

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

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- 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): 301 South Brevard Street Room/suite:
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 \$ 30,622,909

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

1 Briefly describe the organization's mission or most significant activities:
United Way (UWCC) works to create lasting change for those most in need through strategic community philanthropy in a five-county region that includes Anson, Cabarrus, Mecklenburg, Iredell, and Union counties and is home to nearly 1.5 million people. UWCC funding supports nearly 80 health and human service agencies in our community. Funded programs create pathways to economic mobility by addressing the myriad issues that contribute to intergenerational poverty, services include financial assistance, job and career training, health and mental health care, housing and shelter, and high-quality education opportunities that begin at birth.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	79
6 Total number of volunteers (estimate if necessary)	6	15,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	28,114,298	28,635,782
9 Program service revenue (Part VIII, line 2g)	0	276,785
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	327,696	581,999
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	342,290	140,238
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,784,284	29,634,804

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,576,038	25,813,159
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,280,459	4,223,343
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,289,067		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,801,736	2,083,848
18 Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25)	30,658,233	32,120,350
19 Revenue less expenses—subtract line 18 from line 12	-1,873,949	-2,485,546

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	27,254,341	25,768,614
21 Total liabilities (Part X, line 26)	16,849,102	16,893,473
22 Net assets or fund balances—subtract line 21 from line 20	10,405,239	8,875,141

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: 2017-11-01
SEAN C GARRETT EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Amanda Adams Preparer's signature: Amanda Adams Date: _____
Check if self-employed PTIN: P00748038
Firm's name: CHERRY BEKAERT LLP Firm's EIN: 56-0574444
Firm's address: 1111 Metropolitan Ave Ste 1000 Phone no: (704) 377-1678
Charlotte, NC 28204

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 (UWCC) works to create lasting change for those most in need through strategic community philanthropy in a five-county region that includes Anson, Cabarrus, Mecklenburg, Iredell, and Union counties and is home to nearly 1.5 million people. UWCC funding supports nearly 80 health and human service agencies in our community. Funded programs create pathways to economic mobility by addressing the myriad issues that contribute to intergenerational poverty, services include financial assistance, job and career training, health and mental health care, housing and shelter, and high-quality education opportunities that begin at birth.

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 \$ 18,616,752 including grants of \$ 17,652,005) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 8,161,154 including grants of \$ 8,161,154) (Revenue \$ 234,113)
See Additional Data

4c (Code) (Expenses \$ 579,670 including grants of \$) (Revenue \$ 42,672)
See Additional Data

(Code) (Expenses \$ 226,817 including grants of \$ 0) (Revenue \$)

United Way 211 United Way 211 is a statewide information and referral service that receives significant support from United Way of Central Carolinas. By dialing 211 or logging onto www.nc211.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 211 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 fiscal year 2017, United Way 2-1-1 received 9,485 calls from the five-county service area covered by United Way of Central Carolinas.

4d Other program services (Describe in Schedule O)
(Expenses \$ 226,817 including grants of \$ 0) (Revenue \$)

4e Total program service expenses **▶** 27,584,393

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 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>		No
27 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>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c 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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (22); 1b Enter the number of voting members included in line 1a, above, who are independent (22); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b 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); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); 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); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NC); 18 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: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (J 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			
See Additional Data Table										

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			
See Additional Data Table										

