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Form **8868**
(Rev. January 2025)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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.

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.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. UNITED WAY OF THE GREATER TRIANGLE, INC.	Taxpayer identification number (TIN) 56-1949103
File by the due date for filing your return. See instructions.	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) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **THE ORGANIZATION**
PO BOX 110583 - DURHAM, NC 27709

Telephone No. **919-460-8687** 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**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

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.

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

Form **8868** (Rev. 1-2025)

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EXTENDED TO MAY 15, 2026

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

2024

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A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF THE GREATER TRIANGLE, INC.		D Employer identification number 56-1949103
	Doing business as		E Telephone number 919-460-8687
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 8,769,865.
	PO BOX 110583		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code DURHAM, NC 27709		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JEFF HOWELL SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.UNITEDWAYTRIANGLE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1995	M State of legal domicile: NC

Part I Summary

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)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	500
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,079,458.	8,594,674.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,469.	118,523.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,757.	6,582.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	97,139.	27,785.
		7,196,823.	8,747,564.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,451,560.	6,518,080.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,413,385.	1,497,293.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	558,977.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,138,822.	1,444,461.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,003,767.	9,459,834.	
19 Revenue less expenses. Subtract line 18 from line 12	-806,944.	-712,270.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,959,376.	2,169,438.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,689,114.	2,604,261.
	270,262.	-434,823.	

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		
	JEFF HOWELL, CEO Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JOHN M. ROBINSON	JOHN M. ROBINSON	05/14/26		P01281319
	Firm's name	Firm's EIN			
	BERNARD ROBINSON & COMPANY, LLP	56-0571159			
	Firm's address	Phone no. (336) 294-4494			
	PO BOX 19608 GREENSBORO, NC 27419-9608				

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

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO ERADICATE POVERTY AND TO INCREASE SOCIAL MOBILITY THROUGH THE POWER OF PARTNERSHIPS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
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 \$ 5,071,943. including grants of \$ 5,071,943.) (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 \$ 2,965,943. including grants of \$ 1,446,137.) (Revenue \$ 146,308.)
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 \$ 182,134. including grants of \$ _____) (Revenue \$ _____)
DIRECT SERVICES - ACTIVITIES THAT DELIVER SERVICES FUNDED BY OTHER SOURCES OTHER THAN THE ANNUAL CAMPAIGN.

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

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

4e Total program service expenses 8,220,020.

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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.</i> See instructions	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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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 noncash 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	19	
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	24	
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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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? <i>If "No," provide an explanation on Schedule O</i>	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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	23		
b Enter the number of voting members included on line 1a, above, who are independent	1b	23		
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 If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b			X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 NONE
- 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
THE ORGANIZATION - 919-460-8687
PO BOX 110583, 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				286,779.	0.	12,208.
(2) CRYSTAL WILSON CHIEF OUTREACH OFFICER	40.00					X		158,681.	0.	22,027.
(3) DAVID MILLS CFO	40.00			X				158,681.	0.	21,555.
(4) JEFF HOWELL CHIEF PROGRAM OFFICER	40.00					X		137,015.	0.	21,127.
(5) KELSEY CAMARENA CHIEF PHILANTHROPY OFFICER	40.00					X		114,771.	0.	9,773.
(6) JOAN NELSON BOARD CHAIR	2.00	X		X				0.	0.	0.
(7) PHILLIP GRAHAM VICE CHAIR	2.00	X		X				0.	0.	0.
(8) JESS GEORGE SECRETARY	2.00	X		X				0.	0.	0.
(9) DELORES BAILEY DIRECTOR	1.00	X						0.	0.	0.
(10) CREIGHTON BLACKWELL DIRECTOR	1.00	X						0.	0.	0.
(11) HEIDI CHAN DIRECTOR	1.00	X						0.	0.	0.
(12) MICHAEL DEPAOLIS DIRECTOR	1.00	X						0.	0.	0.
(13) CLAYTON DORN DIRECTOR	1.00	X						0.	0.	0.
(14) LOUIS DUKE DIRECTOR	1.00	X						0.	0.	0.
(15) DAVID ELLIS DIRECTOR	1.00	X						0.	0.	0.
(16) SHALEIAH FOX DIRECTOR	1.00	X						0.	0.	0.
(17) DAVID HAINES 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 <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(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) JAY IRBY DIRECTOR	1.00	X						0.	0.	0.
(19) ROGER KEMBLE DIRECTOR	1.00	X						0.	0.	0.
(20) SUSAN LEE DIRECTOR	1.00	X						0.	0.	0.
(21) ROBERT MILLER DIRECTOR	1.00	X						0.	0.	0.
(22) MOLLY O'CONNOR DIRECTOR	1.00	X						0.	0.	0.
(23) RAHUL PAGIDIPATI DIRECTOR	1.00	X						0.	0.	0.
(24) JESSICA PARKERSON DIRECTOR	1.00	X						0.	0.	0.
(25) RON PRINGLE DIRECTOR	1.00	X						0.	0.	0.
(26) BRADLEY RETZLAFF DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								855,927.	0.	86,690.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								855,927.	0.	86,690.

