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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HENDERSON COUNTY UNITED WAY INC

Doing business as
UNITED WAY OF HENDERSON COUNTY

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
PO BOX 487

City or town, state or province, country, and ZIP or foreign postal code
HENDERSONVILLE, NC 287930487

D Employer identification number
56-0890133

E Telephone number
(828) 692-1636

G Gross receipts $ 2,029,591

F Name and address of principal officer:
DENISE LONG
PO BOX 487
HENDERSONVILLE, NC 287930487

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ LIVEUNITEDHC.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1953

M State of legal domicile: NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
IMPROVE THE LIVES OF HENDERSON COUNTY RESIDENTS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	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 2019 (Part V, line 2a)	**5**	10
6	Total number of volunteers (estimate if necessary)	**6**	881
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,489,410	1,985,069
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,165	11,942
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,179	32,580
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,539,754	2,029,591
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,049,627	1,250,763
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	446,816	453,166
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶155,444		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	238,071	197,711
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,734,514	1,901,640
19	Revenue less expenses. Subtract line 18 from line 12	-194,760	127,951

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,361,808	2,104,247
21	Total liabilities (Part X, line 26)	1,018,972	720,735
22	Net assets or fund balances. Subtract line 21 from line 20	1,342,836	1,383,512

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

****** 2020-10-19
Signature of officer Date

DENISE LONG EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-10-28		P01286671

Firm's name ▶ GOLDSMITH MOLIS & GRAY PLLC — Firm's EIN ▶ 46-3054896

Firm's address ▶ 32 ORANGE ST ASHEVILLE, NC 288012914 — Phone no. (828) 281-3161

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ORGANIZE AND MOBILIZE COMMUNITY RESOURCES TO IMPROVE LIVES OF HENDERSON COUNTY RESIDENTS.

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 $ 1,538,106 including grants of $ 1,250,763) (Revenue $)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

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

4e **Total program service expenses ▶** 1,538,106

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
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? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII*	11b		No
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? *If "Yes," complete Schedule D, Part VIII*	11c		No
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? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

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? *If "Yes," complete Schedule I, Parts I and III*	22		No
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? *If "Yes," complete Schedule J*	23		No
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
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? *If "Yes," complete Schedule L,* Part I	25a		No
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? *If "Yes," complete Schedule L,* Part I	25b		No
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? *If "Yes," complete Schedule L, Part II*	26		No
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? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
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? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

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	1		
b	Enter the number of Forms W-2G included in 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		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 10				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		No	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		No	
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**		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No	
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**		No	
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**		No	
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**		No	
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**		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		No	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		No	
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**		No	
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.	**15**		No	
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**		No	

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	23		
	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 in Schedule O.				
b	Enter the number of voting members included in 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**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
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**		No
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**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
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 in Schedule O*			**9**		No

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**		No
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**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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**	Yes	
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
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▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)

19 Describe in 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:
▶ROBIN MORGAN 38 SMYTH AVENUE STE100 HENDERSONVILLE, NC 28792 (828) 692-1636

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENISE LONG EXECUTIVE DI	40.00			X				85,654	0	20,266
(2) PLATZ BARBARA STRATEGIC PL	2.00	X						0	0	0
(3) STATON BOB BOARD MEMBER	1.00	X						0	0	0
(4) HUMPHRIES ERNEST BOARD MEMBER	1.00	X						0	0	0
(5) MARMOLEJO HECTOR BOARD MEMBER	1.00	X						0	0	0
(6) WITTE JAN BOARD MEMBER	1.00	X						0	0	0
(7) BRYANT JOHN PAST CHAIR	2.00	X		X				0	0	0
(8) REED JOHNNA BOARD MEMBER	1.00	X						0	0	0
(9) BIDDIX JOYCE BOARD MEMBER	1.00	X						0	0	0
(10) HANSEN JUDY BOARD MEMBER	1.00	X						0	0	0
(11) FORD KELLY SECRETARY &	2.00	X		X				0	0	0
(12) FREEMAN KRISTEN BOARD MEMBER	1.00	X						0	0	0
(13) HOLLOWAY LEW VICE CHAIR	2.00	X		X				0	0	0
(14) RICHMOND LISA BOARD MEMBER	1.00	X						0	0	0
(15) WILLEY MICHAEL BOARD MEMBER	1.00	X						0	0	0
(16) BAKER PATTI TREASURER	2.00	X		X				0	0	0
(17) GAITHER REGGIE BOARD MEMBER	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TIRRELL SHARON BOARD MEMBER	1.00	X						0	0	0
(19) HOLBERT SHERRI CHAIR	2.00	X		X				0	0	0
(20) GIRONDA SONIA AGENCY REPRE	1.00	X						0	0	0
(21) BARBOSA STEPHANIE BOARD MEMBER	1.00	X						0	0	0
(22) ALBRECHT TAMMY SECRETARY	2.00	X		X				0	0	0
(23) SPARKS TIM RESOURCE DEV	2.00	X						0	0	0
(24) RUSHING TINA BOARD MEMBER	1.00	X						0	0	0
(25) MURRILL TOM BOARD MEMBER	1.00	X						0	0	0
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								85,654		20,266

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	93,500			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,891,569			
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f		1,985,069			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		300			300
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a 32,580				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c 32,580				
	d Net rental income or (loss)		32,580			32,580
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a 11,642				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c 11,642				
	d Net gain or (loss)		11,642			11,642
	8a 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					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d					
	12 **Total revenue.** See instructions		2,029,591			44,522