1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						622,784	0		99,185

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 5

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	132,497				
	b Membership dues	1b					
	c Fundraising events	1c	1,138,335				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	27,364,950				
	g Noncash contributions included in lines 1a-1f \$ _____		163,238				
	h Total. Add lines 1a-1f			28,635,782			
Program Service Revenue			Business Code				
	2a Net Administrative Fees		900099	234,113	234,113		
	b Volunteer Services		900099	42,672	42,672		
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			276,785				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			337,037		337,037	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
			140,238				
		b Less rental expenses		0			
		c Rental income or (loss)		140,238			
	d Net rental income or (loss)			140,238		140,238	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			1,000,000				
		b Less cost or other basis and sales expenses		755,038			
		c Gain or (loss)		244,962			
	d Net gain or (loss)			244,962		244,962	
	8a Gross income from fundraising events (not including \$ 1,138,335 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	233,067			
c Net income or (loss) from fundraising events				0			
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			29,634,804	276,785	0	722,237	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	25,813,159	25,813,159		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	365,638	88,118	194,905	82,615
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,059,336	780,000	1,051,488	1,227,848
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	132,918	32,518	53,949	46,451
9 Other employee benefits	366,183	94,089	138,741	133,353
10 Payroll taxes	299,268	69,366	111,895	118,007
11 Fees for services (non-employees)				
a Management				
b Legal	13,576	1,339	10,099	2,138
c Accounting	57,350		57,350	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	545,336	216,122	188,234	140,980
12 Advertising and promotion				
13 Office expenses	205,186	49,659	54,825	100,702
14 Information technology				
15 Royalties				
16 Occupancy	326,801	93,318	119,420	114,063
17 Travel	21,504	6,292	7,671	7,541
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	49,003	13,548	12,772	22,683
20 Interest				
21 Payments to affiliates	650,012	158,963	250,550	240,499
22 Depreciation, depletion, and amortization	41,467	8,847	16,965	15,655
23 Insurance	29,170	6,481	11,745	10,944
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a volunteer expense & eve	242,007	183,494	3,590	54,923
b dues & subscriptions	19,935	7,079	7,832	5,024
c taxes, licenses & fees	2,419	425	630	1,364
d Bad debts (recoveries)	-171,680	-41,985	-66,175	-63,520
e All other expenses	51,762	3,561	20,404	27,797
25 Total functional expenses. Add lines 1 through 24e	32,120,350	27,584,393	2,246,890	2,289,067
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,095,058	1	4,583,314
	2 Savings and temporary cash investments	3,169,430	2	2,400,522
	3 Pledges and grants receivable, net	8,212,663	3	7,052,240
	4 Accounts receivable, net	138,375	4	27,207
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,428	9	53,962
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,444,255		
	b Less accumulated depreciation	10b 4,088,603	313,869	10c 355,652
	11 Investments—publicly traded securities	8,105,572	11	7,825,624
	12 Investments—other securities See Part IV, line 11	5,209,946	12	3,464,173
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	5,920
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,254,341	16	25,768,614	
Liabilities	17 Accounts payable and accrued expenses	609,756	17	321,995
	18 Grants payable	14,716,674	18	15,105,944
	19 Deferred revenue		19	197,620
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,522,672	25	1,267,914
	26 Total liabilities. Add lines 17 through 25	16,849,102	26	16,893,473
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	9,012,935	27	7,337,109
	28 Temporarily restricted net assets	547,805	28	686,886
	29 Permanently restricted net assets	844,499	29	851,146
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,405,239	33	8,875,141	
34 Total liabilities and net assets/fund balances	27,254,341	34	25,768,614	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,634,804
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,120,350
3	Revenue less expenses Subtract line 2 from line 1	3	-2,485,546
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,405,239
5	Net unrealized gains (losses) on investments	5	876,956
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	78,492
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,875,141

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 56-0529948

Name: United Way of Central Carolinas Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

Community Investment - The Community Investment Process is focused on supporting a broad range of local health and human service programs to help meet important community needs in three focus areas, children and youth, health and mental health, and housing and stability. These programs focus on both the short-term and long-term needs of individuals and families in communities served by UWCC. Through this annual process, UWCC allocates funding to 78 health and human service organizations. These agencies operate in Anson, Cabarrus, Mecklenburg, Iredell, and Union Counties. In the area of Housing & Financial Stability, UWCC helps people overcome short-term crises and achieve long-term stability. It does this by funding agencies 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. In the area of Health & Mental Health, UWCC 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. In the area of Children & Youth, UWCC helps prepare children for school and supports academic success through positive youth development programs. 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 programs, (2) support academic achievement among elementary, middle and high school students, and (3) help children avoid risky behaviors and participate in positive after school, summer, and other activities. In addition, the UWCC Community Investment team leads and supports a variety of community efforts to improve the systems that serve children and families. Examples include - Coordinated Entry - UWCC, along with other community partners such as the City of Charlotte, Mecklenburg County, and the Foundation For The Carolinas, continues to lead efforts to ensure people experiencing homelessness (or are about to become homeless) are connected to housing and support services as efficiently as possible. The goal of this effort is to ensure those who are experiencing homelessness are connected to the most appropriate services available and to reduce the length of time an individual or family experiences homelessness. In addition, improvements made to this system this year will yield valuable data about the barriers to finding and housing in our community. - Tutor Charlotte - UWCC, in partnership with Read Charlotte, has launched an effort to connect volunteers with tutoring opportunities in schools in our region. This research-informed effort is expected to improve 3rd grade reading scores and support overall positive child and youth development. The program, in its pilot phase, will leverage UWCC's extensive corporate relationships to identify volunteers who agree to read to children for 1 hour a week over the course of a school year. - Unite Charlotte - UWCC launched Unite Charlotte this year which is designed to improve racial equity and promote social justice. The effort was a collaborative effort with other local funders and community leaders to address issues that lead to the unrest in Charlotte during the fall of 2016. Through this initiative, UWCC supported 20 small and/or new organizations that are working to strengthen community engagement, increase social capital, and address issues related to racial disparities. As part of this effort, UWCC also launched a capacity-building series designed to support these small and/or new non-profits in their organizational growth.

