

State of North Carolina
Department of the Secretary of State

Elaine F. Marshall
SECRETARY OF STATE

CHARITABLE SOLICITATION LICENSING

MEMORANDUM

TO: All Licensed Charitable Organizations, Sponsors, Fund-Raising Consultants, and Solicitors

FROM: Angelia Boone-Hicks, Licensing Supervisor

SUBJECT: ISSUANCE OF LICENSE

A license has been issued by the State of North Carolina, Department of the Secretary of State under G.S. 131F to your organization to conduct the appropriate activity in North Carolina within the dates noted therein. Please review for accuracy of all items prior to displaying (not required but recommended if you have a North Carolina office).

The license shall be renewed on an annual basis. Please be advised that the Department shall send each licensee a renewal application form at least 65 days prior to the expiration of a license. Any changes in the application are to be reported to this office with charitable organizations and/or sponsors submitting changes annually on/or before the fifteenth day of the fifth calendar month after the close of each fiscal year in which the charitable organization and/or sponsor solicited in this State.

Changes in fundraising consultants and/or solicitor's information shall be submitted in writing to the Department within 7 days after the change occurs. Contracts between a charitable organization, sponsor and a fund-raising consultant and/or solicitor are to be submitted within 5 days prior to the performance of any service by the fund-raiser. In addition a final accounting report must be submitted to this office within 90 days after the completion of a solicitation, which employs a solicitor.

Please note that the issuance of a license does not waive any rights that the Charitable Solicitation Licensing Division (CSL) has with regard to enforcement issues under the Charitable Solicitation Act. The fact that you have been issued a license while compliance with a subpoena, order, or any other enforcement action is pending does not protect you from further proceedings, including the suspension or revocation of the license and/or financial penalties. If compliance does not occur within the deadline set in the enforcement documents provided to you, further action will be taken by the CSL Enforcement Unit.

We appreciate your cooperation. If we may be of assistance to you at any time, please let us know.

Enclosure

NORTH CAROLINA

Department of the Secretary of State

Charitable Solicitation License

This document certifies that, in accordance with the provisions of Chapter 131F of the General Statutes of North Carolina

Uniting NC, Inc.

North Carolina Solicitation License Number: SL006299

Federal Tax Exempt Status: 501(c)(3) Charitable Organization

with headquarters in Raleigh, NC is hereby duly licensed by the Department of the Secretary of State to solicit charitable contributions in North Carolina for the purposes set forth in the application for license approved by and filed with the Department of the Secretary of State. This license is not transferable and shall continue in full force and effect from the 15th day of May, 2011 to the 15th day of May, 2012, unless revoked for cause.

IN WITNESS WHEREOF, I have hereunto set my hand
and affixed my official seal at the City of Raleigh, this the
10th day of June, 2011.



Document Id: L201113900028

Verify this certificate online at www.secretary.state.nc.us/verification

Secretary of State



*State of North Carolina
Department of the Secretary of State*

Elaine F. Marshall
SECRETARY OF STATE

CHARITABLE SOLICITATION LICENSING DIVISION

May 26, 2011

George Alwon, Treasurer
Uniting NC, Inc.
315 Calvin Rd
Raleigh, NC 27605

Dear George Alwon:

The Charitable Solicitation Licensing Division has received and reviewed your license application for licensure as a charitable organization or sponsor. For the reason(s) listed below, you are denied a license until you are in compliance with the Charitable Solicitation Act and the Rules.

Failure to comply with 131F-6(a)(3) as follow(s):

- Failure to provide the names and street addresses of the officers.
- Failure to provide the names and street addresses of the directors.
- Failure to provide the names and street addresses of the salaried executive personnel.

Failure to comply with 131F-6(a)(5) as follow(s):

- Failure to provide a list of the major program activities.

Failure to comply with 131F-6(a)(6) as follow(s):

- Failure to provide the names, street addresses and telephone numbers of the individuals or officers who have final responsibility for the custody of the contributions and who will be responsible for the final distribution of contributions.