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,250,763	1,250,763		
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	85,654	34,261	28,267	23,126
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	286,219	114,487	94,452	77,280
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	53,151	21,260	17,540	14,351
10 Payroll taxes	28,142	11,257	9,287	7,598
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,985	5,595	10,390	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,264		3,264	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,436	1,203	2,233	
12 Advertising and promotion	9,405	1,217	5,968	2,220
13 Office expenses	7,008	2,934	556	3,518
14 Information technology				
15 Royalties				
16 Occupancy	30,052	8,006	16,643	5,403
17 Travel	2,655	1,062	876	717
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,193	3,697	2,362	1,134
20 Interest				
21 Payments to affiliates	14,500	14,500		
22 Depreciation, depletion, and amortization	11,317	4,527	3,735	3,055
23 Insurance	7,718	3,087	2,547	2,084
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	54,675	47,567	420	6,688
b BOARD/STAFF DEVELOPMENT	12,760	6,546	2,086	4,128
c CONTRACT SERVICES	7,297	2,919	2,408	1,970
d EQUIPMENT	6,107	2,443	2,015	1,649
e All other expenses	4,339	775	3,041	523
25 **Total functional expenses.** Add lines 1 through 24e	1,901,640	1,538,106	208,090	155,444
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		345	1	236
	2	Savings and temporary cash investments		690,984	2	615,163
	3	Pledges and grants receivable, net		929,478	3	780,193
	4	Accounts receivable, net		100,295	4	107,325
	5	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			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		3,873	9	7,437
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 403,487			
	b	Less: accumulated depreciation	10b 288,146	121,463	10c	115,341
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		515,370	15	478,552
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,361,808	16	2,104,247
Liabilities	17	Accounts payable and accrued expenses		115,507	17	31,841
	18	Grants payable		903,465	18	688,894
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,018,972	26	720,735
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,010,171	27	1,123,888
	28	Net assets with donor restrictions		332,665	28	259,624
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,342,836	32	1,383,512
	33	Total liabilities and net assets/fund balances		2,361,808	33	2,104,247

Part XI Reconcilliation 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	2,029,591
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,901,640
3	Revenue less expenses. Subtract line 2 from line 1	3	127,951
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,342,836
5	Net unrealized gains (losses) on investments	5	-27,606
6	Donated services and use of facilities	6	-59,669
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,383,512

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: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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 in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 56-0890133

Name: HENDERSON COUNTY UNITED WAY INC

Form 990 (2019)

Form 990, Part III, Line 4a:

UNITED WAY OF HENDERSON COUNTY (UWHC) ORGANIZES AND MOBILIZES COMMUNITY RESOURCES TO IMPROVE LIVES OF HENDERSON COUNTY RESIDENTS. UWHC'S COMMUNITY IMPACT IS MUCH MORE THAN THE FUNDS RAISED AND DISTRIBUTED TO LOCAL ORGANIZATIONS. THROUGH THE YEARS, WE HAVE BEEN A TRUSTED COMMUNITY LEADER, CONVENING CONVERSATIONS ON KEY ISSUES, LEVERAGING ADDITIONAL SUPPORT THROUGH VOLUNTEER, IN-KIND AND NON-CASH CONTRIBUTIONS, AND MOVING THE NEEDLE ON TARGETED ISSUES. WHEN ACCOUNTING FOR ALL FUNDS RAISED AND ADDITIONAL RESOURCES LEVERAGED, UWHC IS ABLE TO PRODUCE APPROXIMATELY ONE DOLLAR OF COMMUNITY IMPACT FOR EVERY DOLLAR DONATED. UNITED WAY RECEIVED TWO LARGE BEQUESTS WITH REVENUE RECORDED IN A PRIOR FISCAL YEAR. THE BOARD DETERMINED TO USE THESE BEQUESTS TOWARD EXPENSES FOR A 3 YEAR PERIOD. THEREFORE, IN 2019-20, 200,000 IN EXPENSES WAS PAID FROM PRIOR YEAR REVENUE. WHEN ACCOUNTING FOR THIS PRIOR YEAR INCOME, AS WELL AS SPONSORSHIPS THAT HELPED COVER SOME FUNDRAISING COSTS, THE OVERHEAD CALCULATION BASED ON CASH INCOME AND EXPENSE LISTED IN THE 990 IS APPROXIMATELY 7.9% FOR MANAGEMENT AND GENERAL EXPENSES AND 5.9% FOR FUNDRAISING EXPENSES FOR A COMBINED TOTAL OF 13.8%. UWHC'S WORK TO ASSIST THE COMMUNITY CONSISTS OF VARIOUS TYPES OF RESOURCES. THESE RESOURCES ARE MADE UP OF BOTH CASH AND NON-CASH CONTRIBUTIONS THAT ARE LEVERAGED TO HELP MEET THE NEEDS OF THE COMMUNITY. THE NUMBERS OUTLINED IN THE TAX RETURN DEAL PURELY WITH THE CASH PORTION. ADDING THE VALUE OF THIS ADDITIONAL COMMUNITY SUPPORT TO UWHC'S CASH INVESTMENT PUTS UNITED WAY'S TOTAL COMMUNITY IMPACT AT OVER 2.16 MILLION. THIS MEANS THAT EVERY DONOR DOLLAR CONTRIBUTED TO UWHC GENERATES APPROXIMATELY AN EQUAL AMOUNT OF POSITIVE IMPACT IN OUR COMMUNITY. IT INCLUDES ALLOCATIONS TO 39 COMMUNITY SERVICE PROGRAMS, DIRECT-PAY DESIGNATIONS FROM DONORS TO COMMUNITY AGENCIES, STRATEGIC INITIATIVES, VOLUNTEER INITIATIVES, UNITED WAY COMMUNITY IMPACT WORK AND SPONSORED PROGRAMS SUCH AS 2-1-1, WOMEN UNITED, RISING LEADERS, AND CHARITY TRACKER. IN ADDITION TO THIS, UWHC ALSO ADDS SIGNIFICANT VALUE TO OUR COMMUNITY THROUGH WORK WHICH IS NOT LISTED IN THE CASH REPORTING LINES OF THE 990 OR CONSIDERED IN OVERHEAD CALCULATIONS. THIS WORK IS ACCOMPLISHED THROUGH VARIOUS NON-CASH CONTRIBUTIONS OF GOODS, SERVICES AND COLLABORATIONS. GIFT IN-KIND, OR NON-CASH CONTRIBUTION OF ITEMS AND COLLABORATIONS, PROVIDE SUPPORT TO PEOPLE IN OUR COMMUNITY IN THE FORM OF OTHER ASSISTANCE AND SAVINGS. IT INCLUDES THINGS SUCH AS CONTRIBUTIONS OF SCHOOL SUPPLIES, FOOD, BOOKS AND CLOTHING ALONG WITH PRESCRIPTION SAVINGS THROUGH FAMILYWIZE, PEOPLE RECEIVING ASSISTANCE FROM THE EMERGENCY FOOD PROGRAM, VALUE OF VOLUNTEER HOURS IN STRATEGIC INITIATIVES, ETC. THESE SERVICES WOULD NOT HAVE HAPPENED WITHOUT UNITED WAY. READ BELOW FOR MORE DETAILS ON THE CASH AND NON-CASH CONTRIBUTIONS THAT UWHC WAS ABLE TO PROVIDE IN 2019-20. IN ORDER TO PROVIDE ADDITIONAL SUPPORT DURING THE PANDEMIC, UWHC OPENED THE HENDERSON COUNTY COVID-19 RESPONSE FUND IN MARCH 2020 IN COLLABORATION WITH COMMUNITY FOUNDATION OF HENDERSON COUNTY. THE FUND WAS CREATED TO SUPPORT FRONTLINE EMERGENCY NEEDS RELATED TO THE ECONOMIC AND HEALTH CRISIS. AS OF JUNE 30, 2020, THE FUND HAD RAISED 420,142 AND DISTRIBUTED 319,270 TO 37 LOCAL AGENCIES. UNITED WAY QUICKLY MOVED TO ADDRESS THE NEW AND EMERGING NEEDS CREATED BY THE PANDEMIC THROUGH THE FINANCIAL SUPPORT PROVIDED FROM THE RESPONSE FUND, AS WELL AS THROUGH PROMOTION OF NC 2-1-1, AND THE USE OF VOLUNTEER HENDO AS A COMMUNITY HUB FOR AGENCIES SEEKING ADDITIONAL VOLUNTEER SUPPORT. UWHC ALSO PROVIDED HIGH-IMPACT SERVICES AND SAVINGS TO PEOPLE IN HENDERSON COUNTY. FAMILYWIZE PRESCRIPTION DISCOUNT CARDS HELPED 2,798 LOCAL RESIDENTS SAVE A TOTAL OF 235,883 IN PRESCRIPTION COSTS. NARCAN VOUCHERS PROVIDED BY FAMILYWIZE TO ASSIST THOSE STRUGGLING WITH OPIOID ADDICTION ARE VALUED AT OVER 6,500. NC 2-1-1, UNITED WAY'S INFORMATION AND REFERRAL HELPLINE, RESPONDED TO 3,684 CALLS FROM HENDERSON COUNTY RESIDENTS AND DIRECTED THEM TO RESOURCES WHERE THEY COULD FIND FOOD, SHELTER, OR HEALTH CARE OR HELP PAYING MORTGAGE, RENT OR UTILITY BILLS. THE VALUE OF THIS WORK CANNOT BE OVERSTATED. VOLUNTEERS ARE ALSO A TREMENDOUS NON-CASH ASSET. UWHC HAD THE HELP OF OVER 881 VOLUNTEERS DURING 2019-2020, WHO PROVIDED OVER 5,400 HOURS OR OVER 138,000 WORTH OF VOLUNTEER HOUR VALUE TO IMPROVE THE COMMUNITY. UWHC HOSTED A COMMUNITY-WIDE VOLUNTEER EVENT -DAY OF ACTION- IN AUGUST OF 2019, BRINGING 500 VOLUNTEERS TOGETHER IN SUPPORT OF