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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For th	e 2023 calendar year, or tax year beginning JUL 1, 2023 and ending	JUN 30, 2024	
В	Check if	C Name of organization	D Employer identif	ication number
$\overline{}$	Addre	United Way of Randolph County, Inc		
늗	chang Name		- 6 6 0 178	183
F	lchang Initia	Number and street (or P.O. box if mail is not delivered to street address)	ite E Telephone numbe	
늗	return Finai	DO BOY 507	336-625-	
L	—return termir	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	634,700.
	ated ∏Amen	ded Achabara MC 27202	H(a) Is this a group	
<u> </u>	lreturn ∏Applic		for subordinate	
_	pendi		H(b) Are all subordinates	····· — —
	Tax ax			a list. See instructions
	Websi		H(c) Group exemption	
				M State of legal domicile: NC
	art i	Summary	odi di formation: 2300j	in case of logal committee
-		Briefly describe the organization's mission or most significant activities: Distribu	te funds to o	ther tax
Activities & Governance	,	exempt organizations	00 2 4440 00 0	
na.	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net a	ssets.
ķ	3	Number of voting members of the governing body (Part VI, line 1a)		
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)		
න් ග	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		<u> </u>
itie	6	Total number of volunteers (estimate if necessary)		
춫	_	Total unrelated business revenue from Part VIII, column (C), line 12		
Ă	1	Net unrelated business taxable income from Form 990-T, Part I, line 11		
		1,00,0110101010101010101010101010101010	Prior Year	Current Year
4.	8	Contributions and grants (Part VIII, line 1h)	598,323	524,554.
une	9	Program service revenue (Part VIII, line 2g)	0.	
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,291	15,571.
æ	l.	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	137,725	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	741,339	
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	287,606	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	
es.	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	215,165	207,701.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ber	b	Total fundraising expenses (Part IX, column (D), line 25) 99, 233.		
Μ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	148,630	121,173.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	651,401	
	19	Revenue less expenses. Subtract line 18 from line 12	89,938	18,487.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
ets lan	20	Total assets (Part X, line 16)	1,357,056	1,487,878.
E	21	Total liabilities (Part X, line 26)	361,895	474,230.
<u>E</u> E	22	Net assets or fund balances. Subtract line 21 from line 20	995,161	1,013,648.
P	art II	Signature Block		
		alties of perjury, I declare that I have examined this return, including accompanying schedules and st		ny knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
Sig	n	Signature of officer	Date	
Hei	re	Elizabeth Mitchell, Chief Professional Offic	er	
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	Gregory A. Hedrick	self-emple	
Рте	parer	Firm's name Turlington and Company, L.L.P.	Firm's EIN	6-0817345
Use	Only	Firm's address P.O. Box 1697		
		Lexington, NC 27293-1697	Phone no. (336)249-6856
Ma	y the I	RS discuss this return with the preparer shown above? See instructions		X Yes No

<u> </u>	990 (2023) United Way of Randolph County, Inc 56-0017003 Page 2
Par	t 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:
	United Way of Randolph County provides leadership to raise funds and
	to partner with others to build a stronger, healthier community.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$ 287,339 · including grants of \$ 287,339 ·) (Revenue \$)
4a	The United Way of Randolph County, Inc. issues grants to other exempt
	organizations.
	Organizacions.
	171.000
4b	(Code:) (Expenses \$171, 269 including grants of \$) (Revenue \$)
	Agency training and technical support
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
+0	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses 458,608.
<u>4e</u>	Form 990 (2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	أيا	х	
	If "Yes," complete Schedule A	1 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		_^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	ا ۾		X
	public office? If "Yes," complete Schedule C, Part I	3		
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6	·····	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
_	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
9	amounts not fisted in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	ff "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,		: 	10.00
11	as applicable.		, 1767 1811 - 1813	inghis Basan
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	X	
h	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	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	145		х
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		11
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
4.0	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	X	<u> </u>

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ı
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ı
	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		<u>X</u>
	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	04.5		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
L	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	O. L. Little Death	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	***************************************		<u> </u>
۲.	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		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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	 	<u>X</u>
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	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	X
		SSa		-
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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000	†	
36	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	l	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	<u></u>
Pa	t 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	2	1	
	Eliter the number of coming wize included on line 18: Enter of a not approached)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			F Salar
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2023) United Way of Randolph County, Inc
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	,	1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return			H.A.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
За			3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	4a		_X_
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			41	: <u></u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit	ļ		
	any contributions that were not tax deductible as charitable contributions?		6a		<u> X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.				.,
а			9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	131 Sp. 25	X
10	Section 501(c)(7) organizations. Enter:				30.0
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a	+		halibali. Billion
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	116	1.74.4.111	Part of the S	\$15,450
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	EXEC	
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.		40	-	200,380
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	l Breeze	g045
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	405			
	organization is licensed to issue qualified health plans	13b	-		
С	Enter the amount of reserves on hand		44	1: :-03	Х
14a			14a		Δ.
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b	 	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		1.		v
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	it inscome?	16	190017	X
	If "Yes," complete Form 4720, Schedule O.	tiuition			100
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17	10:00	
	If "Yes," complete Form 6069.		1.65	10000	1