Failure to comply with 131F-6(a)(9) as follow(s) if substituting this provision for the requirements of 131F-(6)(a)(3)(4)(5)(6) and (8):

- Failure to file a complete federal tax form for the immediate preceding fiscal year.

Chapter 11 of Title 18 of the North Carolina Administrative Code, specifically 18 NCAC 11.0306 addresses "Incomplete Application" as follows: "An applicant who fails to respond to any question, to provide any required information, or to submit the proper fee shall not be licensed." You have two options: (1) you may file amending documents that correct the items that are listed in this letter, but you must file the documents on or before June 27, 2011. Failure to file by this deadline means that you must start the application process again and must pay all fees again when you reapply (2) you may appeal to the Office of Administrative Hearings as outlined in the separate Notice of Appeal Rights that is enclosed with this letter.

The Department appreciates your efforts to comply with North Carolina's licensing requirements. Please feel free to contact me should you have any questions regarding this letter.

Sincerely,

Linda Driver
Document Examiner
919-807-2180
ldriver@sosnc.com



*State of North Carolina
Department of the Secretary of State*

Elaine F. Marshall
SECRETARY OF STATE

CHARITABLE SOLICITATION LICENSING DIVISION

NOTICE OF APPEAL RIGHTS

Pursuant to Chapters 131F (the Charitable Solicitation Act) and 150B of the North Carolina General Statutes, if you wish to appeal the CSL decision that licensing requirements have not been satisfied, you must file a Petition for a Contested Case Hearing at the Office of Administrative Hearings (OAH). Beginning on October 1, 2009, OAH is charging a filing fee for certain types of cases. The fee is payable at the time the Petition is filed. Additional details will be posted on the OAH website, www.ncoah.com, as the Rules concerning the filing fee are established. Further information related to OAH proceedings, including a form Petition and other documents, may be accessed from the website or by writing to OAH at the following address:

Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6714

The street address of OAH is as follows:

Office of Administrative Hearings
1711 New Hope Church Road
Raleigh, NC 27609

OAH Phone Number: 919-431-3000

OAH Fax Number: 919-431-3100

Mandatory timelines govern the hearing process. Under relevant provisions of N. C. Gen. Stat. §§131F-5(b), 131F-15(e), and 131F-16(e), the Petition for a Contested Case Hearing must be filed within seven (7) days of your receipt of the enclosed letter and this Notice. If you appeal, your Petition for a Contested Case Hearing must be served on the authorized agent of the Secretary of State, who is Ann Wall, General Counsel to the NC Department of the Secretary of State, PO Box 29622, Raleigh, NC 27626-0622. Service on CSL or any of its employees is not proper service.

If you do not file at OAH within the seven day timeframe, you will likely be forever barred from contesting the Department's decision in the letter enclosed with this Notice. The statute of limitations for challenging the Department's decision that licensing requirements have not been satisfied will have run.

If you file a timely Petition for a Contested Case Hearing, OAH must schedule and hold a Hearing within seven (7) days of the date on which the Petition is filed and must issue a Recommended Decision within three (3) days of the Hearing. A Final Decision must be made within two (2) days after the Recommended Decision is issued. As timelines are mandated by the Charitable Solicitation Act, OAH must strictly follow them. You must, therefore, be ready to proceed quickly once you have filed the Petition.

North Carolina Department of the Secretary of State
Charitable Solicitation Licensing

Renewal License Application Form
for charitable or sponsor organizations

Applicant's NC CSL License Number : SL006299

1. Applicant Organization's Full Legal Name: Uniting NC, Inc.
2. Applicant's Principal Telephone Number (include area code): 919-624-1414
3. Applicant's Principal Street Address, including City, State Code, and Zip Code (do not use a P.O. Box address):

315 Calvin Road

Raleigh, NC 27605

4. Name under which you intend to solicit contributions: Uniting NC, Inc.

5. Describe the purpose for which you are organized:

Uniting NC works to make North Carolina a place that respects and values immigrants. We help people understand, on a human level, the cultural changes that are transforming our state. We believe that, when people of different backgrounds get to know one another, they realize that we are all people who want the same things: safety, happiness and opportunity. Only after we understand our common humanity can we work together to build stronger, safer, more productive communities.

