

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2015**  
Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016**

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

**C** Name of organization  
UNITED WAY OF CENTRAL CAROLINAS INC  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
301 SOUTH BREVARD STREET  
City or town, state or province, country, and ZIP or foreign postal code  
CHARLOTTE, NC 28202

**D** Employer identification number  
56-0529948  
**E** Telephone number  
(704) 372-7170  
**G** Gross receipts \$ 28,784,284

**F** Name and address of principal officer  
SEAN C GARRETT  
301 SOUTH BREVARD STREET  
CHARLOTTE, NC 28202

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW.UWCENTRALCAROLINAS.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1958 **M** State of legal domicile NC

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities See Schedule O				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
<b>Revenue</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20		
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	83		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	8,781		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0		
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0		
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	28,424,738	<b>Current Year</b>	28,114,298
<b>9</b> Program service revenue (Part VIII, line 2g)		0		0	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		419,910		327,696	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		444,926		342,290	
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		29,289,574		28,784,284	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		25,145,702		24,576,038
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		3,996,825		4,280,459
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,369,673				
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,860,357		1,801,736
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		31,002,884		30,658,233	
<b>19</b> Revenue less expenses Subtract line 18 from line 12		-1,713,310		-1,873,949	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>		<b>End of Year</b>	
	<b>20</b> Total assets (Part X, line 16)		30,527,592		27,254,341
	<b>21</b> Total liabilities (Part X, line 26)		18,221,561		16,849,102
<b>22</b> Net assets or fund balances Subtract line 21 from line 20		12,306,031		10,405,239	

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2016-10-31  
SEAN C GARRETT EXECUTIVE DIRECTOR  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Janice A Ratica  
Preparer's signature: Janice A Ratica  
Date:  
Check  if self-employed  
PTIN: P00358837  
Firm's name: ▶ CHERRY BEKAERT LLP  
Firm's EIN: ▶ 56-0574444  
Firm's address: ▶ 1111 Metropolitan Ave Ste 1000  
Charlotte, NC 28204  
Phone no: (704) 377-1678

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

United Way of Central Carolinas is engaged throughout the Charlotte region to create change for a stronger community We bring people from all walks of life together to develop long-lasting change that increases graduation, stabilizes families, and empowers healthy lives We see partnerships and collaboration as a means to bring about innovative solutions for our complex social issues Through these efforts, we envision a world where every community has good schools, jobs that pay a livable wage, and a healthy environment

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 6,683,091 including grants of \$ 6,276,267 ) (Revenue \$ )  
 In the area of Housing & Financial Stability, United Way of Central Carolinas helps people overcome short-term crises and achieve long-term stability It does this by funding agency programs that (1) provide Housing, including emergency shelter, rapid rehousing, and transitional housing for the homeless, (2) provide short-term Crisis Services that provide food, clothing and prevent eviction/foreclosure and utilities disconnection, (3) provide workforce development and Job Training to the unemployed and underemployed and (4) provide Financial Stability services to help individuals learn how to eliminate debt, provide for basic needs, repair bad credit and save for their education, a home or retirement

**4b** (Code ) (Expenses \$ 5,577,180 including grants of \$ 5,237,677 ) (Revenue \$ )  
 In the area of Health & Mental Health, United Way of Central Carolinas helps people remove barriers and gain access to Health & Mental Health services It does this by funding agency programs that (1) provide Healthcare Access for the uninsured and people with low incomes, (2) provide Counseling and Mental Health services for people who could otherwise not afford it, (3) offer Safety and Wellness programs to educate people to make healthy choices and (4) provide services for the Aging and Disabled

**4c** (Code ) (Expenses \$ 5,898,262 including grants of \$ 5,539,213 ) (Revenue \$ )  
 In the area of Children & Youth, United Way of Central Carolinas helps disadvantaged or at-risk children achieve their potential with a focus on graduating high school It does this by funding agency programs that (1) prepare young children to enter school developmentally on track through Early Child Care and kindergarten readiness, (2) improve School Achievement & Prevent School Dropout among elementary, middle and high school students through attendance and literacy efforts, and (3) help children avoid risky behaviors and participate in positive after school, summer, and other activities  
 See Additional Data

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 8,010,510 including grants of \$ 7,522,881 ) (Revenue \$ )

**4e Total program service expenses** ▶ 26,169,043

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		No
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>20b</b>		

**Part IV Checklist of Required Schedules (continued)**

<p><b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .</p>	<p><b>21</b></p>	<p>Yes</p>	
<p><b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .</p>	<p><b>22</b></p>		<p>No</p>
<p><b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .</p>	<p><b>23</b></p>	<p>Yes</p>	
<p><b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .</p>	<p><b>24a</b></p>		<p>No</p>
<p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .</p>	<p><b>24b</b></p>		
<p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .</p>	<p><b>24c</b></p>		
<p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .</p>	<p><b>24d</b></p>		
<p><b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>	<p><b>25a</b></p>		<p>No</p>
<p><b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>	<p><b>25b</b></p>		<p>No</p>
<p><b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .</p>	<p><b>26</b></p>		<p>No</p>
<p><b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .</p>	<p><b>27</b></p>		<p>No</p>
<p><b>28</b> 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)</p>			
<p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28a</b></p>		<p>No</p>
<p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28b</b></p>		<p>No</p>
<p><b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28c</b></p>		<p>No</p>
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .</p>	<p><b>29</b></p>	<p>Yes</p>	
<p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .</p>	<p><b>30</b></p>		<p>No</p>
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .</p>	<p><b>31</b></p>		<p>No</p>
<p><b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .</p>	<p><b>32</b></p>		<p>No</p>
<p><b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .</p>	<p><b>33</b></p>		<p>No</p>
<p><b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .</p>	<p><b>34</b></p>	<p>Yes</p>	
<p><b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p><b>35a</b></p>		<p>No</p>
<p><b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .</p>	<p><b>35b</b></p>		
<p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .</p>	<p><b>36</b></p>		<p>No</p>
<p><b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .</p>	<p><b>37</b></p>		<p>No</p>
<p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .</p>	<p><b>38</b></p>	<p>Yes</p>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		No
<b>4b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		No
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		No
<b>3</b>	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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body?	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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		No

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

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

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed	NC
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b>	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records WILFRED NEAL 301 SOUTH BREVARD STREET CHARLOTTE, NC 28202 (704) 371-6279	