Form 990 (2023) United Way of Randolph County, Inc 56-6017883 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a1a1			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		5.0	
Ь	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, trustees, or key employees to a management company or other person?	з		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
	Did the organization have members or stockholders?	6		Х
6	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7a	more members of the governing body?	7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
D		7b		x
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8.	P. A. P.	
8		8a	X	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
sec	tion b. Policies (This Section B requests information about policies not required by the internal revenue occe.)		Yes	No
٠	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44-	the form?	11a	X	
11a	The state of the second by the experiment of the conjugation of the second of the seco			
b	many and the second sec	12a	х	
12a	are the state of t	12b	Х	
b	The state of the s			
C		12c	Х	
40	on Schedule O how this was done	13	X	
13	Did the organization have a written document retention and destruction policy?	14	X	-
14	Did the process for determining compensation of the following persons include a review and approval by independent		100	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	le sago		
	The organization's CEO, Executive Director, or top management official	15a	Х	
a	Other officers or key employees of the organization	15b	<u> </u>	Х
D			10110	
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
16a		16a		X
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
b	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		1
S	exempt status with respect to such arrangements?	100		
	List the states with which a copy of this Form 990 is required to be filed None			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	l)s only) avai	lable
18	for public inspection. Indicate how you made these available. Check all that apply	,,	,	
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
40	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
19		,		
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	Elizabeth Mitchell - 336-625-4207			
	363 South Cox Street, Asheboro, NC 27203			
	JUJ DOUGH COX DOLEGE, ABHEDOLO, MC 2/203		000	

orm 990 (2023)	United	Wav	of	Randolph	County, Inc	56- <u>6017883</u>

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

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

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

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
 who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				one han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Elizabeth Mitchell	40.00									
Chief Professional Officer				X		<u> </u>		93,047.	0.	6,140.
(2) Chris Lackey	1.00							_		
President		X		X		ļ		0.	0.	0.
(3) Amber Scarlett	1.00	1								
Director		X				<u> </u>		0.	0.	0.
(4) Allison Hammer	1.00									•
Director		X	<u> </u>				L	0.	0.	0.
(5) Cranford Knott	1.00	l								0
Director		X			<u> </u>	ļ		0.	0.	0.
(6) Justin Parks	1.00									_
Treasurer		X		X	_	<u> </u>		0.	0.	0.
(7) Greg Patton	1.00							^	٥.	0
Director	1 00	X		<u> </u>		\vdash		0.	0.	0.
(8) Jacob Lewis	1.00							0.	0.	0.
Director	1 00	X	 -			ļ .	-	0.	0.	<u></u>
(9) Mary Joan Pugh	1.00	₹.						0.	0.	0.
Director	1 00	X		 	<u> </u>		\vdash	V .	0.	0.
(10) Vickie Caudle	1.00	x		x				0.	0.	0.
Secretary	1.00	┝	├-						0.	0.
(11) Michael Trogdon	1.00	X						0.	0.	0.
Director	1.00	^	-			-			0.	
(12) Quinton Louris	1.00	X						0.	0.	0.
Director	1.00	Δ.		 	 					
(13) Sharon Castelli	1.00	x				ŀ		0.	0.	0.
<u>Director</u>	1.00	12	 		\vdash	†	 		<u> </u>	, and the second
(14) Tyler Wilhoit	1.00	x						0.	0.	0.
Director (15) Daniel Morris	1.00	_	\vdash	-		T		† 		
	2.50	\mathbf{x}						0.	0.	ο.
Director	<u> </u>	1			†	 				
		1								
		7		1	1	1	1	ł	1	

Page 7

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director opposite or director	F not ch unles	(C Posi eck r es per	tion nore son i recto		one n an tee)	ompensated Employer (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/1099-NEC)	;	(F) Estimated amount of other compensatio from the organization and related organizations	1
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c) Total number of individuals (including but r	II, Section A				· · · · · ·		 	93,047. 0. 93,047. eceived more than \$100		0. 0. 0.	6,14 6,14	0.
compensation from the organization 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for standard organization line 1a, is the standard organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," commended to the organization? If "Yes," commended to the organization? If "Yes," commended to the organization?	director, trust such individual um of reportab 0,000? If "Yes, accrue compe aplete Schedu	ee, k le co ," coi nsati le J fi	ende	emplensa ensa ete S rom uch	dioye ation any pers	ee, or n and edule / unr son_	r hig	thest compensated employments of the compensation from for such individual control indivi	the organization idual for services \$100,000 of com		3 .	O X X X
the organization. Report compensation for (A) Name and business			ONE		vith	or w	ithir	n the organization's tax (B) Description of		Co	(C) ompensation	
Total number of independent contractors (\$100,000 of compensation from the organi		not lir	mite	d to		ose li	sted	d above) who received r	nore than		Form 990 (20)23)

United Way of Randolph County, Inc Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenuè excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 , Gifts, Grants | 1a 1 a Federated campaigns 16 b Membership dues c Fundraising events Contributions, Giff and Other Similar d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 524,554 similar amounts not included above 1g \$ g Noncash contributions included in lines 1a-1f 524,554 h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and <u>15,</u>571. 15,571 other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code scellaneous 523000 38,407. 38,407. 11 a Net realized/unrealize <u>31,168</u>. 900099 31,168. ь Miscellaneous Income_ 25,000. 25,000. c County Grant Funding A 900099 d All other revenue

94,575

94,575

634,700.