OUR LOCAL SCHOOLS. THESE VOLUNTEERS COMPLETED PAINTING, LANDSCAPING, AND CLEANING PROJECTS AT 22 PUBLIC SCHOOLS IN HENDERSON COUNTY. PARTICIPANTS ALSO DONATED 12,184 WORTH OF SCHOOL SUPPLIES AND NON-PERISHABLE FOOD (1109 POUNDS) FOR STUDENTS IN NEED. IN ADDITION TO OUR MAJOR VOLUNTEER EVENT, UWHC'S ONLINE VOLUNTEER MATCHING PROGRAM, VOLUNTEER HENDO, HAS ASSISTED MANY LOCAL NONPROFIT AGENCIES IN RECRUITING NEEDED VOLUNTEERS. THIS WEB-BASED PROGRAM CONNECTS POTENTIAL VOLUNTEERS WITH ONE-TIME OR ONGOING VOLUNTEER NEEDS AT HENDERSON COUNTY NON-PROFITS. AS OF JUNE 30, 2020, 2227 HENDERSON COUNTY RESIDENTS WERE REGISTERED ON THE SITE, WITH 95 PARTICIPATING NONPROFIT AGENCIES. WOMEN UNITED, A LEADERSHIP GIVING AFFINITY GROUP, HAD A BUSY FOURTH YEAR. DURING THE 2019-20 YEAR, MEMBERSHIP GREW TO 80. THESE WOMEN CONTINUED TO SUPPORT GIRLS EMPOWERED (GEM), AN AFTER-SCHOOL OPPORTUNITY FOR AT-RISK FIFTH GRADE GIRLS AT UPWARD AND HILLANDALE ELEMENTARY SCHOOLS AND EXPANDED THE GEM TO HENDERSONVILLE MIDDLE SCHOOL MAKING THE PROGRAM ACCESSIBLE TO 6TH, 7TH AND 8TH GRADE GIRLS. THE GEM PROGRAM PROVIDED A TOTAL OF 55 GIRLS WITH SESSIONS ON CAREER DEVELOPMENT AND SELF-ESTEEM, AND A NEW FEATURE OF GEM, A DOWNTOWN TOUR OF WOMEN-OWNED BUSINESSES. ALTHOUGH TWO OF THE PROGRAMS WERE CUT SHORT DUE TO THE PANDEMIC, WU MEMBERS WERE STILL ABLE TO DISTRIBUTE BACKPACKS TO THE ELEMENTARY SCHOOL GIRLS VALUED AT 2,900. THE GROUP ALSO COLLECTED BOOKS FOR FOSTER CARE FAMILIES VALUED AT 612, EMERGENCY CLOTHING ITEMS FOR SCHOOL CHILDREN VALUED AT 1,103, AND TOYS AND CLOTHING FOR 52 FAMILIES OVER THE HOLIDAYS VALUED AT 5,200. UWHC HAS RECEIVED DONATED OFFICE AND MEETING SPACE FROM KIMBERLY-CLARK WHICH HAS BEEN A TREMENDOUS BENEFIT. IN TURN, UWHC, IS ABLE TO PROVIDE LOW COST FACILITIES TO TWO OTHER NON-PROFIT AGENCIES AT OUR FORMER BUILDING AT 722 5TH AVENUE. DURING 2019-2020, BELIEVE CHILD ADVOCACY CENTER AND SMART START RENTED SPACE AT THE 722 5TH AVENUE BUILDING. UWHC RECEIVED GIFTS IN-KIND VALUED AT OVER 190,000. THIS COVERED THINGS SUCH AS PRINTING, SUPPLIES AND VARIOUS MEDIA RESOURCES SUCH AS NEWSPAPER AND RADIO. ADDITIONALLY UWHC SECURED CORPORATE SPONSORSHIPS TOTALING OVER 56,500 WHICH HELP COVER THE COST OF CAMPAIGN, EVENTS AND OPERATIONAL ITEMS. THIS MEANS THAT MORE DOLLARS FROM DONORS GO DIRECTLY TO PROGRAMS AND SERVICES TO THOSE IN NEED. THE RISING LEADERS INITIATIVE IS A UWHC PROGRAM DESIGNED TO DEVELOP THE NEXT GENERATION OF COMMUNITY LEADERS AND BOARD MEMBERS FOR HENDERSON COUNTY NON-PROFIT ORGANIZATIONS. PARTICIPANTS ATTEND AN INTRODUCTORY TEAMBUILDING SESSION AND 6 INFORMATIONAL SESSIONS. IN 2019-20, NINETEEN RISING LEADERS COMPLETED THE PROGRAM, AND MANY HAVE BEEN RECRUITED TO SERVE ON LOCAL BOARDS. BORN LEARNING TRAIL IS AN EDUCATION ACTIVITY PROGRAM. IT PROMOTES LEARNING IN A FUN AND INTERACTIVE WAY WHILE BOOSTING LANGUAGE, READING, PROBLEM SOLVING AND CRITICAL THINKING SKILLS. IT OFFERS FAMILIES A PLACE TO BE ACTIVE, ELEVATE AWARENESS OF EARLY CHILDHOOD EDUCATION AND BE A VISIBLE SYMBOL OF THE COMMUNITY'S COMMITMENT TO YOUNG CHILDREN. UWHC SUPPORTS TWO BORN LEARNING TRAILS, ONE ON THE OCHLAWAHA GREENWAY, A POPULAR WALKING AND BICYCLING TRAIL FOR LOCAL FAMILIES, AND OUR ORIGINAL BORN LEARNING TRAIL AT MILLS RIVER PARK. CHARITY TRACKER IS A COMMUNITY-WIDE, UWHC SPONSORED INITIATIVE TO ALLOW DIRECT SERVICE NON-PROFITS TO TRACK AND COORDINATE THE SERVICES THEY DELIVER TO INDIVIDUALS AND FAMILIES IN HENDERSON COUNTY. AGENCIES THAT USE THE CHARITY TRACKER SOFTWARE ARE ABLE TO EASILY REFER CLIENTS TO OTHER PARTICIPATING AGENCIES AND SEE WHAT SERVICES CLIENTS HAVE ALREADY USED. IN 2019, THE AGENCIES USING CHARITY TRACKER RECORDED A TOTAL ASSISTANCE VALUE OF 202,320 TO 3,350 HENDERSON COUNTY HOUSEHOLDS. UWHC ALSO ASSISTED IN THE ROLLOUT OF NCCARE360, A NEW, STATEWIDE COORDINATION SYSTEM DESIGNED TO STREAMLINE REFERRALS BETWEEN MEDICAL PROVIDERS AND NONPROFIT PROVIDERS. UWHC CO-SPONSORS THE HENDERSON COUNTY YOUTH COUNCIL, A GROUP OF HIGH SCHOOL STUDENTS SELECTED FROM THROUGHOUT HENDERSON COUNTY WHO FOCUS THEIR EFFORTS ON COMMUNITY SERVICE AND SPREADING AWARENESS ABOUT OPIOID AND PRESCRIPTION DRUG ABUSE. THE COUNCIL VOLUNTEERED FOR A DECEMBER RE-STOCK SCHOOL SUPPLY DRIVE IN 2019 TO COLLECT ADDITIONAL NEEDED SCHOOL SUPPLIES FOR NEEDY STUDENTS, VALUED AT 400. ADDITIONAL WAYS THAT UNITED WAY HELPED OUR COMMUNITY INCLUDE HOSTING ONTRACK'S MATCH SAVINGS PROGRAM WHICH ENABLED PARTICIPANTS TO CREATE SAVINGS ACCOUNTS RESULTING IN COLLECTIVE SAVINGS OF OVER