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

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

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

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

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

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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) William C Williams DireCTOR	1.50	X					0	0	0	
(2) Ann E Wall DireCTOR	1.50	X					0	0	0	
(3) Charles Roskovich JR DireCTOR	1.50	X					0	0	0	
(4) Kevin D Pitts DireCTOR	1.50	X					0	0	0	
(5) Janet C Pfeffer DireCTOR	1.50	X					0	0	0	
(6) Carol P Lowe DireCTOR	1.50	X					0	0	0	
(7) Michael A Lewis DireCTOR	1.50	X					0	0	0	
(8) WESLEY M BECKNER Regional Campaign Cabinet	3.00	X					0	0	0	
(9) EDWARD P O'Keefe DireCTOR	1.50	X					0	0	0	
(10) ANIL T MATAI CommUNITY INVESTMENT CHAIR	2.00	X					0	0	0	
(11) JEFFREY S LEDFORD finance committee vice-chair	1.50	X					0	0	0	
(12) Dena R Diono direCTOR	1.50	X					0	0	0	
(13) MALCOMB D cole regional campaign cabinet vice-chair	3.00	X					0	0	0	
(14) Jan M Clevenger direCTOR	1.50	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JEFFREY L BURGESS ..... AUDIT COMMITTEE VICE-CHAIR	3 00	X						0	0	0
(16) Daniel J Brach ..... direCTOR	1 50	X						0	0	0
(17) lloyd johnson ..... audit committee chair	3 00	X						0	0	0
(18) Eileen F Little ..... Board VICE-CHAIR	3 00	X		X				0	0	0
(19) John M Papadopoulos ..... BOard Chairman	3 00	X		X				0	0	0
(20) R Mattox Snow III ..... Finance Committee Chair	3 00	X		X				0	0	0
(21) Scott P Vaughn ..... Ethics Committee Chair/Sec	2 00	X		X				0	0	0
(22) SEAN C GARRETT ..... President/Exec Dir (START	50 00			X				152,745	0	17,787
(23) J Wilfred Neal ..... CFO	50 00			X				116,178	0	13,700
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .							268,923	0		31,487

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

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b> 117,820					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 27,996,478					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ 203,813					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶	28,114,298				
<b>Program Service Revenue</b>	<b>2a</b> _____ Business Code _____					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	327,696			327,696	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6a</b> Gross rents	(i) Real 84,193				
		(ii) Personal				
		<b>b</b> Less rental expenses 0				
		<b>c</b> Rental income or (loss) 84,193				
	<b>d</b> Net rental income or (loss) . . . . . ▶	84,193			84,193	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss) . . . . . ▶					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
		<b>b</b> Less direct expenses . . . . . <b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . ▶				
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
		<b>b</b> Less direct expenses . . . . . <b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities . . . ▶				
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
<b>b</b> Less cost of goods sold . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue Business Code						
<b>11a</b> net administrative fees 900099	258,097	258,097				
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶	258,097					
<b>12 Total revenue.</b> See Instructions . . . . . ▶	28,784,284	258,097	0	411,889		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	24,576,038	24,576,038		
<b>2</b>	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	268,924	70,828	136,979	61,117
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	3,132,196	738,582	1,062,718	1,330,896
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	143,974	37,657	47,598	58,719
<b>9</b>	Other employee benefits . . . . .	406,707	98,082	154,370	154,255
<b>10</b>	Payroll taxes . . . . .	328,658	75,766	106,301	146,591
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	656	31	437	188
<b>c</b>	Accounting . . . . .	46,000		46,000	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	474,654	185,995	180,106	108,553
<b>12</b>	Advertising and promotion . . . . .				
<b>13</b>	Office expenses . . . . .	220,279	41,089	73,028	106,162
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	323,302	98,174	109,304	115,824
<b>17</b>	Travel . . . . .	31,838	8,248	10,511	13,079
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	44,024	9,774	9,588	24,662
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .	352,416	85,249	129,202	137,965
<b>22</b>	Depreciation, depletion, and amortization . . . . .	84,845	17,577	33,231	34,037
<b>23</b>	Insurance . . . . .	28,702	6,201	11,058	11,443
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<b>a</b>	volunteer expense & eve	155,059	106,055	1,091	47,913
<b>b</b>	miscellaneous	50,193	11,732	13,607	24,854
<b>c</b>	dues & subscriptions	15,425	8,304	4,125	2,996
<b>d</b>	taxes, licenses & fees	2,682	516	653	1,513
<b>e</b>	All other expenses	-28,339	-6,855	-10,390	-11,094
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	30,658,233	26,169,043	2,119,517	2,369,673
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	5,287,237	<b>1</b>	2,095,058
	<b>2</b> Savings and temporary cash investments . . . . .	3,352,289	<b>2</b>	3,169,430
	<b>3</b> Pledges and grants receivable, net . . . . .	7,976,754	<b>3</b>	8,212,663
	<b>4</b> Accounts receivable, net . . . . .	56,264	<b>4</b>	138,375
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other 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) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	19,627	<b>9</b>	9,428
	<b>10a</b> Land, buildings, and equipment—cost or other basis Complete Part VI of Schedule D	<b>10a</b> 4,361,005		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 4,047,136	371,185	<b>10c</b> 313,869
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	13,464,236	<b>12</b>	13,315,518
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	30,527,592	<b>16</b>	27,254,341	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	983,146	<b>17</b>	609,756
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	17,238,415	<b>25</b>	16,239,346
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	18,221,561	<b>26</b>	16,849,102
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	11,148,007	<b>27</b>	9,012,935
	<b>28</b> Temporarily restricted net assets . . . . .	332,224	<b>28</b>	547,805
	<b>29</b> Permanently restricted net assets . . . . .	825,800	<b>29</b>	844,499
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	12,306,031	<b>33</b>	10,405,239	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	30,527,592	<b>34</b>	27,254,341	

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	28,784,284
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	30,658,233
<b>3</b> Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-1,873,949
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	12,306,031
<b>5</b> Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-733,133
<b>6</b> Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b> Investment expenses . . . . .	<b>7</b>	
<b>8</b> Prior period adjustments . . . . .	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	706,290
<b>10</b> Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	10,405,239

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 56-0529948

**Name:** UNITED WAY OF CENTRAL CAROLINAS INC

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 8,010,510 including grants of \$ 7,522,881 ) (Revenue \$ )

Donor Designations to other United Ways and other 501(c)(3) Organizations Donors may direct their contributions to out of area United Ways or qualified tax exempt organizations that provide services in the areas of health, housing, and children and youth These funds are raised and distributed by our United Way United Way 2-1-1 United Way 2-1-1 is a statewide information and referral service that receives significant support from United Way of Central Carolinas By dialing 2-1-1 or logging onto [www.nc2-1-1.org](http://www.nc2-1-1.org), anyone can get in touch with a trained specialist who can assess their needs and refer them to an appropriate community-based program or service United Way 2-1-1 is free and confidential, available 24 hours a day, available in many languages, and staffed by certified specialists Those in need can receive immediate assistance in many ways - Food and family needs - food banks, clothing closets and child care- Housing - locate shelters, find rental/mortgage assistance and home buying information- Employment - job training opportunities, transportation assistance and education programs- Counseling - find crisis intervention services- Health Care - health insurance programs, community health clinics and other programs For calendar year ending 2015, United Way 2-1-1 received 10,586 calls and 15,098 web hits from the five-county service area covered by United Way of Central Carolinas Volunteer Center United Way of Central Carolinas' Volunteer Center works to engage volunteers and demonstrate the value of volunteering By matching volunteer groups with area non-profits, volunteers see firsthand the need in the community Volunteer Groups range in size from 5 to more than 300 United Way of Central Carolinas' Volunteer Center coordinates volunteer projects for area businesses, civic and religious groups, and individuals The activities promote the value of volunteering and demonstrate how donor dollars are reinvested back into our community and helps the community get actively engaged in creating solutions The Volunteer Center coordinated 292 volunteer projects which engaged approximately 5,500 volunteers who contributed approximately 15,000 hours United Way of Central Carolinas also engages additional volunteers through multiple Day of Caring events, Community Investment Volunteers, and Board/Committee volunteers for a total of 8,781 volunteers annually

