000.	0.			CHARITABLE
EL FUTURO, INC. 2020 CHAPEL HILL RD SUITE 26 DURHAM, NC 27707	** - ***2334	501C3	50,000.	0.			CHARITABLE
EMILY KRZYZEWSKI COMMUNITY CENTER 904 W CHAPEL HILL ST DURHAM, NC 27701	** - ***0469	501C3	25,000.	0.			CHARITABLE
EMPOWERMENT INC 109 N GRAHAM ST, STE 200 CHAPEL HILL, NC 27516	** - ***6159	501C3	10,000.	0.			CHARITABLE
EQUITY BEFORE BIRTH 112 BROADWAY SUITE B DURHAM, NC 27701	** - ***5630	501C3	15,000.	0.			CHARITABLE
FAMILIES TOGETHER P.O. BOX 14395 RALEIGH, NC 27620	** - ***8004	501C3	175,000.	0.			CHARITABLE
GROW YOUR WORLD 901 W MAIN ST CARBORO, NC 27510	** - ***5124	501C3	10,000.	0.			CHARITABLE
HABITAT FOR HUMANITY OF ORANGE COUNTY, NC, INC. - 88 VILCOM CENTER DR STE L110 - CHAPEL HILL, NC 27514	** - ***3427	501C3	75,000.	0.			CHARITABLE
HABITAT FOR HUMANITY OF WAKE COUNTY - 2420 N. RALEIGH BLVD - RALEIGH, NC 27604	** - ***2703	501C3	50,000.	0.			CHARITABLE

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY, DURHAM COUNTY - 215 N CHURCH ST - DURHAM, NC 27701	**_***4794	501C3	75,000.	0.			CHARITABLE
HOPE RENOVATIONS 205 LLOYD ST. SUITE 211 CARRBORO, NC 27510	**_***5207	501C3	25,000.	0.			CHARITABLE
HOUSING FOR NEW HOPE INC. 18 W COLONY PL STE 250 DURHAM, NC 27705	**_***9068	501C3	25,000.	0.			CHARITABLE
INTEL-I-GENTS MENTORING PROGRAM 49 HERNDON CT CLAYTON, NC 27520	**_***4217	501C3	25,000.	0.			CHARITABLE
INTERACT FAMILY JUSTICE CENTER COLLABORATIVE - 1012 OBERLIN ROAD - RALEIGH, NC 27605	**_***0613	501C3	100,000.	0.			CHARITABLE
INTER-FAITH COUNCIL FOR SOCIAL SERVICES, INC. - 110 W. MAIN ST. - CARRBORO, NC 27510	**_***4041	501C3	25,000.	0.			CHARITABLE
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR., STE 120 RALEIGH, NC 27603	**_***3180	501C3	100,000.	0.			CHARITABLE
ISLA P.O. BOX 16278 CHAPEL HILL, NC 27514	**_***6885	501C3	25,000.	0.			CHARITABLE
JOHNSTON LEE HARNETT COMMUNITY ACTION - P.O. DRAWER 71 - SMITHFIELD, NC 22757	**_***9623	501C3	75,000.	0.			CHARITABLE

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KRAMDEN INSTITUTE INC. 5010 NC HIGHWAY 55 DURHAM, NC 27713	** - ***8814	501C3	50,000.	0.			CHARITABLE
LATINX EDUCATION CENTER P.O. BOX 891 SILER CITY, NC 27344	** - ***4210	501C3	50,000.	0.			CHARITABLE
LUCY DANIELS CENTER 9003 WESTON PKWY CARY, NC 27513	** - ***3104	501C3	165,000.	0.			CHARITABLE
MAAME, INC. 1208 FAYETTEVILLE ST. DURHAM, NC 27707	** - ***8960	501C3	35,000.	0.			CHARITABLE
MADE IN DURHAM 359 BLACKWELL STREET DURHAM, NC 27701	** - ***4222	501C3	50,000.	0.			CHARITABLE
MARBLES KIDS MUSEUM 201 E. HARGETT ST RALEIGH, NC 27601	** - ***7538	501C3	25,000.	0.			CHARITABLE
MENTOR NORTH CAROLINA 406 BLACKWELL STREET, SUITE B030 DURHAM, NC 27701	** - ***9990	501C3	50,000.	0.			CHARITABLE
MY KIDS CLUB 311 W RICHARDSON ST. SELMA, NC 27576	** - ***7004	501C3	50,000.	0.			CHARITABLE
SAFECHILD 864 WEST MORGAN STREET RALEIGH, NC 27603	** - ***7816	501C3	100,000.	0.			CHARITABLE

Schedule I (Form 990)

Copy for Public Inspection

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
OAK CITY CARES 1430 S WILMINGTON ST RALEIGH, NC 27603	** - ***6329	501C3	50,000.	0.			CHARITABLE
ORANGE CONGREGATIONS IN MISSIONS, INC. - 300 MILLSTONE DRIVE - HILLSBOROUGH, NC 27278	** - ***3438	501C3	10,000.	0.			CHARITABLE
PARTNERSHIP FOR CHILDREN OF JOHNSTON COUNTY - 1406-A S POLLOCK STREET - SELMA, NC 27576	** - ***3680	501C3	10,000.	0.			CHARITABLE
PASSAGE HOME 513 BRANCH ST RALEIGH, NC 27601	** - ***5360	501C3	95,000.	0.			CHARITABLE
PREVENT BLINDNESS NC 4011 WESTCHASE BLVD, SUITE 225 RALEIGH, NC 27607	** - ***8141	501C3	25,000.	0.			CHARITABLE
RAFI-USA PO BOX 640 PITTSBORO, NC 27312	** - ***4863	501C3	35,000.	0.			CHARITABLE
RED CROSS 431 18TH ST, NW WASHINGTON, DC 20006	** - ***6605	501C3	25,000.	0.			CHARITABLE
READ AND FEED P.O. BOX 5865 CARY, NC 27512	** - ***6207	501C3	25,000.	0.			CHARITABLE
REFUGEE COMMUNITY PARTNERSHIP P.O. BOX 461 CARRBORO, NC 27510	** - ***8741	501C3	65,000.	0.			CHARITABLE