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 **5**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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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	8,594,674.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		8,594,674.				
Program Service Revenue	2 a	SERVICE FEES	Business Code					
			900099	118,523.	118,523.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		118,523.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,043.			3,043.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					25,840.			
	b	Less: cost or other basis and sales expenses	7b	22,301.				
	c	Gain or (loss)	7c	3,539.				
d	Net gain or (loss)		3,539.			3,539.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code					
			900099	27,785.	27,785.			
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d		27,785.					
12	Total revenue. See instructions		8,747,564.	146,308.	0.	6,582.		

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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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,518,080.	6,518,080.		
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	411,197.	206,066.	127,843.	77,288.
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	876,927.	439,460.	272,641.	164,826.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,967.	7,824.	1,952.	4,191.
9 Other employee benefits	103,687.	58,081.	14,494.	31,112.
10 Payroll taxes	91,515.	45,862.	28,452.	17,201.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,758.		1,758.	
c Accounting	40,487.	21,122.	13,028.	6,337.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,175.		1,175.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	518,752.	290,250.	75,312.	153,190.
12 Advertising and promotion	31,173.	11,679.	262.	19,232.
13 Office expenses	32,203.	16,875.	6,722.	8,606.
14 Information technology	126,611.	74,764.	36,293.	15,554.
15 Royalties				
16 Occupancy	95,622.	54,311.	28,918.	12,393.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,867.	4,348.	6,392.	8,127.
20 Interest	23,410.	11,705.	8,193.	3,512.
21 Payments to affiliates	75,902.	37,951.	26,566.	11,385.
22 Depreciation, depletion, and amortization	58,870.	28,692.	21,570.	8,608.
23 Insurance	12,581.	6,291.	4,404.	1,886.
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	317,439.	317,439.	0.	0.
b SPECIAL EVENTS	55,018.	51,272.	0.	3,746.
c DUES AND SUBSCRIPTIONS	34,593.	17,948.	4,862.	11,783.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	9,459,834.	8,220,020.	680,837.	558,977.
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	172,268.	
	2 Savings and temporary cash investments	104,640.	2	210,297.	
	3 Pledges and grants receivable, net	2,354,177.	3	1,549,152.	
	4 Accounts receivable, net	131,153.	4	24,965.	
	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	63,791.	9	59,235.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 756,401.			
	b Less: accumulated depreciation	10b 746,289.	67,497.	10c	10,112.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	135,233.	12	123,541.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	102,435.	15	19,868.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,959,376.	16	2,169,438.		
Liabilities	17 Accounts payable and accrued expenses	160,904.	17	83,920.	
	18 Grants payable	1,505,000.	18	1,231,452.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	13,435.	21	18,613.	
	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	1,009,775.	25	1,270,276.	
	26 Total liabilities. Add lines 17 through 25	2,689,114.	26	2,604,261.	
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	90,559.	27	-625,017.	
	28 Net assets with donor restrictions	179,703.	28	190,194.	
	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	270,262.	32	-434,823.	
33 Total liabilities and net assets/fund balances	2,959,376.	33	2,169,438.		

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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	8,747,564.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,459,834.
3	Revenue less expenses. Subtract line 2 from line 1	3	-712,270.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	270,262.
5	Net unrealized gains (losses) on investments	5	7,185.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-434,823.