6. Describe the purpose for which contributions will be used:

We pursue our mission by hosting events that bring people of all backgrounds together for meals, films and conversation. We produce public service announcements, billboards and videos that reveal the humanity of immigrants. And we are building a state-wide corps of volunteers working to make their communities more welcoming.

7. Are you authorized by any other state to solicit contributions?

☐ YES: Attach a list of these states. | ☒ NO.

8. During the time since your last application filing, have you or any of your officers, directors, trustees, or salaried executive personnel been enjoined or prohibited in any jurisdiction from soliciting contributions?

☐ YES: Attach an explanatory statement. | ☒ NO.

9. During the time since your last application filing, have you or any of your officers, directors, trustees, or salaried executive personnel been found to have engaged in unlawful practices in the solicitation of contributions or the administration of charitable assets?

☐ YES: Attach an explanatory statement. | ☒ NO.

10. Do you compensate any of your officers, trustees, organizers, incorporators, fundraisers, or solicitors?

☐ YES. | ☒ NO.

11. Name the individual(s) or officer(s) in charge of any solicitation activities:

Eric Solomon

12. Other than your principal office identified above, do you maintain any additional office locations in North Carolina?

☐ YES: Attach a list identifying the street address and telephone number for each additional office location in North Carolina.
☒ NO.

13. Do you maintain your principal office outside North Carolina and possess no other office location in North Carolina?

☐ YES: Attach the name, street address, and telephone number of the person who has custody of your financial records.
☒ NO.

CSL Contact Information:

Agency Internet Site: www.sosnc.com Electronic Mail: csl@sosnc.com
Telephone: (919) 807-2214 - Toll free for NC residents: 1-888-830-4989
Facsimile: (919) 807-2220
Mailing Address: P.O. Box 29622, Raleigh, NC 27626-0622

Renewal License Application Form
for charitable or sponsor organizations

Form Revision: 1
Effective Date: November 17, 2004

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North Carolina Department of the Secretary of State
Charitable Solicitation Licensing

Renewal License Application Form
for charitable or sponsor organizations

14. During the time since your last application filing, have you had your authority denied, suspended, or revoked by any governmental agency?
☐ YES: Attach a statement of the reasons for each denial, suspension, or revocation.
☒ NO.
15. During the time since your last application filing, have you entered into any assurance of voluntary compliance or similar agreement?
☐ YES: Attach one (1) copy of each agreement. | ☒ NO.
16. Do you have any contract(s) with any person who qualifies as a fund-raising consultant, solicitor, or coventurer that (1) is currently active or (2) has been completed within the past fiscal year?
☐ YES: Attach one (1) completed fundraising disclosure form for each contract relationship.
☒ NO.
17. **Annual Financial Information Reporting:** Choose one (1) financial information reporting option for this application:
☒ Check here if choosing Option 1: filing federal tax forms. Proceed to Item 18.
☐ Check here if choosing Option 2: filing state forms. Skip Item 18. Proceed to Item 19.
18. **Option 1: filing federal tax forms:** Provide the following information:
 A. ☐ Attach a signed and completed federal Form 990 or Form 990-EZ, Schedule A, and attachments (except Schedule B) for the preceding fiscal year.
 B. Do your federal forms and attachments list post office box addresses for any officer, director, trustee, salaried executive personnel, or individual responsible for custody and distribution of contributions?
☒ YES. Identify a street address the Department or consumers may use to contact these persons, as follows:
 1. ☐ Check here if these persons may be contacted through your organization's primary street address (*see Item 3*). Skip Item 19 and proceed to Item 20.
 2. ☒ Check here if attaching individual street address information for these persons. Skip Item 19 and proceed to Item 20.
☐ NO. Skip Item 19 and proceed to Item 20.
19. **Option 2: filing state forms:** Provide all of the following information:
 A. ☐ Required Financial Information. Check here and attach either a signed and completed Department annual financial report form covering the preceding fiscal year, or an optional audit prepared by or with an opinion by an independent certified public accountant (*see Item 20*).
 B. ☐ Attach a list identifying your officers, directors, trustees, and salaried executive personnel, including names and street addresses (no P.O. Box addresses).
 C. ☐ Attach a list of the names, street addresses, and telephone numbers of the individuals or officers who have final responsibility for the custody and distribution of contributions.
 D. ☐ Attach a description of your organization's major program activities.
20. **Optional Audit Submission:** Check here if attaching an audit: ☐
21. Amount of G.S. §131F-2(5) contributions received in last fiscal year: \$ 38,022.00
22. Calculated license fee amount for this application: \$ 50.00
23. Calculated late fee amount for this application: \$
24. Total fee amount attached to this application: \$ 50.00
- (make check payable to: NC Department of the Secretary of State)
25. **Federated fund-raising organization information:** Is your organization or any of your subordinates a united way, united arts fund, community chest, or other federation of independent charitable organizations which have voluntarily joined together for the purpose of raising and distributing contributions and where membership does not confer operating authority and control of the individual group organization upon the federated group organization?