0.

e Total. Add lines 11a-11d

Total revenue. See instructions

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must c	omplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 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	287,339.	287,339.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	= 41+			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	· · · · · · · · · · · · · · · · · · ·		k li sku zam muz <u>u.</u> Piti u jekuty	<u>a Maria a de la guita de de la calabida.</u> Nota a la composição de la filosoficia
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	93,047.	42,802.	18,609.	31,636.
_	trustees, and key employees Compensation not included above to disqualified	33,0474	42,002.	10,000.	31,030.
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(8)			1	
7	Other salaries and wages	90,653.	41,700.	18,131.	30,822.
8	Pension plan accruals and contributions (include	50,000.			-,-= <u>-</u> -
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,337.	3,375.	1,467.	2,495.
10	Payroll taxes	16,664.	7,665.	3,333.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	25,700.	11,822.	5,140.	8,738.
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	2,700.	1,242.	540.	918.
13	Office expenses				<u> </u>
14	Information technology		<u> </u>		
15	Royalties				
16	Occupancy				
17	Travel				<u> </u>
18	Payments of travel or entertainment expenses	420.	193.	84.	143.
40	for any federal, state, or local public officials	1,065.	490.		362.
19	Conferences, conventions, and meetings	<u> </u>	 	2: 1: 2 :	332.
20 21	Interest Payments to affiliates	7,996.	7,996.		
22	Depreciation, depletion, and amortization	11,626.	5,348.	2,325.	3,953.
23	Insurance	4,109.	1,890.	822.	1,397.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	Volunteer Center	23,714.	23,714.		
b	Maintenance - Computer	14,835.	6,824.		
С	Telephone	7,476.	3,439.		
d	Utilities	5,394.	2,481.		
е	All other expenses	<u> 16,138.</u>	10,288.		
25	Total functional expenses. Add lines 1 through 24e	616,213.	458,608.	58,372.	99,233.
26	Joint costs. Complete this fine 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)		<u> </u>	<u> </u>	F 000 (0000)

Form 990 (2023)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	395,621.	1	612,237.
	2	Savings and temporary cash investments	129,231.	2	106,966.
	3	Pledges and grants receivable, net	223,373.	3	139,332.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	`	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	1	6	
so.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	7,316.	9	15,315.
	1	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 408,655.			
	ь	Less: accumulated depreciation 10b 193,456.		10c	215,199.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	374,690.	12	398,829.
	13	Investments - program-related. See Part IV, line 11		13	
	14	intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,357,056.	16	1,487,878.
	17	Accounts payable and accrued expenses	9,826.	17	10,426.
	18	Grants payable	227 274	18	323,487.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ŋ.	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abj		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	14,798.		140,317.
	26	Total liabilities. Add lines 17 through 25	361,895.	26	474,230.
		Organizations that follow FASB ASC 958, check here			
Ces	1	and complete lines 27, 28, 32, and 33.		100	
jan	27	Net assets without donor restrictions	509,816.		502,804.
Ва	28	Net assets with donor restrictions	485,345.	28	510,844.
핕		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
o si	29	Capital stock or trust principal, or current funds		29	
isel	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	4 44 4 4 4
Z	32	Total net assets or fund balances	995,161.	32	1,013,648.
	33	Total liabilities and net assets/fund balances	1,357,056.	33	1,487,878.

-orm	990 (2023) United Way of Randolph County, Inc	56-60	17883	Pag	e 12
Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,70	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>13.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	18	,41	<u>87.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	995	5,1	<u>61.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
-	column (B))	10	1,013	3,6	<u>48.</u>
Pa	rt 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Scheduli	э O.			v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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				and of
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		7.55		h - F3
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			jakisa.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		· ·
			Form	990 ((2023)

SCHEDULE A

internal Revenue Service

(Form 990)

Department of the Treasury

Name of the organization

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

Inspection

Employer identification number

56-6017883 United Way of Randolph County, Inc 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (vi) Amount of other (v) Amount of monetary (iii) Type of organization (i) Name of supported (ii) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