Form 990, Part III, Line 4b:

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.

Form 990, Part III, Line 4c:

Volunteerism - UWCC expanded its volunteer resources this year by acquiring Hands On Charlotte to create one unified resource for volunteers and to increase opportunity communitywide for volunteer engagement at both the corporate and individual level. Hands On Charlotte is now the volunteer arm of UWCC. Founded in 1991, Hands On Charlotte is a charter member of the Hands On Network, an enterprise of Points of Light. With a mission to inspire, equip and mobilize a diverse corps of volunteers to strengthen our community, Hands On Charlotte offers a wide range of one-time or recurring volunteer service projects right where the needs are being served daily. Hands On Charlotte engages approximately 15,000 volunteers per year for an approximate 35,000 hours served. Volunteer groups range in size from 5 to more than 1,200. In addition, United Way of Central Carolinas engages volunteers through board/committee and community investment volunteer opportunities.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Eileen F Little Board Chair 2017, Board Vice-Chair and Audit Commi	3 00	X		X				0	0	0
Wesley M Beckner Board Vice-Chair 2017, Campaign Chair 2016	3 00	X		X				0	0	0
Jeffrey S Ledford Finance Committee Chair and Treasurer 2017, Financ	3 00	X		X				0	0	0
Scott P Vaughn Ethics Committee Chair & Secretary & Campaign Vice	3 00	X		X				0	0	0
R Mattox Snow III Finance Committee Chair & Treasurer 2016	3 00	X		X				0	0	0
John M Papadopoulos Director 2017, Board Chair 2016	3 00	X		X				0	0	0
William E Ackerman III Director	1 50	X						0	0	0
Daniel J Birach Director	1 50	X						0	0	0
Jeffrey L Burgess Audit Committee Chair	3 00	X						0	0	0
Jan M Clevenger Director	1 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
Malcomb D Coley Campaign Chair 2017, Campaign Vice-Chair 2016	3 00	X						0	0	0		
Dena R Diorio Director	1 50	X						0	0	0		
Nancy L Fey-Yensan Director	1 50	X						0	0	0		
Matthew J Kosmicki Audit Committee Vice-Chair	3 00	X						0	0	0		
Donald Scott Krull Director	1 50	X						0	0	0		
Michael A Lewis Community Investment Vice Chair	2 00	X						0	0	0		
Anil T Matai Community Investment Chair	2 00	X						0	0	0		
Edward P OKeefe Director	1 50	X						0	0	0		
Janet C Pfeffer Director	1 50	X						0	0	0		
Kevin D Pitts Director	1 50	X						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Charles Roskovich Jr Director	1 50	X						0	0	0
Ann E Wall Director	1 50	X						0	0	0
Carol P Lowe Finance Committee Vice-Chair	3 00	X						0	0	0
Sean C Garrett President/Executive Director	50 00			X				177,334	0	18,813
J Wilfred Neal Chief Administrative & Financial Officer	50 00			X				137,679	0	20,113
Shannon Young VP, Donor Relations	50 00					X		106,483	0	6,176
Richard K Heins Regional VP, County Operations	50 00					X		101,013	0	37,093
Dennis Marstall VP, Community Investment & Impact	40 00					X		100,275	0	16,990

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2016

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	27,862,115	27,437,127	28,424,738	28,114,302	28,635,782	140,474,064
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	27,862,115	27,437,127	28,424,738	28,114,302	28,635,782	140,474,064
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						833,980
6	Public support. Subtract line 5 from line 4						139,640,084

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	27,862,115	27,437,127	28,424,738	28,114,302	28,635,782	140,474,064
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	221,617	343,234	512,375	411,889	477,275	1,966,390
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			352,461	258,097		610,558
11	Total support. Add lines 7 through 10						143,051,012
12	Gross receipts from related activities, etc. (see instructions)					12	794,650

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	97.620%
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	97.500%

- 16a 33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

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.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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?