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	2a		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	2b	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.	2c	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? _____	3a		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 _____	3b		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13885542.	10593566.	7450933.	7079458.	8594674.	47604173.
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	13885542.	10593566.	7450933.	7079458.	8594674.	47604173.
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)						2593558.
6 Public support. Subtract line 5 from line 4.						45010615.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	13885542.	10593566.	7450933.	7079458.	8594674.	47604173.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,981.	7,090.	36,884.	10,757.	3,043.	63,755.
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						47700509.
12 Gross receipts from related activities, etc. (see instructions)					12	503,153.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	94.36 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	97.87 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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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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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>

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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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount	(A) Prior Year	(B) Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
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 - <i>provide details in Part VI</i>)	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 (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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SCHEDULE D (Form 990)

(Rev. December 2024)

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

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE GREATER TRIANGLE, INC.

Employer identification number

56-1949103

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

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

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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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	123,541.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	123,541.	

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, line 13, col. (B))		

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DESIGNATIONS PAYABLE	892,571.
(3) RIGHT OF USE LIABILITIES	27,705.
(4) LINE OF CREDIT	350,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,270,276.

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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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	7,307,437.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	7,185.	
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	7,185.	
3 Subtract line 2e from line 1		3	7,300,252.
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	1,175.	
b Other (Describe in Part XIII.)	4b	1,446,137.	
c Add lines 4a and 4b	4c	1,447,312.	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,747,564.

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	8,012,522.
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	8,012,522.
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	1,175.	
b Other (Describe in Part XIII.)	4b	1,446,137.	
c Add lines 4a and 4b	4c	1,447,312.	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,459,834.

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.

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

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Part XIII Supplemental Information (continued)

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:

IT IS THE ORGANIZATION'S POLICY TO EVALUATE ALL TAX POSITIONS AND TO IDENTIFY ANY THAT MAY BE CONSIDERED UNCERTAIN. ALL IDENTIFIED MATERIAL TAX POSITIONS ARE ASSESSED AND MEASURED BY A MORE-LIKELY-THAN-NOT THRESHOLD TO DETERMINE IF THE TAX POSITION IS UNCERTAIN AND WHAT, IF ANY, THE EFFECT OF THE UNCERTAIN TAX POSITION MAY HAVE ON THE FINANCIAL STATEMENTS. NO MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED FOR 2025 AND 2024.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS 1,446,137.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED AMOUNTS 1,446,137.

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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
100 BLACK MEN OF AMERICA, INC. TRIANGLE EAST CHAPTER - P. O. BOX 80606 - RALEIGH, NC 27675	56-2076296	501C3	25,051.	0.			CHARITABLE
ALLIANCE MEDICAL MINISTRY 2610 NEW BERN AVENUE RALEIGH, NC 27610	56-2168673	501C3	6,680.	0.			CHARITABLE
AMIKIDS INFINITY WAKE COUNTY, INC. 3351 CARL SANDBURG COURT RALEIGH, NC 27610	27-4233587	501C3	12,500.	0.			CHARITABLE
ARTSPACE, INC. 201 E. DAVIE STREET RALEIGH, NC 27601	58-1450132	501C3	26,500.	0.			CHARITABLE
AUTISM SUPPORT AND ADVOCACY CENTER 1901 CHAPEL HILL ROAD DURHAM, NC 27707	26-4613218	501C3	15,000.	0.			CHARITABLE
BIG BROTHERS BIG SISTERS OF THE TRIANGLE - 2634 DURHAM CHAPEL HILL ROAD, SUITE 208 - DURHAM, NC 27707	56-2109717	501C3	13,339.	0.			CHARITABLE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 99.