CSL Contact Information:

Agency Internet Site: www.sosnc.com Electronic Mail: csl@sosnc.com
 Telephone: (919) 807-2214 - Toll free for NC residents: 1-888-830-4989
 Facsimile: (919) 807-2220
 Mailing Address: P.O. Box 29622, Raleigh, NC 27626-0622

Renewal License Application Form
for charitable or sponsor organizations

Form Revision: 1
 Effective Date: November 17, 2004

North Carolina Department of the Secretary of State
Charitable Solicitation Licensing

Renewal License Application Form
for charitable or sponsor organizations

☐ YES. Attach a list of your member agencies that complies with the following requirements:

- A. For each NC-CSL exempt member agency, provide the agency's NC-CSL exemption number (if known), the agency's name, why the agency is exempt (a statutory cite is sufficient), and the amount allocated by the applicant to the member agency during the previous fiscal year.
- B. For each NC-CSL licensed member agency, provide the agency's NC-CSL license number (if known), the agency's name, the agency address, the name of the executive in charge of the member agency, the agency's telephone number, and the amount allocated by the applicant to the licensed member agency during the previous fiscal year.

☒ NO. Proceed to Item 26.

26. Applicant's signature:

I swear or affirm that I am the treasurer or chief fiscal officer of the applicant organization, and that the information furnished in this application and all supplemental forms, reports, documents, and attachments are true and correct to the best of my knowledge under penalty of perjury.

Signature: _____

Signer's Name (Print): _____

Signer's Title (Print): _____

27. Notarization: The following is for a notary public to place you under oath and then notarize your signature:

(County) Wake (State) NC
County and State in which acknowledgment taken

Sworn to and subscribed before me this the 13 day of MAY

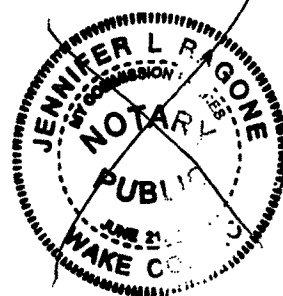
in the year of 2011

Notary Public's Signature: _____

Notary Public's Name (Print): _____

Date Notary Public's Commission Expires: _____

If using a notary stamp or seal, stamp or imprint seal beside or below this line:



Optional applicant contact information:

Contact Name: George Alwon

Contact Title: Treasurer

Internet Site Address: www.unitingnc.org

CSL Contact Information:

Agency Internet Site: www.sosnc.com Electronic Mail: csl@sosnc.com
Telephone: (919) 807-2214 - Toll free for NC residents: 1-888-830-4989
Facsimile: (919) 807-2220
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Renewal License Application Form
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Effective Date: November 17, 2004

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North Carolina Department of the Secretary of State
Charitable Solicitation Licensing

Renewal License Application Form
for charitable or sponsor organizations

Electronic Mail Address: kristin@unitingnc.org
Telephone Number: (919)624-1414
Facsimile Number: (919)828-4940
Mailing Address: 315 Calvin Road, Raleigh NC 27605

Optional third party filer information:

Business Name:
Mailing Address:
Internet Site Address:
Contact Name:
Contact's Electronic Mail Address:
Contact's Telephone Number:
Contact's Facsimile Number:

CSL Contact Information:

Agency Internet Site: www.sosnc.com Electronic Mail: csl@sosnc.com
Telephone: (919) 807-2214 - Toll free for NC residents: 1-888-830-4989
Facsimile: (919) 807-2220
Mailing Address: P.O. Box 29622, Raleigh, NC 27626-0622

Renewal License Application Form
for charitable or sponsor organizations

Form Revision: 1

Effective Date: November 17, 2004

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UNITINGNC 01/27/2011 3:29 PM

Form 990 Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.	OMB No. 1545-0047 2010 Open to Public Inspection
A For the 2010 calendar year, or tax year beginning _____, and ending _____		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="text-align: center; font-weight: bold;">Uniting NC, Inc.</div> Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="text-align: center; font-weight: bold;">PO Box 12581</div> City or town, state or country, and ZIP + 4 <div style="text-align: center; font-weight: bold;">Raleigh NC 27605</div>	D Employer identification number <div style="background-color: black; color: black;">[REDACTED]</div> E Telephone number <div style="text-align: center; font-weight: bold;">919-781-1288</div> G Gross receipts 39,336
F Name and address of principal officer: <div style="text-align: center; font-weight: bold;">George Alwon</div> <div style="text-align: center; font-weight: bold;">PO Box 12581</div> <div style="text-align: center; font-weight: bold;">Raleigh NC 27605</div>		H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: www.unitingnc.org		H(c) Group exemption number P
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other P		L Year of formation 2008 M State of legal domicile NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <div style="text-align: center; font-weight: bold;">See Schedule O</div>									
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 0									
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Prior Year</th> <th style="text-align: left;">Current Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">7,030</td> <td style="text-align: right;">35,901</td> </tr> <tr> <td style="text-align: right;">2,121</td> <td style="text-align: right;">2,121</td> </tr> <tr> <td style="text-align: right;">7,030</td> <td style="text-align: right;">38,022</td> </tr> </tbody> </table>	Prior Year	Current Year	7,030	35,901	2,121	2,121	7,030	38,022
Prior Year	Current Year									
7,030	35,901									
2,121	2,121									
7,030	38,022									
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) P 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: right;">4,465</td> <td style="text-align: right;">29,656</td> </tr> <tr> <td style="text-align: right;">4,465</td> <td style="text-align: right;">29,656</td> </tr> <tr> <td style="text-align: right;">2,565</td> <td style="text-align: right;">8,366</td> </tr> </tbody> </table>	4,465	29,656	4,465	29,656	2,565	8,366		
4,465	29,656									
4,465	29,656									
2,565	8,366									
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Beginning of Current Year</th> <th style="text-align: left;">End of Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">2,587</td> <td style="text-align: right;">10,953</td> </tr> <tr> <td style="text-align: right;">2,587</td> <td style="text-align: right;">10,953</td> </tr> </tbody> </table>	Beginning of Current Year	End of Year	2,587	10,953	2,587	10,953		
Beginning of Current Year	End of Year									
2,587	10,953									
2,587	10,953									

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<div style="text-align: center;"> Signature of officer George Alwon Type or print name and title </div>	<div style="text-align: center;"> Date 1/28/2011 Treasurer </div>												
Paid Preparer Use Only	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Print/Type preparer's name Kim E. Anglin- CPA</td> <td style="width: 20%;">Preparer's signature [Signature]</td> <td style="width: 10%;">Date 01/27/11</td> <td style="width: 30%;">Check <input type="checkbox"/> PTIN <input type="checkbox"/> self-employed <input checked="" type="checkbox"/></td> </tr> <tr> <td>Firm's name P Minor, Anglin & Associates, P.A.</td> <td colspan="2">Firm's EIN P [REDACTED]</td> <td></td> </tr> <tr> <td>Firm's address P 3608 Shannon Rd., Suite 105 Durham, NC 27707</td> <td colspan="3">Phone no. 919-493-2603</td> </tr> </table>		Print/Type preparer's name Kim E. Anglin- CPA	Preparer's signature [Signature]	Date 01/27/11	Check <input type="checkbox"/> PTIN <input type="checkbox"/> self-employed <input checked="" type="checkbox"/>	Firm's name P Minor, Anglin & Associates, P.A.	Firm's EIN P [REDACTED]			Firm's address P 3608 Shannon Rd., Suite 105 Durham, NC 27707	Phone no. 919-493-2603		
Print/Type preparer's name Kim E. Anglin- CPA	Preparer's signature [Signature]	Date 01/27/11	Check <input type="checkbox"/> PTIN <input type="checkbox"/> self-employed <input checked="" type="checkbox"/>											
Firm's name P Minor, Anglin & Associates, P.A.	Firm's EIN P [REDACTED]													
Firm's address P 3608 Shannon Rd., Suite 105 Durham, NC 27707	Phone no. 919-493-2603													