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

Form for Part II Conservation Easements. Includes questions 1-9 regarding conservation easements held by the organization, including purpose, monitoring, and reporting requirements.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2a, 2b regarding reporting requirements for art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,209,946	5,308,439	1,881,015	1,509,331	1,072,474
b Contributions	22,275	115,815	3,376,377	191,264	313,309
c Net investment earnings, gains, and losses	473,966	-214,308	51,047	240,292	123,548
d Grants or scholarships	2,200,000			59,872	
e Other expenditures for facilities and programs					
f Administrative expenses	42,014				
g End of year balance	3,464,173	5,209,946	5,308,439	1,881,015	1,509,331

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 70 970 %
 - b** Permanent endowment ▶ 24 460 %
 - c** Temporarily restricted endowment ▶ 4 570 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		225,925		225,925
b Buildings		2,625,743	2,553,572	72,171
c Leasehold improvements				
d Equipment		1,592,587	1,535,031	57,556
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				355,652

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) pooled funds held by united way legacy foundation	3,464,173	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	3,464,173	

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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
(1) Federal income taxes	
due to designated agencies	857,163
campaigns processed for others, net	410,751
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,267,914

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 56-0529948

Name: United Way of Central Carolinas Inc

Supplemental Information

Return Reference	Explanation
Part V, Line 4	THE PURPOSE OF THE ORGANIZATION'S ENDOWMENT IS TO PROVIDE financial support to general operations as well as specific programs identified by donors

Supplemental Information

Return Reference	Explanation
Part X, Line 2	<p>THE ORGANIZATION FOLLOWS THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS BY PRESCRIBING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE ORGANIZATION'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION TAKEN THAT IS BENEFICIAL TO THE ORGANIZATION, INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS "MORE LIKELY THAN NOT" (MORE THAN A 50% LIKELIHOOD) THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO A TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION MANAGEMENT BELIEVES THERE ARE NO SUCH POSITIONS AS OF JUNE 30, 2017 AND 2016 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED</p>

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016
Open to Public Inspection

Name of the organization
United Way of Central Carolinas Inc

Employer identification number
56-0529948

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		HI Tech Shootout Golf Tournament (event type)	Ingersoll Rand Golf Tournament (event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	1,116,350	255,052		1,371,402
2	Less Contributions	933,353	204,982		1,138,335
3	Gross income (line 1 minus line 2)	182,997	50,070		233,067
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	72,341	252		72,593
	6 Rent/facility costs	36,743	40,081		76,824
	7 Food and beverages	54,968			54,968
	8 Entertainment				
	9 Other direct expenses	18,945	9,737		28,682
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				233,067
11	Net income summary Subtract line 10 from line 3, column (d) ▶				0

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|----------|-----------------------------|------------|---------|
| a | The organization's facility | 13a | _____ % |
| b | An outside facility | 13b | _____ % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

Information about Schedule I (Form 990) 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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes rows for data entry and a 'See Additional Data Table' row.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 160
3 Enter total number of other organizations listed in the line 1 table. 4

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Salvation Army - Charlotte Area Command 4015 Stuart Andrew Blvd Charlotte, NC 282171542	58-0660607	501(c)3	1,662,015				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	893,164				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
33181 American Red Cross Western North Carolina Chapter 2425 Park Road Charlotte, NC 28203	53-0196605	501(c)3	788,728				Donor designated (and 3rd party) for general support, program operating cost
Safe Alliance Inc 601 E 5th Street Suite 400 Charlotte, NC 28202	56-0529967	501(c)3	716,597				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Communities In Schools of Charlotte-Mecklenburg Inc 601 E 5th Street Suite 300 Charlotte, NC 282023094	58-1661795	501(c)3	555,177	81,619	Donor valuation	uniforms	Donor designated (and 3rd party) for general support, program operating cost
YMCA of Greater Charlotte 400 E Morehead Street Charlotte, NC 282022606	56-1045299	501(c)3	578,962				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Crisis Assistance Ministry (Mecklenburg) 500-A Spratt Street Charlotte, NC 28206	56-1416719	501(c)3	572,791				Donor designated (and 3rd party) for general support, program operating cost
Hope Haven Inc 3815 North Tryon Street Charlotte, NC 28206	58-1314284	501(c)3	522,419				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Care Ring Inc 601 East 5th Street Suite 140 Charlotte, NC 282023092	56-0621073	501(c)3	512,562				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	511,184				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NC MedAssist 4428 Taggart Creek Road Suite 101 Charlotte, NC 28208	56-2018957	501(c)3	445,593				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	426,311				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Charlotte Family Housing Inc 300 Hawthorne Lane Charlotte, NC 28204	58-1599120	501(c)3	404,601				Donor designated (and 3rd party) for general support, program operating cost
Charlotte Speech and Hearing Center Inc 741 Kenilworth Avenue Suite 100 Charlotte, NC 28204	56-0892041	501(c)3	356,882				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.