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

2015

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF CENTRAL CAROLINAS INC

Employer identification number

56-0529948

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	26,441,782	27,862,115	27,437,127	28,424,738	28,114,302	138,280,064
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	26,441,782	27,862,115	27,437,127	28,424,738	28,114,302	138,280,064
<b>5</b> 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)						1,141,884
<b>6 Public support.</b> Subtract line 5 from line 4						137,138,180

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>7</b> Amounts from line 4	26,441,782	27,862,115	27,437,127	28,424,738	28,114,302	138,280,064
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	276,081	221,617	343,234	512,375	411,889	1,765,196
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				352,461	258,097	610,558
<b>11 Total support.</b> Add lines 7 through 10						140,655,818
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	786,289
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97.500%
<b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14	<b>15</b>	96.840%
<b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> 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"/>		

**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**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support tests—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</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.		
<b>c</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
<b>b</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.)		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

**Section A - Adjusted Net Income**

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

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section B - Minimum Asset Amount**

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

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section C - Distributable Amount**

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . . _____			
<b>e</b> From 2014. . . . . _____			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . . _____			
<b>d</b> From 2014. . . . . _____			
<b>e</b> From 2015. . . . . _____			

**Part VI Supplemental Information.**

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

<b>Facts And Circumstances Test</b>

Return Reference	Explanation

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2015**  
Open to Public Inspection

▶ 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.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
UNITED WAY OF CENTRAL CAROLINAS INC

**Employer identification number**  
56-0529948

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
<b>a</b> Total number of conservation easements	
<b>b</b> Total acreage restricted by conservation easements	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

(continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
  - a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

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

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	5,308,439	1,881,015	1,509,331	1,072,474	849,073
<b>b</b> Contributions . . . . .	115,815	3,376,377	191,264	313,309	251,000
<b>c</b> Net investment earnings, gains, and losses	-214,308	51,047	240,292	123,548	-27,599
<b>d</b> Grants or scholarships . . . . .			59,872		
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	5,209,946	5,308,439	1,881,015	1,509,331	1,072,474

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

- a** Board designated or quasi-endowment ▶ 82.830%
  - b** Permanent endowment ▶ 15.910%
  - c** Temporarily restricted endowment ▶ 1.260%
- The percentages on lines 2a, 2b, and 2c should equal 100%

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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>	Yes	
<b>3a(ii)</b>		No
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		225,925		225,925
<b>b</b> Buildings . . . . .		2,582,243	2,531,680	50,563
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		1,552,837	1,515,456	37,381
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) . . . . . ▶				313,869

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) mutual funds	8,105,572	F
(B) pooled funds held by united way legacy foundation	5,209,946	F
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	13,315,518	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
allocations payable to member agencies	14,716,674
due to designated agencies	1,056,058
campaigns processed for others, net	466,614
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	16,239,346

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Part V, Line 4	the purpose of the organization's endowment is to provide income to support general operations so that more of the dollars raised during the annual campaign can be used for program services

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation



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

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

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

Return Reference	Explanation
Part I, Line 2	Agencies receiving discretionary funding from United Way of Central Carolinas undergo intensive pre-screening before being awarded funding. Such screening includes -An application process that includes explanation of the proposed use of the funding -Financial review of the organization to gain a level of assurance that the organization follows sound fiscal policies -Verification of compliance with the provisions of the Patriot Act -Verification of current status as an IRS Code Section 501(c)(3) nonprofit organization. The agency is also required to provide United Way with a final report at the end of the allocation period that verifies that all funding has been used for the purposes intended and actual results compared to the proposed results in the original application. Organizations receiving donor designated contributions through United Way of Central Carolinas undergo screening prior to distribution of funds. Such screening includes -A certification that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders -Verification of current status as an IRS Code Section 501(c)(3) nonprofit organization -Verification that the organization is not on a Terrorist Watch List -in addition, we utilize verifications from GuideStar Charity Check to verify that agencies receiving contributions are 100% compliant with IRS requirements.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 56-0529948  
**Name:** UNITED WAY OF CENTRAL CAROLINAS INC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
09004 American National Red Cross 2025 East Street NW 7th floor Washington, DC 20006	53-0196605	501(c)3	5,220				Donor Designated (and 3rd party) for General Support
33181 American Red Cross Western North Carolina Chapter 2425 Park Road Charlotte, NC 28203	53-0196605	501(c)3	785,301				Donor Designated (and 3rd party) for General Support, program operating cost
A Child's Place 601 E 5th Street Charlotte, NC 28202	58-1911741	501(c)3	246,315				Donor Designated (and 3rd party) for General Support, program operating cost

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Academic Learning Center Inc 2353 Concord Lake Rd Suite 160 Concord, NC 28025	56-1963975	501(c)3	39,922				Donor Designated (and 3rd party) for General Support, program operating cost
Ada Jenkins Center 212 Gamble Street Davidson, NC 28036	56-1927067	501(c)3	351,922				Donor Designated (and 3rd party) for General Support, program operating cost
Alexander Youth Network 6220 Thermal Rd Charlotte, NC 28211	56-0554413	501(c)3	6,854				Donor Designated (and 3rd party) for General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Alzheimer's Association Western Carolina Chapter 4600 Park Road Suite 250 Charlotte, NC 28215	56-1440727	501(c)3	7,359				Donor Designated (and 3rd party) for General Support
American Cancer Society Charlotte Office 1901 Brunswick Avenue Suite 100 Charlotte, NC 28207	13-1788491	501(c)3	17,596				Donor Designated (and 3rd party) for General Support
American Heart Association Charlotte 128 S Tryon St Suite 1588 Charlotte, NC 28202	13-5613797	501(c)3	9,483				Donor Designated (and 3rd party) for General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Anson County Partnership for Children 117 South Green Street Wadesboro, NC 281702782	56-1987729	501(c)3	7,116				Donor Designated (and 3rd party) for General Support, program operating cost
Anson Domestic Violence Coalition Inc 304 E Wade Street Wadesboro, NC 28170	56-2080678	501(c)3	6,888				Donor Designated (and 3rd party) for General Support, program operating cost
Arthritis Patient Services 1817 Central Ave Room 211 Charlotte, NC 28205	58-1940978	501(c)3	94,677				Donor Designated (and 3rd party) for General Support, program operating cost