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

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

Schedule I (Form 990) (Rev. 12-2024)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK AUGUST IN THE PARK 115 WINDERMERE DRIVE, SUITE 404 DURHAM, NC 27712	84-3252938	501C3	40,000.	0.			CHARITABLE
BOOK HARVEST 2501 UNIVERSITY DRIVE DURHAM, NC 27707	45-2610533	501C3	25,831.	0.			CHARITABLE
BOYS & GIRLS CLUBS OF DURHAM AND ORANGE COUNTIES - 1010 MLK PKWY STE 300 - DURHAM, NC 27713	56-6001906	501C3	50,945.	0.			CHARITABLE
BOYS & GIRLS CLUBS OF WAKE COUNTY 701 N. RALEIGH BLVD RALEIGH, NC 27610	56-0863051	501C3	26,733.	0.			CHARITABLE
BUMP, INC. 504 WEST CHAPEL HILL STREET DURHAM, NC 27701	20-5410127	501C3	10,000.	0.			CHARITABLE
CAROLINA BALLET INC. 3401-131 ATLANTIC AVENUE RALEIGH, NC 27604	56-1445383	501C3	24,850.	0.			CHARITABLE
CASA 624 W. JONES ST RALEIGH, NC 27603	56-1778714	501C3	80,121.	0.			CHARITABLE
CENTER FOR CHILD & FAMILY HEALTH 3518 WESTGATE DRIVE, SUITE 100 DURHAM, NC 27707	58-1446309	501C3	12,512.	0.			CHARITABLE
CHAPEL HILL-CARRBORO MEALS ON WHEELS, INC. - P. O. BOX 2102 - CHAPEL HILL, NC 27515	59-1721954	501C3	25,538.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLES HAMILTON HOUSTON FOUNDATION, INC. - P. O. BOX 25138 - DURHAM, NC 27702	47-4992302	501C3	12,500.	0.			CHARITABLE
COMMUNITY EMPOWERMENT FUND 208 N COLUMBIA ST STE 100 CHAPEL HILL, NC 27514	27-0428981	501C3	25,000.	0.			CHARITABLE
DANGERS OF THE MIND C/O SOUTHERN VISION ALLIANCE - P. O. BOX 51698 - DURHAM, NC 27717	61-1639641	501C3	28,500.	0.			CHARITABLE
DIAPER BANK OF NORTH CAROLINA 1311 E. CLUB BLVD DURHAM, NC 27704	32-0401621	501C3	61,158.	0.			CHARITABLE
DRESS FOR SUCCESS TRIANGLE, INC. 1812 TILLERY PLACE, SUITE 105 RALEIGH, NC 27604	26-2229898	501C3	12,847.	0.			CHARITABLE
DURHAM CHILDREN'S INITIATIVE 2101 ANGIER AVE STE 200 DURHAM, NC 27703	32-0263133	501C3	78,576.	0.			CHARITABLE
DURHAM LITERACY CENTER 1905 CHAPEL HILL RD DURHAM, NC 27707	56-1479534	501C3	25,788.	0.			CHARITABLE
DURHAM SUCCESS SUMMIT, INC. 732 9TH STREET 596 DURHAM, NC 27705	86-2985757	501C3	50,000.	0.			CHARITABLE
EARTHSEED LAND COLLECTIVE 1009 MILTON ROAD DURHAM, NC 27712	47-2181285	501C3	40,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECHO SYSTEM, INC. 112 BROADWAY STREET, SUITE B DURHAM, NC 27701	47-4482327	501C3	50,000.	0.			CHARITABLE
EL CENTRO HISPANO, INC. 2000 CHAPEL HILL ROAD, SUITE 26A DURHAM, NC 27707	56-2011661	501C3	25,000.	0.			CHARITABLE
EL FUTURO, INC. 2020 CHAPEL HILL RD SUITE 26 DURHAM, NC 27707	80-0122334	501C3	75,302.	0.			CHARITABLE
EMPOWER ALL, INC. 100 EAST SIX FORDS ROAD RALEIGH, NC 27609	86-3992772	501C3	27,000.	0.			CHARITABLE
EQUITY BEFORE BIRTH 112 BROADWAY SUITE B DURHAM, NC 27701	85-2675630	501C3	75,140.	0.			CHARITABLE
EVOLVE MENTORING 263 SUNNYBROOK ROAD, BOX #46692 RALEIGH, NC 27620	27-5203014	501C3	25,000.	0.			CHARITABLE
FAYETTEVILLE STREET GROUP, INC. 908 FAYETTEVILLE STREET, SUITE 203 DURHAM, NC 27701	92-1444561	501C3	70,000.	0.			CHARITABLE
FEED DURHAM C/O SOUTHERN VISION ALLIANCE - P. O. BOX 51698 - DURHAM, NC 27717	61-1639641	501C3	20,000.	0.			CHARITABLE
FOUNDATION OF HOPE FOR RESEARCH & TREATMENT MENTAL ILLNESS - 9401 GLENWOOD AVENUE - RALEIGH, NC 27617	56-6246626	501C3	53,360.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GALATIANS FOUNDATION DBA GALATIANS COMMUNITY HEALTH - 4551 NEW BERN AVENUE, SUITE160 - RALEIGH, NC 27610	81-3903533	501C3	12,500.	0.			CHARITABLE
GENERAL SERVICES FOUNDATION 172 CLOVERDALE ROAD APEX, NC 27523	87-4320701	501C3	25,000.	0.			CHARITABLE