Schedule I (Form 990)

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REINTEGRATION SUPPORT NETWORK (RSN) - 117 W MAIN ST - CARBORO, NC 27510	** - ***9263	501C3	15,000.	0.			CHARITABLE
SEEDS 706 GILBERT ST DURHAM, NC 27701	** - ***2266	501C3	15,000.	0.			CHARITABLE
SOUTHLIGHT HEALTHCARE 3125 POPLARWOOD CT., SUITE 203 RALEIGH, NC 27604	** - ***8422	501C3	50,000.	0.			CHARITABLE
SPECIAL OLYMPICS NC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	** - ***9607	501C3	25,000.	0.			CHARITABLE
STANDUP-SPEAKOUT OF NORTH CAROLINA 112 BROADWAY ST STE B DURHAM, NC 27701	** - ***1305	501C3	25,000.	0.			CHARITABLE
STEPUP DURHAM 112 BROADWAY ST, STE B DURHAM, NC 27701	** - ***8727	501C3	130,000.	0.			CHARITABLE
STUDENT U 600 E UMSTEAD ST DURHAM, NC 27701	** - ***0491	501C3	110,000.	0.			CHARITABLE
STUDENTS TO SCHOLARS 1117 SOURWOOD DR CHAPEL HILL, NC 27517	** - ***8733	501C3	25,000.	0.			CHARITABLE
TABLE MINISTRIES, INC. 209 E. MAIN ST CARBORO, NC 27510	** - ***1735	501C3	25,000.	0.			CHARITABLE

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMMY LYNN MEMORIAL FOUNDATION 739 CHAPPELL DR RALEIGH, NC 27606	** - ***9619	501C3	25,000.	0.			CHARITABLE
THE DANIEL CENTER FOR MATH & SCIENCE - 735 ROCK QUARRY RD. - RALEIGH, NC 27610	** - ***7059	501C3	95,000.	0.			CHARITABLE
THE FAMILY VIOLENCE PREVENTION CENTER, INC. DBA INTERACT - 1012 OBERLIN ROAD SUITE 1000 - RALEIGH, NC 27605	** - ***0613	501C3	15,000.	0.			CHARITABLE
THE GIFTED ARTS 410 GLENWOOD AVE #170 RALEIGH, NC 27603	** - ***0004	501C3	50,000.	0.			CHARITABLE
THE GREEN CHAIR PROJECT, INC. 1853 CAPITAL BLVD RALEIGH, NC 27604	** - ***3103	501C3	50,000.	0.			CHARITABLE
THE HOPE CENTER AT PULLEN, INC. 112 COX AVE SUITE 100-A RALEIGH, NC 27605	** - ***7059	501C3	60,000.	0.			CHARITABLE
TRANSITIONS LIFECARE 250 HOSPICE CIRCLE RALEIGH, NC 27607	** - ***8779	501C3	75,000.	0.			CHARITABLE
TRIANGLE BIKEWORKS, INC. 117 W MAIN ST STE C-1 CARRBORO, NC 27510	** - ***9632	501C3	15,000.	0.			CHARITABLE
TRIANGLE LAND CONSERVANCY 514 S. DUKE ST. DURHAM, NC 27701	** - ***4406	501C3	10,000.	0.			CHARITABLE

Schedule I (Form 990)

Copy for Public Inspection

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
TROSA, INC. 1820 JAMES ST DURHAM, NC 27707	** - ***1158	501C4	50,000.	0.			CHARITABLE
URBAN MINISTRIES OF WAKE COUNTY, INC. - 1390 CAPITAL BOULEVARD - RALEIGH, NC 27603	** - ***2700	501C3	75,000.	0.			CHARITABLE
VILLAGE OF WISDOM 600 E. UMSTEAD ST DURHAM, NC 27701	** - ***0936	501C5	120,000.	0.			CHARITABLE
WADE EDWARDS FOUNDATION & LEARNING LAB - THE WELL - 714 SAINT MARY'S ST - RALIEGH, NC 27605	** - ***0957	501C6	50,000.	0.			CHARITABLE
WAKE UP AND READ 1820 CAPITAL BLVD RALEIGH, NC 27604	** - ***7759	501C7	100,000.	0.			CHARITABLE
WORLD RELIEF DURHAM 801 GILBERT STREET, #209 DURHAM, NC 27701	** - ***3344	501C8	25,000.	0.			CHARITABLE
YMCA OF THE TRIANGLE 801 CORPORATE CENTER DR STE 200 RALEIGH, NC 27607	** - ***1307	501C9	95,000.	0.			CHARITABLE

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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.

[illegible]

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

Copy for Public Inspection

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE GREATER TRIANGLE, INC.

Employer identification number

-*9103

Part I Questions Regarding Compensation

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

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

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

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?

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

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

a Receive a severance payment or change-of-control payment?

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

c Participate in or receive payment from an equity-based compensation arrangement?

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?

b Any related organization?

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?

b Any related organization?

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2022

Copy for Public Inspection

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.

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE GREATER TRIANGLE, INC.

Employer identification number

-*9103

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.

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

Schedule O (Form 990) 2022

232211 10-28-22