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Baptist State Convention of North Carolina Inc 10221 Independence Hill Road Huntersville, NC 28078	56-0556746	501(c)3	8,416				Donor Designated 3rd party for general support
Barnabas Center 413 S Sharon Amity Rd Ste B CHARLOTTE NC 28211-2881 Charlotte, NC 282112881	56-1662908	501(c)3	5,634				Donor Designated 3rd party for general support
Beds For Kids Inc 1800 Camden Rd Suite 107-17 Charlotte, NC 28203	27-4153074	501(c)3	5,338				Donor Designated 3rd party for general support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Big Brothers Big Sisters of Greater Charlotte 3801 East Independence Boulevard Charlotte, NC 28205	56-2264009	501(c)3	321,738				Donor Designated (and 3rd party) for General Support, program operating cost
Boys and Girls Club of Cabarrus County Inc 247 Spring Street NW Concord, NC 28025	56-0577630	501(c)3	122,809				Donor Designated (and 3rd party) for General Support, program operating cost
Brookstone Schools of Mecklenburg County PO Box 667890 Charlotte, NC 28266	56-2221108	501(c)3	12,302				Donor Designated 3rd party for general support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Cabarrus Meals On Wheels Inc 1701 South Main Street Kannapolis, NC 28081	56-1172942	501(c)3	83,528				Donor Designated (and 3rd party) for General Support, program operating cost
Calvary Church 5801 Pineville-Matthews Road Charlotte, NC 282263432	56-1990275	501(c)3	18,440				Donor Designated (and 3rd party) for General Support
Cannon Memorial YMCA 101 YMCA Drive Kannapolis, NC 28082	58-1574620	501(c)3	79,311				Donor Designated (and 3rd party) for General Support, program operating cost

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Care Ring Inc 601 East 5th Street Suite 140 Charlotte, NC 282023092	56-0621073	501(c)3	511,443				Donor Designated (and 3rd party) for General Support, program operating cost
Carolina Raptor Center Inc 6000 Sample Dr Huntersville, NC 28078	56-1349170	501(c)3	11,517				Donor Designated (and 3rd party) for General Support
Carolinas Healthcare Foundation Inc PO Box 32861 Charlotte, NC 28232	56-6060481	501(c)3	7,278				Donor Designated 3rd party for general support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Catawba County United Way PO Box 2425 Hickory, NC 286032425	56-0774714	501(c)3	15,419				Donor Designated (and 3rd party) for General Support
Catholic Charities Diocese of Charlotte 1123 S Church Street Charlotte, NC 28203	56-1058954	501(c)3	21,753				Donor Designated (and 3rd party) for General Support
Central NC Council Boy Scouts of America 2500 Ablemarle Road Albemarle, NC 28001	56-0532132	501(c)3	94,987				Donor Designated (and 3rd party) for General Support, program operating cost

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Charlotte Center for Urban Ministry Inc 945 North College Street Charlotte, NC 28206	56-1837620	501(c)3	27,750				Donor Designated (and 3rd party) for General Support, program operating cost
Charlotte Community Health Clinic 8401 Medical Plaza Drive Suite 300 Charlotte, NC 28262	56-2274174	501(c)3	294,858				Donor Designated (and 3rd party) for General Support, program operating cost
Charlotte Country Day School 1440 Carmel Road Charlotte, NC 282265012	56-0623935	501(c)3	15,715				Donor Designated (and 3rd party) for General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Charlotte Family Housing Inc 300 Hawthorne Lane Charlotte, NC 28204	58-1599120	501(c)3	404,380				Donor Designated (and 3rd party) for General Support, program operating cost
Charlotte Latin School 9502 Providence Road Charlotte, NC 282778695	56-0944449	501(c)3	5,000				Donor Designated for General Support
Charlotte Rescue Mission 907 W First St Charlotte, NC 282333000	56-0571223	501(c)3	29,639				Donor Designated (and 3rd party) for General Support

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

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Charlotte Speech and Hearing Center Inc 741 Kenilworth Avenue Suite 100 Charlotte, NC 28204	56-0892041	501(c)3	357,520				Donor Designated (and 3rd party) for General Support, program operating cost
Child Care Resources Inc 4600 Park Road Suite 400 Charlotte, NC 28209	56-1316030	501(c)3	511,116				Donor Designated (and 3rd party) for General Support, program operating cost
Children's Hope Alliance 156 Frazier Loop Statesville, NC 28677	56-0529993	501(c)3	29,179				Donor Designated (and 3rd party) for General Support, program operating cost



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Christ Episcopal Church 1412 Providence Road Charlotte, NC 28207	56-0623933	501(c)3	39,232				Donor Designated 3rd party for general support
Coltrane LIFE Center Inc 321 Corban Avenue SE Concord, NC 280252710	56-1222998	501(c)3	71,219				Donor Designated (and 3rd party) for General Support, program operating cost
Communities In Schools of Cabarrus County Inc 601 E 5th Street Suite 300 Charlotte, NC 282023094	58-1661795	501(c)3	39,987				Donor Designated (and 3rd party) for General Support, program operating cost

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Communities In Schools of Charlotte-Mecklenburg Inc 120 Marsh Avenue NW Concord, NC 28025	56-1771394	501(c)3	552,006				Donor Designated (and 3rd party) for General Support, program operating cost
Community Free Clinic Inc 528-A Lake Concord Road Concord, NC 280252926	58-2131301	501(c)3	97,595				Donor Designated (and 3rd party) for General Support, program operating cost
Community Health Services of Union County Inc 1338 East Sunset Drive Suite C Monroe, NC 28112	46-0495947	501(c)3	125,386				Donor Designated (and 3rd party) for General Support, program operating cost

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Community Link Programs of Travelers Aid Society of Central Carolinas Inc 601 E 5th Street Suite 220 Charlotte, NC 282023093	56-0530008	501(c)3	355,247				Donor Designated (and 3rd party) for General Support, program operating cost
Community School of Davidson Inc 404 Armour St Davidson, NC 28036	56-2249691	501(c)3	5,607				Donor Designated 3rd party for general support
Council for Children's Rights Inc 601 East 5th Street Suite 510 Charlotte, NC 28202	56-1325184	501(c)3	343,286				Donor Designated (and 3rd party) for General Support, program operating cost

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Council on Aging in Union County Inc 1401 Skyway Dr Monroe, NC 28110	56-1081558	501(c)3	100,960				Donor Designated (and 3rd party) for General Support, program operating cost
Crisis Assistance Ministry (Mecklenburg) 500-A Spratt Street Charlotte, NC 28206	56-1416719	501(c)3	550,275				Donor Designated (and 3rd party) for General Support, program operating cost
CVAN Women's Program PO Box 1749 Concord, NC 280261749	57-0749038	501(c)3	66,050				Donor Designated (and 3rd party) for General Support, program operating cost

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Disability Rights and Resources 5801 Executive Center Drive Suite 101 Charlotte, NC 28212	56-1268845	501(c)3	91,053				Donor Designated (and 3rd party) for General Support, program operating cost
Elevation Church 11416 East Independence Blvd Suite N Matthews, NC 28105	06-1741162	501(c)3	7,500				Donor Designated 3rd party for general support
Esther House of Stanly County PO Box 734 Albemarle, NC 28002	46-1652623	501(c)3	80,000				program operating costs