GREATER ASCENSION COMMUNITY AND ECONOMIC DEVELOPMENT, INC. - 2530 MERIDIAN PARKWAY, SUITE 300 - DURHAM, NC 27713	86-1889070	501C3	10,000.	0.			CHARITABLE
GROWTH NC P. O. BOX 14444 DURHAM, NC 27709	87-1419571	501C3	10,000.	0.			CHARITABLE
H.E.A.R.T.S. 112 BROADWAY STREET, SUITE B DURHAM, NC 27701	47-5563762	501C3	62,500.	0.			CHARITABLE
HABITAT FOR HUMANITY OF DURHAM COUNTY, INC. - 215 N CHURCH ST - DURHAM, NC 27701	56-1674794	501C3	25,336.	0.			CHARITABLE
HANDEWA FARMS, LLC 5672 HOBGOOD ROAD ROUGEMONT, NC 27572	85-1533803	501C3	35,000.	0.			CHARITABLE
HAWKS NEST HEALING GARDENS, LLC 1205 N MINERAL SPRINGS RD DURHAM, NC 27703	85-1961485	501C3	40,000.	0.			CHARITABLE
HEALING TRANSITIONS, INC. 1251 GOODE STREET RALEIGH, NC 27603	56-2135246	501C3	53,360.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE RENOVATIONS 205 LLOYD ST. SUITE 211 CARRBORO, NC 27510	82-3675207	501C3	25,000.	0.			CHARITABLE
HOUSING FOR NEW HOPE INC. 18 W COLONY PL STE 250 DURHAM, NC 27705	58-2089068	501C3	25,484.	0.			CHARITABLE
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DRIVE, SUITE 120 RALEIGH, NC 27603	56-1753180	501C3	65,341.	0.			CHARITABLE
JOHNSTON COUNTY INDUSTRIES, INC. 1100 E. PRESTON STREET SELMA, NC 27576	56-1101999	501C3	13,031.	0.			CHARITABLE
JOHNSTON HEALTH FOUNDATION PO BOX 1376 SMITHFIELD, NC 27577	56-1831806	501C3	25,000.	0.			CHARITABLE
LATINK EDUCATION CENTER P.O. BOX 891 SILER CITY, NC 27344	82-4014210	501C3	25,085.	0.			CHARITABLE
MAAME, INC. 1208 FAYETTEVILLE STREET DURHAM, NC 27707	83-3433970	501C3	81,250.	0.			CHARITABLE
MADE IN DURHAM 359 BLACKWELL STREET DURHAM, NC 27701	56-0894222	501C3	50,000.	0.			CHARITABLE
MEALS ON WHEELS OF DURHAM, INC. 2506 NORTH ROXBORO ROAD DURHAM, NC 27704	56-1729111	501C3	14,033.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOVEMENT OF YOUTH INC. 411 W CHAPELL HILL ST, STE C2 DURHAM, NC 27701	26-2399990	501C3	25,000.	0.			CHARITABLE
NEIGHBOR TO NEIGHBOR MINISTRIES 1200 S BLOUNT ST RALEIGH, NC 27601	56-2016457	501C3	25,006.	0.			CHARITABLE
NOURISH INTERNATIONAL P. O. BOX 2173 GARNER, NC 27529	83-0462309	501C3	16,667.	0.			CHARITABLE
NOW SERVING, INC. 907 GLENWOOD AVE RALEIGH, NC 27605	88-3368787	501C3	25,000.	0.			CHARITABLE
OAK CITY CARES, INC. 1430 S WILMINGTON ST RALEIGH, NC 27603	83-0826329	501C3	26,729.	0.			CHARITABLE
OPEN TABLE MINISTRY, INC. P. O. BOX 51363 DURHAM, NC 27717	27-0977564	501C3	12,500.	0.			CHARITABLE
PASSAGE HOME, INC. 513 BRANCH ST RALEIGH, NC 27601	56-1765360	501C3	25,109.	0.			CHARITABLE
PLM FAMILIES TOGETHER, INC. DBA FAMILIES TOGETHER - 908 PLAINVIEW DR, APT 101 - RALEIGH, NC 27610	56-1278004	501C3	93,760.	0.			CHARITABLE
POOF, INC. 1110 N. MIAMI BLVD. DURHAM, NC 27703	88-1240641	501C3	20,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORCH CHAPEL HILL-CARRBORO 412 E. WINMORE AVENUE CHAPEL HILL, NC 27516	27-2759081	501C3	12,672.	0.			CHARITABLE
PUPUSAS FOR EDUCATION 1114 N. DRIVER STREET DURHAM, NC 27701	81-3347437	501C3	10,000.	0.			CHARITABLE
PURPOSE LEARNING LAB, INC. THE PREMIER DROP IN STUDIO - 3 OLIVENE DRIVE - DURHAM, NC 27703	84-5032978	501C3	20,000.	0.			CHARITABLE
REFUGEE COMMUNITY PARTNERSHIP P.O. BOX 461 CARRBORO, NC 27510	26-3608741	501C3	25,000.	0.			CHARITABLE
RESPITE IN THE ROUND, LLC 5680 HOBGOOD ROAD ROUGEMONT, NC 27572	86-2217453	501C3	30,000.	0.			CHARITABLE
RREPS, INC. 3220 BURNTWOOD CIRCLE RALEIGH, NC 27610	83-3745461	501C3	375,000.	0.			CHARITABLE
SAFECHILD 2841 KIDD ROAD RALEIGH, NC 27610	56-1817816	501C3	5,510.	0.			CHARITABLE
SAMARITAN'S PURSE P. O. BOX 3000 BOONE, NC 28607	58-1437002	501C3	10,408.	0.			CHARITABLE
SIDEKICKS ACADEMY, INC. 219 PADDLE LANE MEBANE, NC 27302	87-2200370	501C3	10,000.	0.			CHARITABLE