332021 12-21-23

(Form 990) 2023 United Way of Randolph County, Inc 56-6017883 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(ь) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and			:			
	membership fees received. (Do not				!		
	include any "unusual grants.")	704,812.	636,236.	596,443.	598,323.	524,554.	3060368.
2	Tax revenues levied for the organ-						
	ization'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	704,812.	636,236.	596,443.	598,323.	524,554.	3060368.
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)					in the country of the graph of the country of the c	
6	Public support. Subtract line 5 from line 4.						3060368.
	ction B. Total Support	·					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	704,812.	636,236.	596,443.	598,323.	524,554.	3060368.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,911.	5,849.	6,892.	5,365.	15,571.	35,588.
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.)	49,712.	172,767.	-43,808.	137,651.	94,575.	410,897.
11	Total support. Add lines 7 through 10						3506853.
	Gross receipts from related activities,	etc. (see instruction	ons)		,.,	12	
	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2023 (line 6, column (f), d	livided by line 11,	column (f))		14	87.27 %
	Public support percentage from 2022						88.24 %
16a	33 1/3% support test - 2023. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2023. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	o, check this box a	and see instruction	s
						C-14-4	/F

Schedule A (Form 990) 2023 United Way of Randolph County, Inc.

| 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	f the organization fails to
qualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support	_					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
٠	are not an unrelated trade or bus-						
	iness under section 513	}					
	Tax revenues levied for the organ-						
4	-						
	ization'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						
	Total. Add lines 1 through 5						
72	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
Ŀ) 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						
	Add lines 7a and 7b			ner erer			
	Public support. (Subtract line 7c from line 6.)	National States		I was the second	<u> Pagadakan a</u>		
	ction B. Total Support	1	T	T		1 () 0000	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						<u> </u>
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			ļ.,			
E	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	_					
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years, If the Form 990 is for the	ne organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	on,
	check this box and stop here						
Se	ction C. Computation of Pub						
	Public support percentage for 2023 (column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inve			1			
	Investment income percentage for 20					17	%
	Investment income percentage from					1 1	%
19:	33 1/3% support tests - 2023. If the	organization did	not check the box				7 is not
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2022. If the						and
٠	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes, " provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
 - 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.)

	Yes	No
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Schedule A (Form 990) 2023 United Way
Part IV Supporting Organizations (continued)

rai	t 14 Supporting Organizations (commed)		· · · · ·	
		. 53	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1 For the 12	Market (
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	(i) (i)		Ĺ
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c		
500	detail in Part VI. tion B. Type I Supporting Organizations	110		
000	tion D. Type toupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	4 79.5		
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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	TO ALIFE	. A	1000
	the supported organization(s).	1	<u> </u>	L
Sec	tion 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?	-		
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		2 1 mag	
2	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		ļ
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	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		
Sec	tion 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 yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	7
2	Activities Test. Answer lines 2a and 2b below.	. N. W	Yes	No
а	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,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		12
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			in fun Santar
	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		i inte	Total
	these activities but for the organization's involvement.	2b		1000
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	Pinish	1 :	40.17
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		1000
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.			

	dule A (Form 990) 2023 United Way of Randolph	Coun		5-6017883 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus ion A - Adjusted Net Income	st comple	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		10.10 10.10 10.10 10.10 10.10 10.10 10.10 10.10 10.10 10.10 10.10 10.10 10.10 10.10 10.10 10.10 10.10 10.10 10
_ -	Recoveries of prior-year distributions	2	1/1.	
_ <u>-</u>	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_ 	Depreciation and depletion	5		
_ _6	Portion of operating expenses paid or incurred for production or			
U	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
8	Adjusted Net Income (Subtract lines 5, 6, and 7 from line 4)	, 0		(B) Current Year
Sect	ion B - Minimum Asset Amount		(A) Prior 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):			<u>, in la distribution de legal partic</u>
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		· · · · · · · · · · · · · · · · · · ·
е	Discount claimed for blockage or other factors	100		
	(explain in detail in Part VI):	1,50		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4_		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		_,
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
_ _ _	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-functional	ally integr	ated Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

Excess from 2023

Schedule A	(Form 990) 2023	United W	Vay of	Randol	Lph C	ounty,	Inc	56-6017883	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section E Section D, lines 5, 6, an (See instructions.)	rmation. Provid 1, 2, 3b, 3c, 4b, 4c), lines 2 and 3: Pai	e the expla c, 5a, 6, 9a, rt IV. Section	nations requi 9b, 9c, 11a, on E. lines 1c.	ired by P 11b, and 2a, 2b, 3	art II, line 10; l 11c; Part IV, 3a, and 3b; P:	Part II, line 17a o Section B, lines art V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C,
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Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990) (2023)

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

56-6017883 United Way of Randolph County, Inc Organization type (check one): Section: Filers of: Form 990 or 990-FZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ________\$ ____ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Employer identification number

United Way of Randolph County, Inc

56-6017883

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Technimark, LLC 180 Commerce Place Asheboro, NC 27203	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	The Timken Company 3500 Timken Place Randlemen, NC 27317	\$\$. \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Oliver Rubber Company 408 Telephone Avenue Asheboro, NC 27205	s15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Betty W. Bunker Estate 1157 Old NC Highway 49 Asheboro, NC 27205	s15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

United Way of Randolph County, Inc

56-6017883

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		4-4-4-17-1	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
i di i i			
		\$	Schedule B (Form 990)