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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	356,548				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	353,402				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League of Central Carolinas Inc 740 W 5th Street Charlotte, NC 28202	56-1218704	501(c)3	349,910				Donor designated (and 3rd party) for general support, program operating cost
A Child's Place 601 E 5th Street Suite 230 Charlotte, NC 28202	58-1911741	501(c)3	265,178	81,619	Donor valuation	uniforms	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Council for Children's Rights Inc 601 East 5th Street Suite 510 Charlotte, NC 28202	56-1325184	501(c)3	344,932				Donor designated (and 3rd party) for general support, program operating cost
Big Brothers Big Sisters of Greater Charlotte 3801 East Independence Boulevard Charlotte, NC 28205	56-2264009	501(c)3	324,439				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Charlotte Community Health Clinic 8401 Medical Plaza Drive Suite 300 Charlotte, NC 28262	56-2274174	501(c)3	291,346				Donor designated (and 3rd party) for general support, program operating cost
Girl Scouts Hornets' Nest Council 7007 Idlewild Road Charlotte, NC 282125677	56-0563842	501(c)3	289,618				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.

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Mental Health America of Central Carolinas Inc 3701 Latrobe Drive Suite 140 Charlotte, NC 282114822	56-0674267	501(c)3	287,446				Donor designated (and 3rd party) for general support, program operating cost
Foundation for the Carolinas 220 North Tryon Street Charlotte, NC 28202	56-6047886	501(c)3	287,136				Donor designated 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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Florence Crittenton Services Inc 1300 Blythe Blvd Charlotte, NC 28203	56-0577626	501(c)3	267,479				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	247,150				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Teen Health Connection Inc 3541 Randolph Road Suite 206 Charlotte, NC 28211	56-1719715	501(c)3	220,034				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	213,295				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.

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Union County Crisis Assistance Ministry Inc 1333 W Roosevelt Boulevard Monroe, NC 28110	58-1631417	501(c)3	196,118				Donor designated (and 3rd party) for general support, program operating cost
Race Matters for Juvenile Justice co Justices Initiative P O Box 33545 Charlotte, NC 28233	16-1704986		195,270				Program operating costs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Right Moves For Youth Inc 2211 West Morehead Street Suite 102 102 Charlotte, NC 28208	56-1834718	501(c)3	190,811				Donor designated (and 3rd party) for general support, program operating cost
Goodwill Industries of the Southern Piedmont Inc 5301 Wilkinson Boulevard Charlotte, NC 28208	56-0844639	501(c)3	188,848				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.