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Schedule I (Form 990)

UNITED WAY OF THE GREATER TRIANGLE, INC.

56-1949103

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST RALEIGH COMMUNITY LEARNING CENTER, INC. - 3400 POOLE RD - RALEIGH, NC 27610	46-1378079	501C3	25,000.	0.			CHARITABLE
SOUTHEAST RALEIGH PROMISE, INC. 900 S. WILMINGTON STREET, SUITE 105 RALEIGH, NC 27601	82-0614057	501C3	25,025.	0.			CHARITABLE
STANDUP-SPEAKOUT OF NORTH CAROLINA 112 BROADWAY ST STE B DURHAM, NC 27701	27-2331305	501C3	45,000.	0.			CHARITABLE
STEP-UP MINISTRY 1704 OBERLIN ROAD RALEIGH, NC 27608	56-1655255	501C3	14,426.	0.			CHARITABLE
STEPUP DURHAM 112 BROADWAY ST, STE B DURHAM, NC 27701	47-4578727	501C3	26,414.	0.			CHARITABLE
STUDENT U 600 E. UMSTEAD ST DURHAM, NC 27701	27-3760491	501C3	10,000.	0.			CHARITABLE
SUSTAINING THE FAMILY TABLE C/O STEPUP MINISTRY - 1701 OBERLIN ROAD - RALEIGH, NC 27608	56-1655255	501C3	25,000.	0.			CHARITABLE
TABLE MINISTRIES, INC. 209 E. MAIN STREET CARRBORO, NC 27510	26-1471735	501C3	12,500.	0.			CHARITABLE
THE CARYING PLACE, INC. 491 JAMES JACKSON AVENUE CARY, NC 27513	58-2425452	501C3	25,039.	0.			CHARITABLE

Schedule I (Form 990)

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Schedule I (Form 990)

UNITED WAY OF THE GREATER TRIANGLE, INC.