Employer identification number

nited W	ay of Randolph Count	y, Inc	56-60178	83		
	contributor Complete columns (a)	through (a) and the following line entr	ction 501(c)(7), (8), or (10) that total more than \$ y. For organizations			
com Use	pleting Part III, enter the total of exclusively religious, cl e duplicate copies of Part III if additional s	naritable, etc., contributions of \$1,000 or less pace is needed.	ess for the year. (Enter this info. once.) \$			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift	is held		
		(e) Transfer of gift	t t	The second secon		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transfer	e		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift	is held		
	- Add May -			44-47		
		(e) Transfer of gif	l			
	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift	is held		
				to described and the state of t		
	Transferee's name, address, a	(e) Transfer of gif	of gift Relationship of transferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift	is held		
		(e) Transfer of gif	t			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Name of the organization

56-6017883 United Way of Randolph County, Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 4 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements 2h c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Sche Par		Way of Rand	dolph Coun t, Historical Tr	ty,Inc easures, or Oth	er Sim			3 Page 2
3	Using the organization's acquisition, accession					••		
_	collection items (check all that apply).	•	•					
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other				<u> </u>	
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	ne organization's exe	empt pur	pose in Par	t XIII.	
5	During the year, did the organization solicit o						_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	No_
Par	t IV Escrow and Custodial Arran	gements Complet	e if the organization	answered "Yes" on	Form 99	0, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for contribution	ns or other assets no	ot include	ed		
	on Form 990, Part X?						Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	liowing table:					
	•						Amoun	t
С	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year			,	1e			
f	Ending balance				1			
2a	Did the organization include an amount on Fe						Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Part XIII				
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on Fo					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	e years back	(e) Four	r years back
1a	Beginning of year balance	374,690.	362,190.	457,698.		353,813.		363,599,
b	Contributions	2,330.	4,350.	3,415.		2,585.		2,756.
C	Net investment earnings, gains, and losses	45,710.	29,861,	-58,624.		105,412.		8,075.
ď	Grants or scholarships	20,000.	18,000,	36,000,				17,000.
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	3,901.	3,711.	4,299.		4,112,		3,618.
g	End of year balance	398,829.	374,690.	362,190.		457,698.		353,813.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%					
ь	Permanent endowment	%						
С	Term endowment	%						- '
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administered for	the		i	
	organization by:							Yes No
	(i) Unrelated organizations?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					3a(i)	X
								X
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on Schedule R?				. 3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990, Part >	, line 10.	·		
	Description of property	(a) Cost or o	ther (b) Cost	t or other (c)	Accumula	ated	(d) Boo	k value
		basis (investr	nent) basis	(other) de	epreciation	on		
1a	Land							
b	Buildings	375,	708.		<u>161,</u>	225.	21	<u>4,483.</u>
	Leasehold improvements					-		
d	Equipment	32,	947.		32,	231.		<u>716.</u>
	Other							
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10c, column	ı (B))			<u>21</u>	<u>5,199.</u>

	(1.01111 990) 5059	ULL
Dowt VII	Invastments	Othor

Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1b. 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) Endowment Investment	398,829.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	398,829.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		and the second s
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
Complete if the organization answered "Yes" o		
(a) D	escription	(b) Book value
<u>(1)</u>	· · · · · · · · · · · · · · · · · · ·	
(2)	4	
(3)		
(4)		
(5)		
(6)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))	
Part X Other Liabilities	- E 000 B-4 IV II 1	11- av 11f Can Farm 900 Part V line 95
Complete if the organization answered "Yes" of	n rom 990, Part IV, line	(b) Book value
1. (a) Description of liability		(b) Dook value
(1) Federal income taxes		20,31
(2) Designations due to other	agencies	
(3) County Grant Funding		120,00
(4)		
(5)		
(6)		
(8)		
(9)	/DII	140,31
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))	
2. Liability for uncertain tax positions. In Part XIII, provide t		
organization's liability for uncertain tax positions under f	-ASB ASC 740. Check he	re if the text of the footnote has been provided in Part XIII