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes ☒ No ☐

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

DAA

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2010Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning _____, and ending _____	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Uniting NC, Inc. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 12581 City or town, state or country, and ZIP + 4 Raleigh NC 27605 D Employer identification number E Telephone number 919-781-1288 G Gross receipts 39,336 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ www.unitingnc.org K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 2008 M State of legal domicile: NC
F Name and address of principal officer: George Alwon PO Box 12581 Raleigh NC 27605	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 7
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 0
	6 Total number of volunteers (estimate if necessary)	6
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,030 Current Year 35,901
	9 Program service revenue (Part VIII, line 2g)	
Expenses	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,121
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,030 38,022
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,465 29,656
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,465 29,656
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	2,565 8,366
	20 Total assets (Part X, line 16)	Beginning of Current Year 2,587 End of Year 10,953
	21 Total liabilities (Part X, line 26)	
	22 Net assets or fund balances. Subtract line 21 from line 20	2,587 10,953

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>George Alwon</i>	Date 1/29/2011
	George Alwon Type or print name and title	Treasurer
Paid Preparer Use Only	Print/type preparer's name Kim E. Anglin - CPA	Preparer's signature <i>Kim E. Anglin, CPA</i>
	Firm's name ▶ Minor, Anglin & Associates, P.A.	Date 01/27/11 Check <input type="checkbox"/> PTIN <input type="checkbox"/> self-employed <input type="checkbox"/>
	Firm's address ▶ 3608 Shannon Rd., Suite 105 Durham, NC 27707	Firm's EIN ▶ 919-493-2603

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

DAA

Form 990 (2010) **Uniting NC, Inc.**Page **2****Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:**See Schedule O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **28,481** including grants of\$) (Revenue \$)**Sponsor local conversations on difficult issues. Sponsor positive messaging around welcoming new North Carolinians to our state.****4b** (Code:) (Expenses \$ including grants of\$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of\$) (Revenue \$)**4d** Other program services. (Describe in Schedule O.)

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

4e Total program service expenses **28,481**

Form 990 (2010) **Uniting NC, Inc.**Page **3****Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		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, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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Form 990 (2010) **Uniting NC, Inc.**Page **4****Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a 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		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

☐ Yes ☒ NoForm **990** (2010)

Form 990 (2010) **Uniting NC, Inc.**Page **5****Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	X

Form 990 (2010) **Uniting NC, Inc.**Page **6**

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	7			
b Enter the number of voting members included in line 1a, above, who are independent		7		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Does the organization have members or stockholders?			6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **None**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
- ☐ Own website ☐ Another's website ☒ Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **The Organization**

PO Box 12581**Raleigh****NC 27605****919-781-1288**

Form 990 (2010) **Uniting NC, Inc.**Page **7****Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Randy Jones Chairman	3.00	X		X				0	0	0
(2) Rebecca Headen Vice Chair	3.00	X		X				0	0	0
(3) George Alwon Treasurer	5.00	X		X				0	0	0
(4) Irene Godinez Secretary	3.00	X		X				0	0	0
(5) Chris Liu Beers Director	1.00	X						0	0	0
(6) Hannah Gill Director	1.00	X						0	0	0
(7) Daniel Rearick Director	3.00	X						0	0	0
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Form 990 (2010) **Uniting NC, Inc.**Page **8****Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