56-1949103

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DANIEL CENTER FOR MATH AND SCIENCE - 735 ROCK QUARRY ROAD - RALEIGH, NC 27610	27-1597059	501C3	27,970.	0.			CHARITABLE
THE FAMILY VIOLENCE PREVENTION CENTER, INC. DBA INTERACT - 1012 OBERLIN ROAD SUITE 1000 - RALEIGH, NC 27605	58-1320613	501C3	81,055.	0.			CHARITABLE
THE HOPE CENTER AT PULLEN, INC. 112 COX AVENUE, SUITE 100-A RALEIGH, NC 27605	61-1570567	501C3	35,091.	0.			CHARITABLE
THE LGBTQ CENTER OF DURHAM 1007 BROAD STREET DURHAM, NC 27705	27-1277498	501C3	65,000.	0.			CHARITABLE
THE MARIAN CHEEK JACKSON CENTER FOR SAVING & MAKING HISTORY - 512 W. ROSEMARY STREET - CHAPEL HILL, NC 27516	46-1988511	501C3	12,500.	0.			CHARITABLE
THE NO WOMAN, NO GIRL INITIATIVE 3717 NATIONAL DRIVE, SUITE 200 RALEIGH, NC 27612	86-2721892	501C3	31,741.	0.			CHARITABLE
THEGIFTED ARTS, INC. 410 GLENWOOD AVE #170 RALEIGH, NC 27603	45-2650004	501C3	25,000.	0.			CHARITABLE
TRANSPLANTING TRADITIONS COMMUNITY FARM - 2912B JONES FERRY ROAD - CHAPEL HILL, NC 27516	82-4415307	501C3	50,000.	0.			CHARITABLE
TRIANGLE AREA PARENTING SUPPORT 201 SHANNON OAKS CIR, SUITE 102 CARY, NC 27511	81-3973425	501C3	12,500.	0.			CHARITABLE

Schedule I (Form 990)

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Schedule I (Form 990)

UNITED WAY OF THE GREATER TRIANGLE, INC.

56-1949103

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF ALAMANCE COUNTY 220 EAST FRONT STREET BURLINGTON, NC 27215	56-0599239	501C3	7,678.	0.			CHARITABLE
UNITED WAY OF ASHEVILLE & BUNCOMBE COUNTY - 50 S. FRENCH BOARD AVENUE, SUITE 100 - ASHEVILLE, NC 28801	56-0576157	501C3	12,301.	0.			CHARITABLE
UNITED WAY OF NORTH CAROLINA 1130 KILDAIRE FARM ROAD, SUITE 100 CARY, NC 27511	56-0564547	501C3	427,548.	0.			CHARITABLE
UNITED WAY OF SUNCOAST, TAMPA AREA 4925 INDEPENDENCE PARKWAY, SUITE 12 TAMPA, FL 33634	59-3725701	501C3	350,000.	0.			CHARITABLE
UPSTREAM WORKS 106 DRAYTON COURT CHAPEL HILL, NC 27516	45-4196778	501C3	6,250.	0.			CHARITABLE
URBAN MINISTRIES OF WAKE COUNTY PO BOX 26476 RALEIGH, NC 27611	58-1422700	501C3	26,579.	0.			CHARITABLE
VILLAGE OF WISDOM, INC 600 E. UMSTEAD ST DURHAM, NC 27701	47-2060936	501C3	103,360.	0.			CHARITABLE
WEST END COMMUNITY FOUNDATION, INC. - P. O. BOX 51398 - DURHAM, NC 27717	56-1858174	501C3	45,018.	0.			CHARITABLE
YMCA OF THE TRIANGLE AREA, INC. 801 CORPORATE CENTER DR STE 200 RALEIGH, NC 27607	56-0591307	501C3	95,561.	0.			CHARITABLE

Schedule I (Form 990)

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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.

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

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

PART I, LINE 2:

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

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**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

**Open to Public
Inspection**

Name of the organization UNITED WAY OF THE GREATER TRIANGLE, INC.	Employer identification number 56-1949103
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Part I Questions Regarding Compensation

		Yes	No								
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<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)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)										
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b										
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2										
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
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<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?	4a		X								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X								
c Participate in or receive payment from an equity-based compensation arrangement?	4c		X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.											
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.											
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:											
a The organization?	5a		X								
b Any related organization?	5b		X								
If "Yes" on line 5a or 5b, describe in Part III.											
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:											
a The organization?	6a		X								
b Any related organization?	6b		X								
If "Yes" on line 6a or 6b, describe in Part III.											
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X									
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9										

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title	(i)	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ERIC GUCKIAN CEO	(i)	286,779.	0.	0.	1,287.	10,921.	298,987.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CRYSTAL WILSON CHIEF OUTREACH OFFICER	(i)	158,681.	0.	0.	5,822.	16,205.	180,708.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID MILLS CFO	(i)	158,681.	0.	0.	5,380.	16,175.	180,236.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEFF HOWELL CHIEF PROGRAM OFFICER	(i)	137,015.	0.	0.	5,481.	15,646.	158,142.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

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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)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE GREATER TRIANGLE, INC.

Employer identification number

56-1949103

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

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

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

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

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

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

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

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

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