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Exchange Club Center for the Prevention of Child Abuse 207 Walnut Street Statesville, NC 28687	56-1758810	501(c)3	37,000				program operating costs
Feed My Lambs 500 E Caswell St Wadesboro, NC 28170	56-2158694	501(c)3	21,950				Donor Designated (and 3rd party) for General Support, program operating cost
Fifth Street Ministries (Diakonos) 1421 5th Street PO Box 5217 Statesville, NC 28687	58-1821225	501(c)3	51,190				Donor Designated (and 3rd party) for General Support, program operating cost

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Firefighter's Burned Children Fund Inc 1215 South Blvd Charlotte, NC 28203	56-1649992	501(c)3	10,039				Donor Designated for General Support
First Presbyterian Church 200 West Trade Street Charlotte, NC 28202	56-0529970	501(c)3	18,400				Donor Designated (and 3rd party) for General Support
Florence Crittenton Services Inc 1300 Blythe Blvd Charlotte, NC 28203	56-0577626	501(c)3	268,576				Donor Designated (and 3rd party) for General Support, program operating cost

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Foundation for the Carolinas 220 North Tryon Street Charlotte, NC 28202	56-6047886	501(c)3	161,990				Donor Designated 3rd party for general support,
Friendship Home Inc 2111 Stafford St Monroe, NC 281109650	56-1068009	501(c)3	50,998				Donor Designated (and 3rd party) for General Support, program operating cost
General Council on Finance & Admins of the United Methodist Church (Matthew 801 South Trade Street Matthews, NC 28105	31-1813333	501(c)3	8,020				Donor Designated 3rd party for general support



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Girl Scouts Hornets' Nest Council 7007 Idlewild Road Charlotte, NC 282125677	56-0563842	501(c)3	281,162				Donor Designated (and 3rd party) for General Support, program operating cost
Goodwill Industries of the Southern Piedmont Inc 2122 Freedom Drive Charlotte, NC 28208	56-0844639	501(c)3	179,426				Donor Designated (and 3rd party) for General Support, program operating cost
Habitat for Humanity Cabarrus County 8 Church Street SE Concord, NC 28025	56-1678395	501(c)3	48,678				Donor Designated (and 3rd party) for General Support, program operating cost

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Habitat for Humanity Charlotte 3815 Latrobe Drive Charlotte, NC 28211	56-1366233	501(c)3	15,625				Donor Designated (and 3rd party) for General Support
High Country United Way PO Box 247 Boone, NC 28607	56-1218079	501(c)3	7,384				Donor Designated (and 3rd party) for General Support
HOLLA 207 Wheeler Street Wadesboro, NC 28170	51-0562858	501(c)3	14,405				Donor Designated for General Support, program operating costs

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Hope Haven Inc 3815 North Tryon Street Charlotte, NC 28206	58-1314284	501(c)3	520,921				Donor Designated (and 3rd party) for General Support, program operating cost
Hospice & Palliative Care Charlotte Region P O Box 471579 Charlotte, NC 28247	56-1219017	501(c)3	9,118				Donor Designated (and 3rd party) for General Support
Hospice & Palliative Care Charlotte Region Lincoln County 900 Dontia Drive Lincolnton, NC 28092	56-1219017	501(c)3	7,052				Donor Designated (and 3rd party) for General Support

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Hospice of Cabarrus County Inc 5003 Hospice Lane Kannapolis, NC 28081	58-1584842	501(c)3	40,505				Donor Designated (and 3rd party) for General Support
Hospice of Gaston County Inc 258 E Garrison Boulevard Gastonia, NC 28054	58-1341530	501(c)3	8,967				Donor Designated (and 3rd party) for General Support
Hospice of Iredell County Inc 2347 Simonton Rd Statesville, NC 28625	56-1376577	501(c)3	20,850				Donor Designated (and 3rd party) for General Support, program operating cost

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Humane Society of Charlotte Inc 2700 Toomey Avenue Charlotte, NC 282035556	58-1342479	501(c)3	31,742				Donor Designated (and 3rd party) for General Support
Iredell Council on Aging Inc 202 North Church Street Mooresville, NC 28115	23-7322660	501(c)3	29,772				Donor Designated for General Support, program operating costs
JDRF International Western NC Chapter 205 Regency Executive Park Drive Suite 102 Charlotte, NC 28217	23-1907729	501(c)3	24,035				Donor Designated (and 3rd party) for General Support

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Junior Achievement of the Central Carolinas Inc 201 S Tryon Street Suite LL100 Charlotte, NC 28202	56-0672085	501(c)3	5,484				Donor Designated 3rd party for general support
KinderMourn Inc 1320 Harding Place Charlotte, NC 282042922	56-1221194	501(c)3	106,198				Donor Designated (and 3rd party) for General Support, program operating cost
Latin American Coalition 4938 Central Avenue Suite 101 Charlotte, NC 282056878	58-1945776	501(c)3	83,576				Donor Designated (and 3rd party) for General Support, program operating cost

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Legal Aid of North Carolina Inc 1431 Elizabeth Avenue Charlotte, NC 28204	31-1784161	501(c)3	94,554				Donor Designated (and 3rd party) for General Support, program operating cost
Legal Services of Southern Piedmont Inc 1431 Elizabeth Avenue Charlotte, NC 282042506	56-1202940	501(c)3	171,719				Donor Designated (and 3rd party) for General Support, program operating cost
LifeSpan Inc 143 Iredell Avenue Troutman, NC 28166	56-1142969	501(c)3	31,092				Donor Designated (and 3rd party) for General Support, program operating cost

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Literacy Council of Union County 216 North Hayne Street Monroe, NC 28112	56-2145552	501(c)3	43,845				Donor Designated (and 3rd party) for General Support, program operating cost
Loaves and Fishes Inc 3200 Park Road Charlotte, NC 28209	56-1398498	501(c)3	13,828				Donor Designated (and 3rd party) for General Support,
Logan Community Day Care Association Inc 204 Booker Drive SW Concord, NC 28025	23-7210127	501(c)3	27,619				Donor Designated (and 3rd party) for General Support, program operating cost



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Love INC of Mecklenburg County 2633 Eastway Drive Building 1 Charlotte, NC 28205	56-1741006	501(c)3	105,531				Donor Designated (and 3rd party) for General Support, program operating cost
Mecklenburg County Council - Boy Scouts of America 1410 East 7th Street Charlotte, NC 282042408	56-0529957	501(c)3	245,388				Donor Designated (and 3rd party) for General Support, program operating cost
Men's Shelter of Charlotte Inc 1210 N Tryon Street Charlotte, NC 282063256	56-1474475	501(c)3	409,702				Donor Designated (and 3rd party) for General Support, program operating cost