Form 990 (2010) **Uniting NC, Inc.**Page **9****Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e	1e				
	f	1f	35,901			
	g	\$				
h Total. Add lines 1a-1f			35,901			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real (ii) Personal				
	b					
	c					
	d Net rental income or (loss)					
	7a	(i) Securities (ii) Other				
	b					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a	\$				
	a					
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a					
	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	3,435				
b Less: cost of goods sold	b	1,314				
c Net income or (loss) from sales of inventory		2,121	2,121			
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		38,022	2,121	0	0	

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Form 990 (2010) **Uniting NC, Inc.**Page **10****Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6				
7 Other salaries and wages				
8				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	50		50	
d Lobbying				
e				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	811	811		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	259	259		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24				
a Prof Services-Contracts	22,500	21,375	1,125	
b Targeted Services	4,000	4,000		
c Events Expense	2,036	2,036		
d				
e				
f All other expenses				
25	29,656	28,481	1,175	
26 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2010) **Uniting NC, Inc.**Page **11****Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	2,587	1	10,953
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,587	16	10,953	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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. Complete Part X of Schedule D		25		
26 Total liabilities. Add lines 17 through 25		26		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,587	27	10,953
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,587	33	10,953
34 Total liabilities and net assets/fund balances	2,587	34	10,953	

Form **990** (2010)

Form 990 (2010) **Uniting NC, Inc.**Page **12****Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,022
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,656
3	Revenue less expenses. Subtract line 2 from line 1	3	8,366
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,587
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10,953

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
2b Were the organization's financial statements audited by an independent accountant?		X
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2010)

SCHEDULE A**Public Charity Status and Public Support**

OMB No. 1545-0047

2010Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

Name of the organization

Uniting NC, Inc.

Employer identification number

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))							(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 **Uniting NC, Inc.**Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				7,030	35,901	42,931
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3				7,030	35,901	42,931
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)						
6						42,931

Section B. Total Support

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4				7,030	35,901	42,931
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV.)						
11 Total support. Add lines 7 through 10						42,931
12 Gross receipts from related activities, etc. (see instructions)					12	3,435

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	100.00%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	100.00%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 **Uniting NC, Inc.**

Page 3

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1						
2						
3						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 **Uniting NC, Inc.**

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

Uniting NC, Inc.

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☒
- For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- ☐
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the
- General Rule**
- applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Page 1 of 1 of Part I

Name of organization

Uniting NC, Inc.

Employer identification number

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 17,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010Open to Public
Inspection

Name of the organization

Uniting NC, Inc.

Employer identification number

Form 990 - Organization's Mission or Most Significant Activities

Statewide organization that promotes understanding and respect between recent immigrants and their neighbors. The ultimate goal is to ensure that North Carolina, community by community, remains a place that welcomes and appreciates newcomers.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The IRS form 990 is prepared by the independent CPA firm. A draft is provided to the Treasurer. Upon his approval, the form 990 is submitted to the IRS. All Board members are provided access to the form 990.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents are made available to the public upon written request to the main office.



315 Calvin Road Raleigh, NC 27605

2011 Board of Directors:

Officers:

Chairman: Randy Jones

Vice Chair: Chris Liu-Beers

Treasurer: George Alwon

Secretary: Diane Evia-Lanevi

Directors:

Director: Dan Rearick

Director: Eric Solomon

Director: Hanna Gil

Executive Director:

Kristin Collins
520 Gardner St.
Raleigh, NC, 27607
(919)791-7976



315 Calvin Road Raleigh, NC 27605

June 7, 2011

Linda Driver
Document Examiner
State of North Carolina
Department of the Secretary of State
PO Box 29622
Raleigh, NC 27626-0622

Dear Ms. Driver:

Thank you for your help with clarifying the documents we need to be in compliance with the Charitable Solicitation Act and the Rules.

Attached are:

1. A copy of our 2010 federal tax form for Uniting NC
2. A list of our current board members

If you have any other questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "George Alwon", is written over a horizontal line.

George Alwon
Treasurer