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HENDERSON COUNTY UNITED WAY INC

Employer identification number
56-0890133

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	1,746,245	2,405,268	1,546,823	1,489,410	1,985,069	9,172,815
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	1,746,245	2,405,268	1,546,823	1,489,410	1,985,069	9,172,815
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) . .						599,508
6 **Public support.** Subtract line 5 from line 4.						8,573,307

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	1,746,245	2,405,268	1,546,823	1,489,410	1,985,069	9,172,815
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	28,704	32,344	31,670	32,548	32,880	158,146
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.). .		7,811		3,000		10,811
11 **Total support.** Add lines 7 through 10						9,341,772

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	91.770 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	90.720 %

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

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

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

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

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ 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 government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) 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? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 10,811

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317015280

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HENDERSON COUNTY UNITED WAY INC

Employer identification number
56-0890133

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an 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 Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Temporarily restricted endowment ▶ .....

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

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

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		284,862	186,296	98,566
c Leasehold improvements				
d Equipment		118,625	101,850	16,775
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				115,341

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)ASSETS HELD BY OTHERS	425,799
(2)LIFE INSURANCE CASH SURRENDER VALUE	52,753
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	478,552

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements			1	1,869,347
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-27,606		
b	Donated services and use of facilities	2b	232,693		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	205,087
3	Subtract line **2e** from line **1**			3	1,664,260
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	365,331		
c	Add lines **4a** and **4b**			4c	365,331
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	2,029,591

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	1,828,671
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	292,362		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	292,362
3	Subtract line **2e** from line **1**			3	1,536,309
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	365,331		
c	Add lines **4a** and **4b**			4c	365,331
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	1,901,640

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 56-0890133
Name: HENDERSON COUNTY UNITED WAY INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	FASB ASC 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" CLARIFIED THE ACCOUNTING FOR TH E RECOGNITION AND MEASUREMENT OF UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN AN ENTITY'S F INANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF MORE LIKELY-THAN-NOT FOR RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE UNITED WAY'S POLICY IS TO EVALUATE THE LIKELIHOOD THAT ITS UNCERTAIN TAX POSITIONS WILL PREVAIL UPON EXAMINATION BA SED ON THE EXTENT TO WHICH THOSE POSITIONS HAVE SUBSTANTIAL SUPPORT WITHIN THE INTERNAL RE VENUE CODE AND REGULATIONS, REVENUE RULINGS, COURT DECISIONS AND OTHER EVIDENCE.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	DESIGNATED DONATIONS 365,331

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	DESIGNATED DONATIONS 365,331

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HENDERSON COUNTY UNITED WAY INC

Employer identification number
56-0890133

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

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

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	UWHC MONITORS GRANTS AND ASSISTANCE PROVIDED VIA AN ALLOCATIONS PROCESS. A UWHC PANEL REVIEWS GRANT APPLICATIONS AND DETERMINES THE PROGRAMS TO BE FUNDED. ONCE APPROVED FOR ALLOCATIED FUNDING, THE PROGRAM REPORTS THROUGHOUT THE END OF THE PAYOUT YEAR AND A VALUATION OF THE PROGRAM, AND ITS OUTCOMES ARE REVIEWED BY THE ALLOCATION PANELS AT THE END OF THE CYCLE.

Additional Data

Software ID:
Software Version:
EIN: 56-0890133
Name: HENDERSON COUNTY UNITED WAY INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
2-1-1 UWNC 211 PROGRAM 1130 KILDAIRE FARM ROAD CARY, NC 27511	56-0564547	501C3	9,032				GENERAL SUPPORT
ADVENT HEATH FOUNDATION 100 HOSPITAL DRIVE DEPT 867 HENDERSONVILLE, NC 28792	59-2219301	501C3	31,451				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF WNC 851 CASE STREET HENDERSONVILLE, NC 28793	58-1505917	501C3	20,833				GENERAL SUPPORT
BLUE RIDGE LITERACY COUNCIL PO BOX 1728 HENDERSONVILLE, NC 28793	56-1691110	501C3	47,682				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF HENDERSON CO 1304 ASHE STREET HENDERSONVILLE, NC 28792	56-1803125	501C3	118,250				GENERAL SUPPORT
CALVARY EPISCOPAL CHURCH FOOD PANTR 2840 HENDERSONVILLE ROAD FLETCHER, NC 28732	61-1657546	501C3	9,052				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN & FAMILY RESOURCE CENTER 851 CASE STREET HENDERSONVILLE, NC 28792	56-2113878	501C3	81,154				GENERAL SUPPORT
COUNCIL ON AGING - MEALS ON WHEELS 105 KING CREEK BOULEVARD HENDERSONVILLE, NC 28792	56-0936674	501C3	30,092				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOUR SEASONS CFL - ANGEL FUND FOR H 571 SOUTH ALLEN ROAD FLAT ROCK, NC 28731	56-1252665	501C3	29,823				GENERAL SUPPORT
HABITAT FOR HUMANITY 1111 KEITH STREET HENDERSONVILLE, NC 28792	56-1642263	501C3	51,038				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HELPING HAND DEVELOPMENT CENTER 130 EAGLES REACH DRIVE FLAT ROCK, NC 28731	51-0138781	501C3	25,417				GENERAL SUPPORT
HENDERSON COUNTY EDUATION FOUNDATIO 414 FOURTH AVE W HENDERSONVILLE, NC 28739	58-1734733	501C3	6,518				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MANNA FOOD BANK 627 SWANNANOA RIVER ROAD ASHEVILLE, NC 28805	58-1514800	501C3	35,642				GENERAL SUPPORT
MEDICAL LOAN CLOSET 1225 7TH AVENUE E HENDERSONVILLE, NC 28792	26-2933780	501C3	5,538				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOUNTAIN CARE 68 SWEETEN CREEK ROAD ASHEVILLE, NC 28803	56-2005198	501C3	10,051				GENERAL SUPPORT
ON TRACK - AFFORDABLE HOUSING SRVC 50 SOUTH FRENCH BOULEVARD ASHEVILLE, NC 28801	56-1056077	501C3	10,771				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PISGAH LEGAL SERVICES 440 S CHURCH STREET HENDERSONVILLE, NC 28792	56-1191115	501C3	71,500				GENERAL SUPPORT
SAFELIGHT 133 FIFTH AVENUE WEST HENDERSONVILLE, NC 28792	56-1469847	501C3	85,318				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SIXTH AVENUE PSYCHIATRIC REHAB THRIVE 714 6TH AVENUE W HENDERSONVILLE, NC 28739	20-5599815	501C3	58,840				GENERAL SUPPORT
SMART START OF HENDERSON COUNTY 722 5TH AVENUE W HENDERSONVILLE, NC 28739	56-2092325	501C3	57,739				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE FREE CLINICS 841 CASE STREET HENDERSONVILLE, NC 28792	56-2212024	501C3	30,951				GENERAL SUPPORT
THE STOREHOUSE 1049 SPARTANBURG HIGHWAY HENDERSONVILLE, NC 28739	01-0787966	501C3	10,290				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EBLEN FOUNDATION 10 WESTGAGE PARKWAY ASHEVILLE, NC 28806	56-1758077	501C3	9,537				GENERAL SUPPORT
PARDEE HOSPITAL FOUNDATION 2029A ASHEVILLE HIGHWAY HENDERSONVILLE, NC 28791	56-1930028	501C3	39,080				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY ASHEVILLE 50 S FRENCH BROAD AVENUE ASHEVILLE, NC 28801	56-0576157	501C3	38,461				GENERAL SUPPORT
UNITED WAY OF HAYWOOD COUNTY PO BOX 1139 WAYNESVILLE, NC 28786	23-7112548	501C3	7,639				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF TRANSYLVANIA COUNTY PO BOX 53 BREVARD, NC 28712	23-7145022	501C3	14,583				GENERAL SUPPORT
SHRINERS HOSPITAL FOR CHILDREN 950 WEST FARIS ROAD GREENVILLE, SC 29607	36-2193608	501C3	9,532				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VOCATIONAL SOLUTIONS OF HENDERSON C 2110 SPARTANBURG HIGHWAY EAST FLAT ROCK, NC 28726	56-0897854	501C3	11,000				GENERAL SUPPORT