Complete if the organization arowered "Yes" on Form 990, Part VII, line 12a. 1	Schedule D (Form 990) 2023 United Way of Randolph			17883 Page 4
1 Total revenue, gains, and other support por audited financial statements 2 Amounts included on line 1 but once no Form 800, Part VII, line 12: a Net unrealized gains (cases) on Investments 2 b Donated services and use of featilities 2 b Donated services and use of featilities 2 b Donated services and use of featilities 2 b Donated services in Part XIII, d Chec (Poschibe in Part XIII) 2 d 2 d 2 d 0. 3 Guidanct line 2s through 2st 10: but not on International 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1	Part XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return	
2 Anounts included on time 1 but net on Form 990, Part VIII, line 12: b Donated services and use of facilities c Repoveries of prior year grants 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
a Net unrealized gains doseed on investments 20 b Denied services and use of facilities 20 c Recoveries of prior year grants 20 d Other (Describe in Part XIII) 20 d 20 d 3 Submart line 2e from line 1 3 G34,700. 4 Announts included on Form 900, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 900, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 900, Part VIII, line 12. but not on line 1: a investment expenses not included on Form 900, Part VIII, line 12. but not on line 1: a investment expenses not included on Form 900, Part VIII, line 12. b Other (Describe in Part XIII) 4 b 4 c 0. c Total previous, Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.) 1 Total expenses and tosses per audited financial statements With Expenses per Return Complete if the organization answered Year on Form 900, Part I, line 12. 1 Total expenses and tosses per audited financial statements 1	1 Total revenue, gains, and other support per audited financial statements	***************************************	1	634,700.
b Dorsted services and use of facilities G Recoveries of prior year grants d Other (Describe in Parx XIII.) A Amounts included on Form 990, Part VIII, line 12, but not on line 1: A mounts included on Form 990, Part VIII, line 12, but not on line 1: A mounts included on Form 990, Part VIII, line 7b b Other (Describe in Parx XIII.) A form of the organization answered Year on Form 990, Part IV, line 12, but not on line 1: A mounts included on Form 990, Part VIII, line 7b b Other (Describe in Parx XIII.) A form of the organization answered Year on Form 990, Part IV, line 12a. 1 Total speames and bases per untilled francial statements Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated cervices and use of facilities D Prior year adjustments 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated cervices and use of facilities D Prior year adjustments 2 Amounts included on Form 990, Part IV, line 25: a Donated cervices and use of facilities 2 Ad other (Describe in Part XIII.) A doll lines 2 at through 2a 3 Subtract line 2 form line 1 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not holded on Form 990, Part IV, line 25, but not on line 1: a Investment expenses of the Industry of the Part XIII.) A doll lines 2 at through 2a 5 Total expenses, Add lines 3 and 4a, (This must equal Form 990, Part IV, line 7b 4a Donated expenses of the Industry of Industry	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
c Recoveries of prior year grants d Other (Describe in Part XIII) 2 d 3 Contract line 2e from line 1 3 G 34,700. 3 Subtract line 2e from line 1 4 Amounts included on Ferm 980, Part VIII. line 12, but not on line 1 a linestment expenses not included on Form 990, Part VIII. line 7b 4 b 5 Other (Describe in Part XIII) c Add lines 24 and 4b 6 O. 6 Total prevents, Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) 5 G 34, 700. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" or form 980, Part I, line 12: 1 Total expenses and beases per audited financial statements Complete if the organization answered "Yes" or form 980, Part II, line 25: a Donated services and use of facilities b Prior year adjustments 2 D 5 Contract line 1 Contract (Describe in Part XIII) 2 D 6 Contract (Describe in Part XIII) 2 D 7 Contract (Describe in Part XIII) 2 D 8 Contract (Describe in Part XIII) 3 Investment expenses not included on Form 990, Part I, line 13 3 Investment expenses not included on Form 990, Part I, line 13 4 D 8 Contract (Describe in Part XIII) 5 C Add lines 4 and 4b 6 C C. 6 Total openments Add lines 6 and 4e. (Phis must equal Form 990, Part I, line 13) 5 C 10 and 10 part V, line 4: Use of these funds is for the perpetuation of the United Way Part X, Line 2: United Way of Randolph County, Inc. is a not-for-profit organization that is exempt from income taxes under Section 501(c) (3) of the Internal Revenue Code; therefore, the accompanying financial statements do not include a provision for income taxes. The Organization has determined that it has no uncertain income tax Descritions as of June 30, 2024 and 2023. Also, the Organization does not antici	a Net unrealized gains (losses) on investments	2a		
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a Add lines 2a through 2d 3 Subtract line 2a from line 1 4 Amounts included on Form 1900, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 1900, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 1900, Part VIII, line 7b 4	c Recoveries of prior year grants	2c		