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Mental Health America of Central Carolinas Inc 3701 Latrobe Drive Suite 140 Charlotte, NC 282114822	56-0674267	501(c)3	286,895				Donor Designated (and 3rd party) for General Support, program operating cost
Metrolina Association For The Blind Inc 704 Louise Avenue Charlotte, NC 282042128	56-0529998	501(c)3	212,860				Donor Designated (and 3rd party) for General Support, program operating cost
Metrolina Regional Scholars Academy Inc 5225 Seventy-Seven Center Drive Charlotte, NC 28217	56-2153618	501(c)3	6,258				Donor Designated 3rd party for general support

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Miravia Inc 3737 Weona Avenue Charlotte, NC 28209	56-1866587	501(c)3	11,429				Donor Designated (and 3rd party) for General Support
Misty Meadows Mitey Riders Inc 455 Providence Road S Weddington, NC 28173	56-2045099	501(c)3	5,213				Donor Designated (and 3rd party) for General Support
Mooresville Area Christian Mission Inc 266 North Broad Street Mooresville, NC 28115	56-0667685	501(c)3	103,906				Donor Designated (and 3rd party) for General Support, program operating cost

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NC MedAssist 4428 Taggart Creek Road Suite 101 Charlotte, NC 28208	56-2018957	501(c)3	439,304				Donor Designated (and 3rd party) for General Support, program operating cost
Our Towns Habitat for Humanity 20310 N Main Street Cornelius, NC 28031	56-1733643	501(c)3	88,444				Donor Designated (and 3rd party) for General Support, program operating cost
Partners for Parks Inc 5841 Brookshire Boulevard Charlotte, NC 28216	56-2004107	501(c)3	6,080				Donor Designated (and 3rd party) for General Support

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Piedmont Council Inc BSA 1222 E Franklin Blvd Gastonia, NC 28054	56-0529991	501(c)3	6,905				Donor Designated (and 3rd party) for General Support
Piedmont Mediation Center 410 East Front Street Statesville, NC 28677	56-1547747	501(c)3	30,000				program operating costs
Pregnancy Resource Center of Charlotte 1505 East 4th Street Charlotte, NC 28204	56-1340549	501(c)3	8,182				Donor Designated 3rd party for general support

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Presbyterian Hospital Foundation PO Box 33549 Charlotte, NC 282333549	58-1413074	501(c)3	5,040				Donor Designated 3rd party for general support
Providence Day School 5800 Sardis Road Charlotte, NC 282705366	56-0952382	501(c)3	9,998				Donor Designated 3rd party for general support
RAIN Inc 601 E 5th Street Suite 470 Charlotte, NC 28202	56-1825247	501(c)3	104,255				Donor Designated (and 3rd party) for General Support, program operating cost

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Right Moves For Youth Inc 2211 West Morehead Street Suite 102 102 Charlotte, NC 28208	56-1834718	501(c)3	192,430				Donor Designated (and 3rd party) for General Support, program operating cost
Roman Catholic Diocese of Charlotte NC 1123 S Church St CHARLOTTE, NC 282034003	56-1000633	501(c)3	10,507				Donor Designated 3rd party for general support
Ronald McDonald House of Charlotte Inc 1613 E Morehead St Charlotte, NC 28207	20-4671570	501(c)3	6,835				Donor Designated (and 3rd party) for General Support

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Rowan County United Way Inc 1930 Jake Alexander Blvd W Ste B Salisbury, NC 281471186	56-0642828	501(c)3	40,220				Donor Designated (and 3rd party) for General Support
Safe Alliance Inc 601 E 5th Street Suite 400 Charlotte, NC 28202	56-0529967	501(c)3	701,018				Donor Designated (and 3rd party) for General Support, program operating cost
Salvation Army - Charlotte Area Command 4015 Stuart Andrew Blvd Charlotte, NC 282171542	58-0660607	501(c)3	1,653,496				Donor Designated (and 3rd party) for General Support, program operating cost



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Salvation Army Cabarrus 216 Patterson Ave SE Concord, NC 280250511	58-0660607	501(c)3	93,601				Donor Designated (and 3rd party) for General Support, program operating cost
Salvation Army of Statesville 1361 Caldwell Street Statesville, NC 28677	58-0660607	501(c)3	18,207				Donor Designated for General Support, program operating costs
Sandra & Leon Levine Jewish Community Center Inc 5007 Providence Road Charlotte, NC 282265849	56-1100696	501(c)3	50,711				Donor Designated (and 3rd party) for General Support, program operating cost

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Second Harvest Food Bank of Metrolina 500-B Spratt Street Charlotte, NC 28206	56-1352593	501(c)3	124,352				Donor Designated (and 3rd party) for General Support, program operating cost
Southern Baptist Foundation PO Box 1460 Indian Trail, NC 28079	62-0508097	501(c)3	6,606				Donor Designated 3rd party for general support
Special Olympics North Carolina Inc 309 E Morehead St STE 250 Charlotte, NC 282022372	56-1149607	501(c)3	10,897				Donor Designated 3rd party for general support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
St Giles Evangelical Presbyterian Church 2027 Emerywood Dr Charlotte, NC 282104537	56-1447373	501(c)3	6,750				Donor Designated 3rd party for general support
St Matthew Catholic Church 8015 Ballantyne Commons Parkway Charlotte, NC 282770127	53-0196617	501(c)3	14,298				Donor Designated (and 3rd party) for General Support
Susan G Komen Breast Cancer Foundation 2316 Randolph Rpad Charlotte, NC 28207	75-2854959	501(c)3	18,540				Donor Designated (and 3rd party) for General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Teen Health Connection Inc 3541 Randolph Road Suite 206 Charlotte, NC 28211	56-1719715	501(c)3	219,178				Donor Designated (and 3rd party) for General Support, program operating cost
The Arc of Mecklenburg County Inc 3900 Park Road Suite C Charlotte, NC 28209	56-0662725	501(c)3	76,609				Donor Designated (and 3rd party) for General Support, program operating cost
The Arc of UnionCabarrus Inc 1653-C Campus Park Dr Monroe, NC 28112	56-1677521	501(c)3	141,330				Donor Designated (and 3rd party) for General Support, program operating cost

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
The Center for Community Transitions 2226 North Davidson Street Charlotte, NC 28205	51-0185383	501(c)3	138,562				Donor Designated (and 3rd party) for General Support, program operating cost
The Fire Prevention Foundation of Charlotte 500 Dalton Avenue Charlotte, NC 28206	26-4054448	501(c)3	9,637				Donor Designated for General Support
The Fletcher School Inc 8500 Sardis Rd Charlotte, NC 28270	56-1340099	501(c)3	7,595				Donor Designated 3rd party for general support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
The Learning Collaborative 3045 N Davidson Street Charlotte, NC 28204	56-1668333	501(c)3	92,729				Donor Designated (and 3rd party) for General Support, program operating cost
The Relatives Inc 119 East 8th Street Charlotte, NC 28202	56-1082022	501(c)3	147,304				Donor Designated (and 3rd party) for General Support, program operating cost
Thompson Child & Family Focus 6800 St Peters Lane Matthews, NC 28105	56-0547460	501(c)3	8,290				Donor Designated (and 3rd party) for General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Time Out Youth 1900 The Plaza Charlotte, NC 28205	56-1755564	501(c)3	8,812				Donor Designated (and 3rd party) for General Support
Trinity Episcopal School 750 East 9th Street Charlotte, NC 28202	56-2059568	501(c)3	10,830				Donor Designated 3rd party for general support
Turning Point Inc 530 Patton Avenue Monroe, NC 28110	58-1698701	501(c)3	157,758				Donor Designated (and 3rd party) for General Support, program operating cost