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HENDERSON COUNTY UNITED WAY INC

Employer identification number
56-0890133

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	UNITED WAY OF HENDERSON COUNTY (UWHC) ORGANIZES AND MOBILIZES COMMUNITY RESOURCES TO IMPRO VE LIVES OF HENDERSON COUNTY RESIDENTS. UWHC'S COMMUNITY IMPACT IS MUCH MORE THAN THE FUND S RAISED AND DISTRIBUTED TO LOCAL ORGANIZATIONS. THROUGH THE YEARS, WE HAVE BEEN A TRUSTED COMMUNITY LEADER, CONVENING CONVERSATIONS ON KEY ISSUES, LEVERAGING ADDITIONAL SUPPORT TH ROUGH VOLUNTEER, IN-KIND AND NON-CASH CONTRIBUTIONS, AND MOVING THE NEEDLE ON TARGETED ISS UES. WHEN ACCOUNTING FOR ALL FUNDS RAISED AND ADDITIONAL RESOURCES LEVERAGED, UWHC IS ABLE TO PRODUCE APPROXIMATELY ONE DOLLAR OF COMMUNITY IMPACT FOR EVERY DOLLAR DONATED. UNITED WAY RECEIVED TWO LARGE BEQUESTS WITH REVENUE RECORDED IN A PRIOR FISCAL YEAR. THE BOARD DE TERMINED TO USE THESE BEQUESTS TOWARD EXPENSES FOR A 3 YEAR PERIOD. THEREFORE, IN 2019-20, 200,000 IN EXPENSES WAS PAID FROM PRIOR YEAR REVENUE. WHEN ACCOUNTING FOR THIS PRIOR YEAR INCOME, AS WELL AS SPONSORSHIPS THAT HELPED COVER SOME FUNDRAISING COSTS, THE OVERHEAD CA LCULATION BASED ON CASH INCOME AND EXPENSE LISTED IN THE 990 IS APPROXIMATELY 7.9% FOR MAN AGEMENT AND GENERAL EXPENSES AND 5.9% FOR FUNDRAISING EXPENSES FOR A COMBINED TOTAL OF 13. 8%. UWHC'S WORK TO ASSIST THE COMMUNITY CONSISTS OF VARIOUS TYPES OF RESOURCES. THESE RESO URCES ARE MADE UP OF BOTH CASH AND NON-CASH CONTRIBUTIONS THAT ARE LEVERAGED TO HELP MEET THE NEEDS OF THE COMMUNITY. THE NUMBERS OUTLINED IN THE TAX RETURN DEAL PURELY WITH THE CA SH PORTION. ADDING THE VALUE OF THIS ADDITIONAL COMMUNITY SUPPORT TO UWHC'S CASH INVESTMEN T PUTS UNITED WAY'S TOTAL COMMUNITY IMPACT AT OVER 2.16 MILLION. THIS MEANS THAT EVERY DON OR DOLLAR CONTRIBUTED TO UWHC GENERATES APPROXIMATELY AN EQUAL AMOUNT OF POSITIVE IMPACT I N OUR COMMUNITY. IT INCLUDES ALLOCATIONS TO 39 COMMUNITY SERVICE PROGRAMS, DIRECT-PAY DESI GNATIONS FROM DONORS TO COMMUNITY AGENCIES, STRATEGIC INITIATIVES, VOLUNTEER INITIATIVES, UNITED WAY COMMUNITY IMPACT WORK AND SPONSORED PROGRAMS SUCH AS 2-1-1, WOMEN UNITED, RISIN G LEADERS, AND CHARITY TRACKER. IN ADDITION TO THIS, UWHC ALSO ADDS SIGNIFICANT VALUE TO O UR COMMUNITY THROUGH WORK WHICH IS NOT LISTED IN THE CASH REPORTING LINES OF THE 990 OR CO NSIDERED IN OVERHEAD CALCULATIONS. THIS WORK IS ACCOMPLISHED THROUGH VARIOUS NON-CASH CONT RIBUTIONS OF GOODS, SERVICES AND COLLABORATIONS. GIFT IN-KIND, OR NON-CASH CONTRIBUTION OF ITEMS AND COLLABORATIONS, PROVIDE SUPPORT TO PEOPLE IN OUR COMMUNITY IN THE FORM OF OTHER ASSISTANCE AND SAVINGS. IT INCLUDES THINGS SUCH AS CONTRIBUTIONS OF SCHOOL SUPPLIES, FOOD , BOOKS AND CLOTHING ALONG WITH PRESCRIPTION SAVINGS THROUGH FAMILYWIZE, PEOPLE RECEIVING ASSISTANCE FROM THE EMERGENCY FOOD PROGRAM, VALUE OF VOLUNTEER HOURS IN STRATEGIC INITIATI VES, ETC. THESE SERVICES WOULD NOT HAVE HAPPENED WITHOUT UNITED WAY. READ BELOW FOR MORE D ETAILS ON THE CASH AND NON-CASH CONTRIBUTIONS THAT UWHC WAS ABLE TO PROVIDE IN 2019-20. IN ORDER TO PROVIDE ADDITIONAL SUPPORT DURING THE PANDEMIC, UWHC OPENED THE HENDERSON COUNTY COVID-19 RESPONSE FUND IN MAR