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United Way of York County SC 226 Northpark Drive Suite 100 Rock Hill, SC 29730	57-0360058	501(c)3	172,740				Donor designated (and 3rd party) for general support
Legal Services of Southern Piedmont Inc 1431 Elizabeth Avenue Charlotte, NC 282042506	56-1202940	501(c)3	172,733				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Turning Point Inc PO Box 952 Monroe, NC 281110952	58-1698701	501(c)3	157,699				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	144,516				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Arc of UnionCabarrus Inc 1653-C Campus Park Dr Monroe, NC 28112	56-1677521	501(c)3	141,112				Donor designated (and 3rd party) for general support, program operating cost
The Center for Community Transitions 2226 North Davidson Street Charlotte, NC 28205	51-0185383	501(c)3	138,248				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys and Girls Club of Cabarrus County Inc 247 Spring Street NW Concord, NC 28025	56-0577630	501(c)3	133,577				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	128,041				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mooreville Area Christian Mission Inc 266 North Broad Street Mooreville, NC 28115	56-0667685	501(c)3	110,151				Donor designated (and 3rd party) for general support, program operating cost
Union County Community Shelter 311 East Jefferson Street Monroe, NC 28112	58-2121860	501(c)3	106,568				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Love INC of Mecklenburg County 2304 The Plaza Suite 300 Charlotte, NC 28205	56-1741006	501(c)3	104,912				Donor designated (and 3rd party) for general support, program operating cost
KinderMourn Inc 1320 Harding Place Charlotte, NC 282042922	56-1221194	501(c)3	104,359				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAIN Inc 601 E 5th Street Suite 470 Charlotte, NC 28202	56-1825247	501(c)3	104,022				Donor designated (and 3rd party) for general support, program operating cost
Council on Aging in Union County Inc 1401 Skyway Dr Monroe, NC 28110	56-1081558	501(c)3	100,749				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Free Clinic Inc 528-A Lake Concord Road Concord, NC 280252926	58-2131301	501(c)3	98,079				Donor designated (and 3rd party) for general support, program operating cost
United Way of Gaston County Inc PO Box 2597 Gastonia, NC 280532597	56-0653356	501(c)3	95,663				Donor designated (and 3rd party) for general support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arthritis Patient Services 9815 David Taylor Drive Charlotte, NC 28262	58-1940978	501(c)3	95,623				Donor designated (and 3rd party) for general support, program operating cost
Legal Aid of North Carolina Inc 1431 Elizabeth Avenue Charlotte, NC 28204	31-1784161	501(c)3	95,326				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Central NC Council Boy Scouts of America 2500 Ablemarle Road Albemarle, NC 28001	56-0532132	501(c)3	95,203				Donor designated (and 3rd party) for general support, program operating cost
United Way of Lincoln County Inc PO Box 234 Lincolnton, NC 280930234	23-7125926	501(c)3	93,436				Donor designated (and 3rd party) for general support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Learning Collaborative 3045 N Davidson Street Charlotte, NC 28204	56-1668333	501(c)3	92,701				Donor designated (and 3rd party) for general support, program operating cost
Salvation Army Cabarrus 216 Patterson Avenue SE Concord, NC 280250511	58-0660607	501(c)3	91,939				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Disability Rights and Resources 5801 Executive Center Drive Suite 101 Charlotte, NC 28212	56-1268845	501(c)3	90,889				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	88,320				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Latin American Coalition 4938 Central Avenue Suite 101 Charlotte, NC 282056878	58-1945776	501(c)3	83,750				Donor designated (and 3rd party) for general support, program operating cost
Cabarrus Meals On Wheels Inc 1701 South Main Street Kannapolis, NC 28081	56-1172942	501(c)3	81,873				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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Union-Anson County Habitat for Humanity Inc 2520 West Roosevelt Boulevard Monroe, NC 28110	56-1704668	501(c)3	81,387				Donor designated (and 3rd party) for general support, program operating cost
Esther House of Stanly County PO Box 734 Albemarle, NC 28002	46-1652623	501(c)3	80,292				Donor designated for general support, program operating costs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cannon Memorial YMCA 101 YMCA Drive Kannapolis, NC 28082	58-1574620	501(c)3	78,730				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	76,941				Donor designated (and 3rd party) for general support, program operating cost

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Coltrane LIFE Center Inc 321 Corban Avenue SE Concord, NC 280252710	56-1222998	501(c)3	70,564				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	64,874				Donor designated (and 3rd party) for general support, program operating cost

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Fifth Street Ministries (Diakonos) 1421 5th Street Statesville, NC 28687	58-1821225	501(c)3	51,161				Donor designated (and 3rd party) for general support, program operating cost
Sandra and Leon Levine Jewish Community Center 5007 Providence Road Charlotte, NC 282265849	56-1100696	501(c)3	49,766				Donor designated (and 3rd party) for general support, program operating cost

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Second Harvest Food Bank of Metrolina 500-B Spratt Street Charlotte, NC 28206	56-1352593	501(c)3	45,220				Donor designated (and 3rd party) for general support
Habitat for Humanity Cabarrus County 8 Church Street SE Concord, NC 28025	56-1678395	501(c)3	44,667				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	44,167				Donor designated (and 3rd party) for general support, program operating cost
United Way of Forsyth County Inc 301 North Main Street Suite 1700 Winston Salem, NC 27101	23-7357234	501(c)3	40,813				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	40,158				Donor designated (and 3rd party) for general support, program operating cost
Academic Learning Center Inc 2353 Concord Lake Road Concord, NC 28025	56-1963975	501(c)3	39,931				Donor designated (and 3rd party) for general support, program operating cost