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Union County Community Shelter 311 East Jefferson Street Monroe, NC 28112	58-2121860	501(c)3	107,069				Donor Designated (and 3rd party) for General Support, program operating cost
Union County Crisis Assistance Ministry Inc 1333 W Roosevelt Boulevard Monroe, NC 28110	58-1631417	501(c)3	195,998				Donor Designated (and 3rd party) for General Support, program operating cost
Union-Anson County Habitat for Humanity Inc 2520 West Roosevelt Boulevard Monroe, NC 28110	56-1704668	501(c)3	81,646				Donor Designated (and 3rd party) for General Support, program operating cost



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
United Way of Anderson County 201 S Murray Avenue Suite 200 Anderson, SC 29622	57-0510602	501(c)3	12,830				Donor Designated 3rd party for general support
United Way of Asheville & Buncombe County Inc 50 South French Broad Avenue Asheville, NC 288013218	56-0576157	501(c)3	9,440				Donor Designated (and 3rd party) for General Support
United Way of Cleveland County NC Inc 132 W Graham St Shelby, NC 28150	56-6030073	501(c)3	19,263				Donor Designated (and 3rd party) for General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
United Way of Forsyth County Inc 301 North Main Street Suite 1700 Winston Salem, NC 27101	23-7357234	501(c)3	27,057				Donor Designated (and 3rd party) for General Support
United Way of Gaston County Inc PO Box 2597 Gastonia, NC 280532597	56-0653356	501(c)3	111,130				Donor Designated (and 3rd party) for General Support
United Way of Greater Cincinnati 2400 Reading Road Cincinnati, OH 452021429	31-0537502	501(c)3	8,857				Donor Designated 3rd party for general support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
United Way of Greater Greensboro Inc 1500 Yanceyville Street Greensboro, NC 27405	56-0668555	501(c)3	8,608				Donor Designated (and 3rd party) for General Support
United Way of Greater High Point Inc 201 Church Avenue High Point, NC 272624805	56-0547486	501(c)3	5,539				Donor Designated (and 3rd party) for General Support
United Way of Greater St Louis Inc 910 North 11th Street St Louis, MO 63101	43-0714167	501(c)3	8,745				Donor Designated 3rd party for general support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
United Way of Greenville County Incorporated 105 Edinburgh Ct Greenville, SC 29607	57-0362066	501(c)3	8,000				Donor Designated (and 3rd party) for General Support
United Way of Iredell County 1835 Davie Avenue Suite 401 Statesville, NC 286770742	56-0792674	501(c)3	15,294				Donor Designated (and 3rd party) for General Support
United Way of Lancaster County Inc 109 South Wylie Street Lancaster, SC 29720	57-0564440	501(c)3	26,670				Donor Designated (and 3rd party) for General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
United Way of Lincoln County Inc PO Box 234 Lincolnton, NC 280930234	23-7125926	501(c)3	90,576				Donor Designated (and 3rd party) for General Support
United Way of Robertson County Inc 101 5th Avenue West Suite 25 Springfield, TN 37172	62-1763845	501(c)3	5,950				Donor Designated 3rd party for general support
United Way of Stanly County Inc PO Box 1178 Albemarle, NC 280021178	56-0841588	501(c)3	14,535				Donor Designated (and 3rd party) for General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
United Way of the Cape Fear Area 5919 Oleander Drive Suite 115 Wilmington, NC 28403	56-0529949	501(c)3	11,149				Donor Designated (and 3rd party) for General Support
United Way of the Greater Triangle Inc 2400 Perimeter Park Drive Suite 150 150 Morrisville, NC 27560	56-1949103	501(c)3	31,445				Donor Designated (and 3rd party) for General Support
United Way of The Midlands 1800 Main Street 2nd Floor Columbia, SC 29201	57-0314396	501(c)3	9,947				Donor Designated (and 3rd party) for General Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
United Way of York County 226 Northpark Drive Suite 100 Rock Hill, SC 29730	57-0360058	501(c)3	140,415				Donor Designated (and 3rd party) for General Support
Uptown Christ Covenant Church 926 Elizabeth Ave Charlotte, NC 282042223	56-1992966	501(c)3	6,552				Donor Designated 3rd party for general support
Urban League of Central Carolinas Inc 740 W 5th Street Charlotte, NC 28202	56-1218704	501(c)3	348,556				Donor Designated (and 3rd party) for General Support, program operating cost

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Wedgewood Baptist Church 4800 Wedgewood Dr Charlotte, NC 28210		501(c)3	10,206				Donor Designated 3rd party for general support
YMCA of Greater Charlotte 500 E Morehead Street Suite 300 Charlotte, NC 282022606	56-1045299	501(c)3	580,250				Donor Designated (and 3rd party) for General Support, program operating cost
YWCA Central Carolinas 3420 Park Road Charlotte, NC 282092008	56-0532139	501(c)3	893,444				Donor Designated (and 3rd party) for General Support, program operating cost



**Schedule J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF CENTRAL CAROLINAS INC

Employer identification number

56-0529948

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?  
If "Yes," on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?  
If "Yes," on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> SEAN C GARRETT President/Exec Dir (START)	(i)	132,251 -----	0 -----	20,494 -----	4,904 -----	12,883 -----	170,532 -----	0 -----
	(ii)	0	0	0	0	0	0	0

**Part III** **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

<b>Return Reference</b>	<b>Explanation</b>
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**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

OMB No 1545-0047

# 2015

**Open to Public Inspection**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Name of the organization  
UNITED WAY OF CENTRAL CAROLINAS INC

**Employer identification number**  
56-0529948

## Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>SCHOOL UNIFORMS</u> )	X	3,600	201,463	DONOR VALUATION
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 1

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		Yes	No
	30a			No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		Yes	No
31				
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .			No
32a				
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

**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.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization  
UNITED WAY OF CENTRAL CAROLINAS INC

**Employer identification number**

56-0529948

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part I, Line 1	United Way of Central Carolinas is engaged throughout the Charlotte region to create change for a stronger community We bring people from all walks of life together to develop long-lasting change that increases graduation, stabilizes families, and empowers healthy lives We see partnerships and collaboration as a means to bring about innovative solutions for our complex social issues Through these efforts, we envision a world where every community has good schools, jobs that pay a livable wage, and a healthy environment The five county footprint of United Way of Central Carolinas in the Charlotte Region is home to more than 1.4 million residents, 15% or 210,000 of which are living at or below the poverty line (\$24,400 for a family of 4) In 2015, United Way support impacted over 246,000 residents, 74% of which are living in poverty Given the many factors that lead to poverty and the interconnectedness of many issues linked to poverty, such as low educational outcomes, poor health, homelessness, and limited economic opportunity, our United Way is focused on addressing basic needs for those most at risk while also helping to support economic opportunity for all residents to rise above their circumstances and achieve their goals and dreams
Form 990, Part VI, Section B, line 11	the tax preparer presents the form 990 to the audit committee for detailed review and then to the board of directors for approval the entire form 990 is emailed to the audit committee and board of directors several days in advance of their respective meetings