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FORM 990, PAGE 2, PART III, LINE 4A	CH 2020 IN COLLABORATION WITH COMMUNITY FOUNDATION OF HENDERSON COUNTY. THE FUND WAS CREAT ED TO SUPPORT FRONTLINE EMERGENCY NEEDS RELATED TO THE ECONOMIC AND HEALTH CRISIS. AS OF J UNE 30, 2020, THE FUND HAD RAISED 420,142 AND DISTRIBUTED 319,270 TO 37 LOCAL AGENCIES. UN ITED WAY QUICKLY MOVED TO ADDRESS THE NEW AND EMERGING NEEDS CREATED BY THE PANDEMIC THROU GH THE FINANCIAL SUPPORT PROVIDED FROM THE RESPONSE FUND, AS WELL AS THROUGH PROMOTION OF NC 2-1-1, AND THE USE OF VOLUNTEER HENDO AS A COMMUNITY HUB FOR AGENCIES SEEKING ADDITIONA L VOLUNTEER SUPPORT. UWHC ALSO PROVIDED HIGH-IMPACT SERVICES AND SAVINGS TO PEOPLE IN HEND ERSON COUNTY. FAMILYWIZE PRESCRIPTION DISCOUNT CARDS HELPED 2,798 LOCAL RESIDENTS SAVE A T OTAL OF 235,883 IN PRESCRIPTION COSTS. NARCAN VOUCHERS PROVIDED BY FAMILYWIZE TO ASSIST TH OSE STRUGGLING WITH OPIOID ADDICTION ARE VALUED AT OVER 6,500. NC 2-1-1, UNITED WAY'S INFO RMATION AND REFERRAL HELPLINE, RESPONDED TO 3,684 CALLS FROM HENDERSON COUNTY RESIDENTS AN D DIRECTED THEM TO RESOURCES WHERE THEY COULD FIND FOOD, SHELTER, OR HEALTH CARE OR HELP P AYING MORTGAGE, RENT OR UTILITY BILLS. THE VALUE OF THIS WORK CANNOT BE OVERSTATED. VOLUNT EERS ARE ALSO A TREMENDOUS NON-CASH ASSET. UWHC HAD THE HELP OF OVER 881 VOLUNTEERS DURING 2019-2020, WHO PROVIDED OVER 5,400 HOURS OR OVER 138,000 WORTH OF VOLUNTEER HOUR VALUE TO IMPROVE THE COMMUNITY. UWHC HOSTED A COMMUNITY-WIDE VOLUNTEER EVENT -DAY OF ACTION- IN AU GUST OF 2019, BRINGING 500 VOLUNTEERS TOGETHER IN SUPPORT OF OUR LOCAL SCHOOLS. THESE VOLU NTEERS COMPLETED PAINTING, LANDSCAPING, AND CLEANING PROJECTS AT 22 PUBLIC SCHOOLS IN HEND ERSON COUNTY. PARTICIPANTS ALSO DONATED 12,184 WORTH OF SCHOOL SUPPLIES AND NON-PERISHABLE FOOD (1109 POUNDS) FOR STUDENTS IN NEED. IN ADDITION TO OUR MAJOR VOLUNTEER EVENT, UWHC'S ONLINE VOLUNTEER MATCHING PROGRAM, VOLUNTEER HENDO, HAS ASSISTED MANY LOCAL NONPROFIT AGE NCIES IN RECRUITING NEEDED VOLUNTEERS. THIS WEB-BASED PROGRAM CONNECTS POTENTIAL VOLUNTEER S WITH ONE-TIME OR ONGOING VOLUNTEER NEEDS AT HENDERSON COUNTY NON-PROFITS. AS OF JUNE 30, 2020, 2227 HENDERSON COUNTY RESIDENTS WERE REGISTERED ON THE SITE, WITH 95 PARTICIPATING NONPROFIT AGENCIES. WOMEN UNITED, A LEADERSHIP GIVING AFFINITY GROUP, HAD A BUSY FOURTH YE AR. DURING THE 2019-20 YEAR, MEMBERSHIP GREW TO 80. THESE WOMEN CONTINUED TO SUPPORT GIRLS EMPOWERED (GEM), AN AFTER-SCHOOL OPPORTUNITY FOR AT-RISK FIFTH GRADE GIRLS AT UPWARD AND HILLANDALE ELEMENTARY SCHOOLS AND EXPANDED THE GEM TO HENDERSONVILLE MIDDLE SCHOOL MAKING THE PROGRAM ACCESSIBLE TO 6TH, 7TH AND 8TH GRADE GIRLS. THE GEM PROGRAM PROVIDED A TOTAL O F 55 GIRLS WITH SESSIONS ON CAREER DEVELOPMENT AND SELF-ESTEEM, AND A NEW FEATURE OF GEM, A DOWNTOWN TOUR OF WOMEN-OWNED BUSINESSES. ALTHOUGH TWO OF THE PROGRAMS WERE CUT SHORT DUE TO THE PANDEMIC, WU MEMBERS WERE STILL ABLE TO DISTRIBUTE BACKPACKS TO THE ELEMENTARY SCH OOL GIRLS VALUED AT 2,900. THE GROUP ALSO COLLECTED BOOKS FOR FOSTER CARE FAMILIES VALUED AT 612, EMERGENCY CLOTHING ITE