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Communities in Schools of North Carolina 222 N Person Street Suite 203 Raleigh, NC 27601	56-1677831	501(c)3	38,626				Donor designated (and 3rd party) for general support, program operating cost
Humane Society of Charlotte Inc 2700 Toomey Avenue Charlotte, NC 282035556	58-1342479	501(c)3	38,220				Donor designated (and 3rd party) for general support

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Exchange Club Center for the Prevention of Child Abuse 207 Walnut Street Statesville, NC 28687	56-1758810	501(c)3	37,208				Donor designated (and 3rd party) for general support, program operating cost
Rowan County United Way Inc 1930 Jake Alexander Bvd W Ste B Salisbury, NC 281471186	56-0642828	501(c)3	35,738				Donor designated (and 3rd party) for general support

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Christ Episcopal Church 1412 Providence Road Charlotte, NC 28207	56-0623933	501(c)3	35,412				Donor designated 3rd party for general support
LifeSpan Inc 143 Iredell Avenue Troutman, NC 28166	56-1142969	501(c)3	30,785				Donor designated (and 3rd party) for general support, program operating cost

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JDRF International Attn Western NC Chapter 205 Regency Executive Park Drive Suite 102 Charlotte, NC 28217	23-1907729	501(c)3	30,740				Donor designated (and 3rd party) for general support
Piedmont Mediation Center 410 East Front Street Statesville, NC 28677	56-1547747	501(c)4	30,000				Program operating costs

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Iredell Council on Aging Inc 202 North Church Street Mooresville, NC 28115	23-7322660	501(c)3	29,916				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	28,772				Donor designated (and 3rd party) for general support, program operating cost

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Logan Community Day Care Association Inc 204 Booker Drive SW Concord, NC 28025	23-7210127	501(c)3	28,198				Donor designated (and 3rd party) for general support, program operating cost
Arts & Science Council Charlotte Mecklenburg Inc 227 West Trade Street Suite 250 Charlotte, NC 282021675	56-0693436	501(c)3	28,147				Donor designated (and 3rd party) for general support

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Crossroads Corporation for Affordable Housing & Community Development Inc 3623 Latrobe Drive Suite 208 Charlotte, NC 28211	26-2787742	501(c)3	27,434				Donor designated 3rd party for general support, program operating cost
Junior Achievement of the Central Carolinas Inc 201 S Tryon Street Suite LL100 Charlotte, NC 28202	56-0672085	501(c)3	25,283				Donor designated 3rd party for general support

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Camino Community Development Corporation Inc 133 Stetson Drive Charlotte, NC 28262	56-2015959	501(c)3	25,000				Program operating costs
City Startup Labs Inc 9319 Robert D Snyder Rd Suite 252 Charlotte, NC 28223	45-5028985	501(c)3	25,000				Program operating costs

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Southside Rides Foundation 2221 Hope Street Winston Salem, NC 27107	20-2790909	501(c)3	25,000				Program operating costs
West Boulevard Neighborhood Coalition PO Box 669755 Charlotte, NC 282669577	30-0401238	501(c)3	25,000				Program operating costs

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Young Black Males Leadership Alliance 10130 Mallard Creek Road Suite 300 Charlotte, NC 28262	26-2984776	501(c)3	25,000				Program operating costs
Hospice of Iredell County Inc 2347 Simonton Rd Statesville, NC 28625	56-1376577	501(c)3	24,951				Donor designated (and 3rd party) for general support

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Feed My Lambs 500 E Caswell St Wadesboro, NC 28170	56-2158694	501(c)3	24,608				Donor designated (and 3rd party) for general support, program operating cost
The QC Family Tree Inc DBA The Third Place 2910 Parkway Avenue Charlotte, NC 28208	20-4091165	501(c)3	24,000				Program operating costs

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United Way of Lancaster County Inc 109 South Wylie Street Lancaster, SC 29720	57-0564440	501(c)3	23,222				Donor designated (and 3rd party) for general support
Charlotte Rescue Mission 907 W First St Charlotte, NC 282333000	56-0571223	501(c)3	23,002				Donor designated (and 3rd party) for general support