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 12c	THE ORGANIZATION REQUIRES ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO ANNUALLY DISCLOSE ANY CONFLICT OF INTEREST AND SIGN A CONFLICT OF INTEREST STATEMENT THIS IS DONE AT THE FIRST BOARD MEETING OF THE YEAR THE EXECUTIVE ASSISTANT TO THE EXECUTIVE DIRECTOR ENSURES THAT EACH BOARD MEMBER SUBMITS THE FORM AND REPORTS CONFLICTS OF INTEREST TO THE EXECUTIVE DIRECTOR IN THE EVENT OF A CONFLICT DURING THE YEAR, THAT BOARD MEMBER WILL RECUSE HIMSELF/HERSELF FROM ANY DISCUSSION OR VOTE
Form 990, Part VI, Section B, line 15	WITH REGARD TO ALL OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION, A SEARCH FIRM WAS NOT USED IN EACH INSTANCE AT THE TIME OF THEIR HIRE HOWEVER, SALARIES HAVE BEEN DETERMINED WITH REFERENCE TO NATIONAL AND REGIONAL SALARY SURVEYS FOR BOTH NON-PROFIT AND FOR-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND SCOPE BASED ON THOSE SURVEYS, A RANGE OF SALARIES WAS DETERMINED FOR EACH LEVEL OF RESPONSIBILITY WITHIN THAT RANGE, MERIT INCREASES HAVE BEEN PROVIDED FROM TIME TO TIME AS WARRANTED

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	the organization's financial statements are available on the organization's website the conflict of interest policy and bylaws are available upon request
Form 990, Part XI, line 9	PENSION gain/(LOSS) AND PRIOR SERVICE COST 706,290 activity in legacy foundation 0



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
form 990, part xii, line 2c	The Audit Committee is responsible for the oversight of the annual audit and the selection of independent accountants. The Audit Committee reviews and approves the audited financial statements.
FORM 990, ADDITIONAL INFORMATION	<p>The Community Investment Process Trained Donor Volunteers Represent the Community in Funding Decisions. The Community Investment Process is a highly cost-effective way to evaluate agency program proposals and to ensure that the people who live and work in the communities served by United Way of Central Carolinas are represented in the funding decisions. Community investment volunteers tend to be highly skilled, from a wide array of business, government, health care, education and other professions. United Way of Central Carolinas trains these volunteers in evaluating program outcomes and reviewing nonprofit financial information. This year, over 150 volunteers from Anson, Cabarrus, Mecklenburg, Union and Mooresville-Lake Norman donated an estimated 5,000 hours to conduct financial certification and review program proposals from the 80 partner agencies supported by the contributions to the Community Care Fund. This volunteer time represents a value of more than \$125,000 to donors.</p> <p><b>Proposal Review</b> The Community Investment Process is rigorous and includes a thorough evaluation of the agency programs being considered for funding. Community Investment volunteers examine a number of key indicators related to program and agency performance: (1) The program's ability to serve a vital role within the community; (2) The extent to which the outcomes are effective, client-focused measures of community program success and related to community priorities; (3) The program's alignment with community priorities identified by United Way of Central Carolinas; (4) The extent to which the program shows clear connections between program goals, program outcomes and service delivery strategies; (5) The appropriateness of the service delivery strategies for the population receiving services; (6) The levels and types of partnerships and collaborations; (7) The extent to which agency funding requests reflect appropriateness of the requested amount relative to the scope of services provided; (8) The extent to which the program maintains diverse funding streams and leverages funds from other resources whenever possible.</p> <p><b>Annual Certification and Training Ensures Agencies Meet High Standards and Deliver Services Effectively</b> As stewards of donor investments, United Way ensures that ALL Fund donations are allocated to agencies that are financially viable and have sound financial policies. One of the mechanisms for achieving this is to require all partner agencies to complete an annual financial certification. This certification requires all agencies to submit 14 documents including Audited or Reviewed Financial Statements, internal financial statements, and Form 990. A group of volunteers assists in reviewing these documents and provide a compliance report. In addition, internal financial statements and cash flow statements are reviewed and reported on. United Way of Central Carolinas staff and community investment volunteers provide "hands on" oversight of donor investments by making agency site visits. In addition, United Way works with agencies to build their capacity to deliver services effectively by offering outcomes measurement workshops. Agencies are encouraged to form partnerships and collaborations to offer a broader range of crucial services and to deliver services more efficiently and cost effectively.</p> <p><b>Funding Priorities Reflect Broad Community Goals</b> The Community Investment Process is focused on supporting a broad range of local health and human service agency programs to help meet important community needs in three focus areas, children and youth, health and mental health, and housing and stability, with an emphasis on tackling two key issues: increasing the graduation rate and reducing homelessness. These programs focus on both the short-term and long-term needs of individuals and families in communities served by United Way of Central Carolinas.</p> <p><b>Results from Agency Programs Funded by United Way of Central Carolinas Programs must have Goals that are clearly linked to specific goals of the three focus areas.</b> Agencies must identify and track Outcomes that are specific, measurable, attainable, realistic, time bound and unambiguous. Agencies make annual progress reports on program outcomes. Through this discipline, agencies continually improve their programs, making measurable and lasting change in the lives of the people they are helping.</p> <p><b>Consider these outcomes from investments in agency programs:</b></p> <ul style="list-style-type: none"> <li>- Help more than 43,000 children and youth to be prepared for kindergarten, succeed academically and receive the needed support in and out of school.</li> <li>- Help more than 123,000 families and individuals with housing and stability needs to address crisis and basic needs, live in safe and affordable housing, and achieve financial stability and independence.</li> <li>- Help more than 80,000 neighbors with Health and Mental Health needs to access healthcare, obtain the needed support for increased physical, mental, emotional and social health, and improve their overall quality of life.</li> </ul>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
OVERHEAD RATIO	Management calculates the overhead rate in accordance with the united way of america functional expenses and overhead reporting standards as follows Part IX, line 25, Column C, Management and general expenses 2,119,517 Part IX, line 25, Column D, Fundraising expense 2,369,673 Total overhead 4,489,190 Total revenue per audited financials 28,784,284 Overhead ratio 15.6%

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF CENTRAL CAROLINAS INC

**Employer identification number**

56-0529948

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)united way legacy foundation inc 212 s tryon street  charlotte, NC 28202 56-2277050	health & human services	NC	501(c)(3)	Line 11a, I	united way of central carolinas		No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s)  
. . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>	Yes	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> united way legacy foundation	S	75,200	cash
<b>(2)</b> united way legacy foundation	S	39,817	cash



**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

<b>Return Reference</b>	<b>Explanation</b>
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