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FORM 990, PAGE 2, PART III, LINE 4A	MS FOR SCHOOL CHILDREN VALUED AT 1,103, AND TOYS AND CLOTHING FOR 52 FAMILIES OVER THE HOL IDAYS VALUED AT 5,200. UWHC HAS RECEIVED DONATED OFFICE AND MEETING SPACE FROM KIMBERLY-CL ARK WHICH HAS BEEN A TREMENDOUS BENEFIT. IN TURN, UWHC, IS ABLE TO PROVIDE LOW COST FACILI TIES TO TWO OTHER NON-PROFIT AGENCIES AT OUR FORMER BUILDING AT 722 5TH AVENUE. DURING 201 9-2020, BELIEVE CHILD ADVOCACY CENTER AND SMART START RENTED SPACE AT THE 722 5TH AVENUE B UILDING. UWHC RECEIVED GIFTS IN-KIND VALUED AT OVER 190,000. THIS COVERED THINGS SUCH AS P RINTING, SUPPLIES AND VARIOUS MEDIA RESOURCES SUCH AS NEWSPAPER AND RADIO. ADDITIONALLY UW HC SECURED CORPORATE SPONSORSHIPS TOTALING OVER 56,500 WHICH HELP COVER THE COST OF CAMPAI GN, EVENTS AND OPERATIONAL ITEMS. THIS MEANS THAT MORE DOLLARS FROM DONORS GO DIRECTLY TO PROGRAMS AND SERVICES TO THOSE IN NEED. THE RISING LEADERS INITIATIVE IS A UWHC PROGRAM DE SIGNED TO DEVELOP THE NEXT GENERATION OF COMMUNITY LEADERS AND BOARD MEMBERS FOR HENDERSON COUNTY NON-PROFIT ORGANIZATIONS. PARTICIPANTS ATTEND AN INTRODUCTORY TEAMBUILDING SESSION AND 6 INFORMATIONAL SESSIONS. IN 2019-20, NINETEEN RISING LEADERS COMPLETED THE PROGRAM, AND MANY HAVE BEEN RECRUITED TO SERVE ON LOCAL BOARDS. BORN LEARNING TRAIL IS AN EDUCATION ACTIVITY PROGRAM. IT PROMOTES LEARNING IN A FUN AND INTERACTIVE WAY WHILE BOOSTING LANGUA GE, READING, PROBLEM SOLVING AND CRITICAL THINKING SKILLS. IT OFFERS FAMILIES A PLACE TO B E ACTIVE, ELEVATE AWARENESS OF EARLY CHILDHOOD EDUCATION AND BE A VISIBLE SYMBOL OF THE CO MMUNITY'S COMMITMENT TO YOUNG CHILDREN. UWHC SUPPORTS TWO BORN LEARNING TRAILS, ONE ON THE OCHLAWAHA GREENWAY, A POPULAR WALKING AND BICYCLING TRAIL FOR LOCAL FAMILIES, AND OUR ORI GINAL BORN LEARNING TRAIL AT MILLS RIVER PARK. CHARITY TRACKER IS A COMMUNITY-WIDE, UWHC S PONSORED INITIATIVE TO ALLOW DIRECT SERVICE NON-PROFITS TO TRACK AND COORDINATE THE SERVIC ES THEY DELIVER TO INDIVIDUALS AND FAMILIES IN HENDERSON COUNTY. AGENCIES THAT USE THE CHA RITY TRACKER SOFTWARE ARE ABLE TO EASILY REFER CLIENTS TO OTHER PARTICIPATING AGENCIES AND SEE WHAT SERVICES CLIENTS HAVE ALREADY USED. IN 2019, THE AGENCIES USING CHARITY TRACKER RECORDED A TOTAL ASSISTANCE VALUE OF 202,320 TO 3,350 HENDERSON COUNTY HOUSEHOLDS. UWHC AL SO ASSISTED IN THE ROLLOUT OF NCCARE360, A NEW, STATEWIDE COORDINATION SYSTEM DESIGNED TO STREAMLINE REFERRALS BETWEEN MEDICAL PROVIDERS AND NONPROFIT PROVIDERS. UWHC CO-SPONSORS T HE HENDERSON COUNTY YOUTH COUNCIL, A GROUP OF HIGH SCHOOL STUDENTS SELECTED FROM THROUGHOU T HENDERSON COUNTY WHO FOCUS THEIR EFFORTS ON COMMUNITY SERVICE AND SPREADING AWARENESS AB OUT OPIOID AND PRESCRIPTION DRUG ABUSE. THE COUNCIL VOLUNTEERED FOR A DECEMBER RE-STOCK SC HOOL SUPPLY DRIVE IN 2019 TO COLLECT ADDITIONAL NEEDED SCHOOL SUPPLIES FOR NEEDY STUDENTS, VALUED AT 400. ADDITIONAL WAYS THAT UNITED WAY HELPED OUR COMMUNITY INCLUDE HOSTING ONTRA CK'S MATCH SAVINGS PROGRAM WHICH ENABLED PARTICIPANTS TO CREATE SAVINGS ACCOUNTS RESULTING IN COLLECTIVE SAVINGS OF OVER

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FORM 990, PAGE 6, PART VI, LINE 11B	THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND OVERSIGHT FROM MANAGEMENT. A COPY OF THE FORM 990 WAS PROVIDED TO THE ENTIRE BOARD PRIOR TO THE FILING DATE. THE RETURN WAS PRESENTED AT THE BOARD MEETING BY THE AUDITING FIRM AND THE INDEPENDENT ACCOUNTANT. AFTER BOARD REVIEW THE 990 WAS FILED.

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FORM 990, PAGE 6, PART VI, LINE 12C	A NEW CONFLICT OF INTEREST DOCUMENT IS PRESENTED TO EACH BOARD MEMBER AT THE BEGINNING OF EACH BOARD YEAR. IT IS SIGNED AND SUBMITTED BY EACH MEMBER.

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FORM 990, PAGE 6, PART VI, LINE 15A	THE ORGANIZATION FOLLOWS THE PROCESS DESCRIBED IN REGULATION SEC 53.4958 (6)(C) FOR ESTABLISING THE REBUTTABLE PRESUMPTION OF REASONABLENESS IN THE DETERMINATION OF THE EXCEUTIVE DIRECTOR'S COMPENSATION.

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FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ADMINISTRATIVE OFFICE. THE FORM 990 IS POSTED ON OUR WEBSITE, GUIDESTAR AND AVAILABLE UPON REQUEST.

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FORM 990, PART XI, LINE 9	DESIGNATED DONATIONS -365,331 DESIGNATED DONATIONS 365,331