3 Subtract line 2e from line 1 4 Anounts 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue, Add lines 4a and 4e. (This must equal Form 990, Part I, line 12) Complete f the organization answered "Ves" on Form 590, Part I, line 12a 1 Total expenses and closses per audited Financial Statements With Expenses per Return Complete f the organization answered "Ves" on Form 590, Part I, line 12a 1 Total expenses and closses per audited financial statements 2 a Donated services and use of facilities 2 b Prior year adjustments 2 c D Donated services and use of facilities 2 b Prior year adjustments 2 c D Donated services and use of facilities 2 d Other (Describe in Part XIII) 2 e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Anounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a line service in Part XIII D Donated services and 4b 5 Total expenses, Add lines 4a and 4b 6 Total expenses had lines 3 and 4e. (This must equal Form 990, Part III, lines 1a and 4: Part IX, lines 1b and 2b; Part X, line 4: Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information. Part X V, line 4: Use of these funds is for the perpetuation of the United Way Part X X, Line 2: United Way of Randolph County, Inc. is a not-fox-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code; therefore, the accompanying financial statements do not include a provision fox income taxes. The Organization has determined that it has no uncertain income tax positions as of June 30, 2024 and 2023. Also, the Organization does not anticipate any increase or decrease in unrecognized tax benefits during	d Other (Describe in Part XIII.)	2d		
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 70. 4a	e Add lines 2a through 2d		2e	
a investment expenses not included on Form 990, Part VIII, line 7b b Chther (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 6 634, 700. FPART XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered Yes' on Form 990, Part I, line 12a. 1 Total avpenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Denated exerces and use of facilities 2 Prior year adjustments 4 Combine Chescribe in Part XIII) 6 Add lines 2a through 2d 6 Other (Describe in Part XIII) 6 Add lines 2a through 2d 7 Other losses 7 Other (Describe in Part XIII) 7 Other (Describe in Part XIII) 7 Other (Describe in Part XIII) 8 Other (Describe in Part XIII) 8 Other (Describe in Part XIII) 8 Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 C Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 C Other (Describe in Part XIII) 9 C Add lines 4a and 4b 9 C Other (Describe in Part XIII) 9 C Add lines			3	634,700.
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5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part Nime 12). 5 634,700. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IX, line 12a. 1 Total expenses and losses per audited financial statements 1 616,213. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Densited services and use of facilities b Prior year adjustments C C Cher losses d C Cher (Describe in Part XIII) A Add lines 2 at through 2d 3 Subtract line 2s from line 1 a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses and 4c, (This must equal Form 990, Part II, line 18) 5 Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part II, line 18) 5 Total expenses Add lines 3 and 4c, (This must equal Form 990, Part II, line 18) Part XII, lung before that III formation Provide the descriptions required for Part II, lines 2d and 4b. Also complete this part to provide any additional information. Part X, Line 2: United Way of Randolph County, Inc. is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code; therefore, the accompanying financial statements do not include a provision for income taxes. The Organization has determined that it has no uncertain income tax positions as of June 30, 2024 and 2023. Also, the Organization does not anticipate any increase or decrease in unrecognized tax benefits during	b Other (Describe in Part XIII.)	4b		_
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	***************************************			0.
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b Priory gas adjustments c Other Rosses 22 d Other (Describe in Part XIII) e Add lines 2a through 2d 2e 3. Subtract line 2a from line 1 4. Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses and included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses and included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses and 40 c Add lines 4a and 4b c Add lines 4a and 4b c Total expenses. Add lines 3 and 4c. (This must equie Form 990, Part I, line 18) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Part V, line 4: Use of these funds is for the perpetuation of the United Way Part X, Line 2: United Way of Randolph County, Inc. is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code; therefore, the accompanying financial statements do not include a provision for income taxes. The Organization has determined that it has no uncertain income tax positions as of June 30, 2024 and 2023. Also, the Organization does not anticipate any increase or decrease in unrecognized tax benefits during	2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
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c Onerclasses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 616, 213. 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 b Other (Describe in Part XIII) c Add lines 4a and 4b c Add lines 3 and 4e, (This must equal Form 990, Part I, line 15) 5 Total expenses. Add lines 3 and 4e, (This must equal Form 990, Part I, line 15) 5 Total expenses. Add lines 3 and 4e, (This must equal Form 990, Part I, line 15) 6 Total expenses. Add lines 3 and 4e, (This must equal Form 990, Part I, line 15) 6 Total expenses. Add lines 3 and 4e, (This must equal Form 990, Part I, line 15) 6 Total expenses. Add lines 3 and 4e, (This must equal Form 990, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. Part V, line 4: Use of these funds is for the perpetuation of the United Way Part X, Line 2: United Way of Randolph County, Inc. is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code; therefore, the accompanying financial statements do not include a provision for income taxes. The Organization has determined that it has no uncertain income tax positions as of June 30, 2024 and 2023. Also, the Organization does not anticipate any increase or decrease in unrecognized tax benefits during	b Prior year adjustments	2b		
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anticipate any increase or decrease in unrecognized tax benefits during	positions as of June 30, 2024 and 2023.	Also, the Org	anization d	loes not
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Cabadula D (Farm 000) 2022	anticipate any increase or decrease in un	recognized ta	x benefits	during

Schedule D (Form 990) 20	023 Unite	d Way of Ra	andolph Cou	nty, Inc	56-6017883 Page 5
Part XIII Suppleme	ental information (c	ontinued)			
the next twel	ve months th	at would re	esult in a	material cha	ange to its
financial pos	ition. The	Organizati	on's income	tax returns	s for years ended
after June 30), 2021 remai	n open for	examinatio	n.	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE (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.

OMB No. 1545-0047	2023	Open to Public	Inspection

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

Name of the organization	Employer identification number
United Way of Randolph County, Inc	56-6017883
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?	X 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	/, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	
(f) Method of	

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							A highly trained and
Ash-Rand Rescue Squad and EMS							state certified
South Cox Street							organization providing
Asheboro, NC 27203	56-6064104	501(c)(3)	19,660,	0			emergency rescue and
							(Old Central School Gym)
Central Boys and Girls Club							After School and summer
PO Box 2834							programs for youth in
High Point, NC 27261	56-2094591	501(c)(3)	15,675.	0			Asheboro - particularly
							Provides short-term
Christlans United Outreach Center							crisis assistance with
P.O. Box 784							food, clothing, utility
Asheboro, NC 27204	56-1823588	501(c)(3)	40,363,	0			payments, rent, and other
;							
4~F							
112 W. Walker Ave							Offers youth development
Asheboro, NC 27203	56-1431163	501(c)(3)	6,595.	0			and mentoring programs.
		•					Our purpose is to ensure
Randolph County Partnership for							all children enter school
Children - 319 Sunset Ave -							healthy and ready to
Asheboro, NC 27203	31-1612024	501(c)(3)	23.243.	0			succeed, Provides 20
							Operates 4 Senior
Randolph Senior Adults Association							Centers, Adult Day Care,
PO Box 1852							Information & Assistance,
Asheboro NC 27204	56-1216782	501(c)(3)	94 969	0			and RCATS transportation
		1			•	3	

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

See Part IV for Column (h) descriptions For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

chedule (Form 990) United Way of Randolph County, Inc. Schedule (Form 990), Part II) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g)
V of Rand Assistance to Do (b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) organization or government if applicable c	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Regional Consolidated Services PO Box 1883	200		0000	c			Regional Consolidated Services Provides In-Home Assistance with personal
ABHEDOLD, NC 27203	56-0991786	501(c)(3)	32,180,	0			Offers traditional recreation programs of basketball, swimming, soccer, and aerobics, and
American Red Cross 1117 S Fayetteville St Asheboro, NC 27203	53-0196605	501(c)(3)	11,782.	0			Offers humanitarian aid and relief.
Communities in Schools 1011 Sunset Ave Asheboro, NC 27203	56-2034974	501(¢)(3)	9,151,	0			Offers mentoring programs for the youth,
Salvation Army 345 North Church Street Asheboro, NC 27203	56-1010521	501(c)(3)	6,897.	0			Offers programs of food and clothing for the needy, fuel assistance in the winter, and disaster
		14. 14. 9					
							Schedule I (Form 990)

Page 2 Schedule I (Form 990) 2023 (f) Description of noncash assistance 56-6017883 (e) Method of valuation (book, FMV, appraisal, other) at least annually, programming, administration, and finances of all Investment Council shall annually recommend funding priorities and together agencies applying to United Way of Randolph County for funding; to consider Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 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. The duties of the Community Investment Council shall be to periodically with the Campaign Committee, will recommend a goal for the annual fund admission of financially participating agencies and to the amount of The Community and make recommendations to the Board of Directors in regard to the (d) Amount of non-cash assistance funding recommended by the Committee for each agency. Inc (c) Amount of cash grant United Way of Randolph County, (b) Number of recipients (a) Type of grant or assistance 2: Schedule I (Form 990) 2023 Line Part I, review, Part IV Part III

campaign. The Committee shall hear appeals from agencies for supplementary
funding and make recommendations to the Board of Directors regarding such
appeals. The Community Investment Council shall also conduct periodic
assessments of the community to determine community problems and unmet
needs, and will recommend methods of solving those problems and meeting
those needs, through new programs with existing agencies, venture grants to
new agencies, public-private partnerships, or other means to resolve those
problems.
PT

Part II, line 1, Column (h):

Name of Organization or Government: Ash-Rand Rescue Squad and EMS (h) Purpose of Grant or Assistance: A highly trained and state certified organization providing emergency rescue and medical services to all areas of Randolph County.

Name of Organization or Government: Central Boys and Girls Club (h) Purpose of Grant or Assistance: (Old Central School Gym) After School and summer programs for youth in Asheboro - particularly in the Eastside and Coleridge area.

Name of Organization or Government: Christians United Outreach Center (h) Purpose of Grant or Assistance: Provides short-term crisis assistance with food, clothing, utility payments, rent, and other basic needs as well as shelter for homeless individuals and educational support for individuals trying to become less aid dependent by taking budget classes and job skill training.

Name of Organization or Government:

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization	Employer identification number 56-6017883		
United Way of Randolph County, Inc	30-001/003		
Form 990, Part VI, Section B, line 11b:			
The organization has an audit conducted. After the 990 is	prepared, the		
finance committee will review the return. Once the commit	tee approves the		
return, then it is brought before the board for approval.			
Form 990, Part VI, Section B, Line 12c:	Mark-11		
The CPO makes it very clear to the board, who are the gov	erning body for		
the United Way of Randolph County, Inc., that should any	matter come up in		
the organization regarding conflict with either another f	unded agency or		
the community at large that this would be brought to the governance			
committee for discussion and action.			
	App. App.		
Form 990, Part VI, Section B, Line 15a:			
The executive committee reviews compensation for the CPO.	A review of the		
CPO's success is written up.			
Form 990, Part VI, Section C, Line 19:			
Financial documents are on the annual report, which is em	ailed to all		
constituents. Each board member is aware of the total go	vernance for the		
organization; if the public were to ask to review this in	formation, it is		
available.			