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United Way of Cleveland County NC Inc 132 W Graham St Shelby, NC 28150	56-6030073	501(c)3	22,706				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	22,291				Donor designated (and 3rd party) for general support

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Providence Day School 5800 Sardis Road Charlotte, NC 282705366	56-0952382	501(c)3	21,626				Donor designated (and 3rd party) for general support
Classroom Central Inc 2116 Wilkinson Blvd Charlotte, NC 28208	03-0455618	501(c)3	18,603				Donor designated (and 3rd party) for general support

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Salvation Army of Statesville 1361 Caldwell Street Statesville, NC 28677	58-0660607	501(c)3	18,560				Donor designated (and 3rd party) for general support, program operating cost
Mecklenburg County Youth Coalition co Justices Initiative P O Box 33545 Charlotte, NC 28233	16-1704986		18,137				Program operating costs

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Calvary Church 5801 Pineville-Matthews Road Charlotte, NC 282263432	56-1990275	501(c)3	17,040				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	16,841				Donor designated (and 3rd party) for general support

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Habitat for Humanity Charlotte 3815 Latrobe Drive Charlotte, NC 28211	56-1366233	501(c)3	16,626				Donor designated (and 3rd party) for general support
Firefighter's Burned Children Fund Inc 1215 South Blvd Charlotte, NC 28203	56-1649992	501(c)3	15,903				Donor designated for general support

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United Way of Iredell County 305 North Center Street Statesville, NC 28687	56-0792674	501(c)3	15,327				Donor designated (and 3rd party) for general support
St Matthews Catholic Church 8015 Ballantyne Commons Parkway Charlotte, NC 28277	56-1532841	501(c)3	15,084				Donor designated 3rd party for general support

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Profound Gentleman 7715 Krefeld Glen Drive Apt 511 Charlotte, NC 28227	47-2225983	501(c)3	15,000				Program operating costs
West Side Community Land Trust 2910 Parkway Avenue Charlotte, NC 28208	82-1143067	501(c)3	15,000				Program operating costs

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HOLLA 207 Wheeler Street Wadesboro, NC 28170	51-0562858	501(c)3	14,421				Donor designated for general support, program operating costs
Charlotte Country Day School 1440 Carmel Road Charlotte, NC 282265012	56-0623935	501(c)3	13,676				Donor designated 3rd party for general support

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Susan G Komen Breast Cancer Foundation 2316 Randolph Road Charlotte, NC 28207	75-2854959	501(c)3	13,611				Donor designated (and 3rd party) for general support
Refugee Support Services of the Carolinas Inc PO Box 220224 Charlotte, NC 28226	20-5972063	501(c)3	13,360				Donor designated 3rd party for general support, program operating cost

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The Light Factory 1817 Central Ave C-200 Charlotte, NC 28205	51-0185359	501(c)3	13,300				Program operating costs
American Cancer Society Charlotte Office 1901 Brunswick Avenue Suite 100 Charlotte, NC 28207	13-1788491	501(c)3	13,239				Donor designated (and 3rd party) for general support

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Catawba County United Way PO Box 2425 Hickory, NC 286032425	56-0774714	501(c)3	12,821				Donor designated (and 3rd party) for general support
United Way of Stanly County Inc PO Box 1178 Albemarle, NC 280021178	56-0841588	501(c)3	12,748				Donor designated (and 3rd party) for general support

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Carolina Raptor Center Inc 6000 Sample Dr Huntersville, NC 28078	56-1349170	501(c)3	12,060				Donor designated 3rd party for general support
United Way of the Cape Fear Area 5919 Oleander Drive Suite 115 Wilmington, NC 28403	56-0529949	501(c)3	11,929				Donor designated (and 3rd party) for general support

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Time Out Youth 1900 The Plaza Charlotte, NC 28205	56-1755564	501(c)3	11,438				Donor designated 3rd party for general support
Loaves and Fishes Inc 3200 Park Road Charlotte, NC 28209	56-1398498	501(c)3	11,335				Donor designated (and 3rd party) for general support

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Miravia Inc 3737 Weona Avenue Charlotte, NC 28209	56-1866587	501(c)3	11,199				Donor designated (and 3rd party) for general support
St Jude Children's Research Hospital 262 Danny Thomas Place Memphis, TN 38105	62-0646012	501(c)3	10,888				Donor designated (and 3rd party) for general support

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Wedgewood Church 4800 Wedgewood Dr Charlotte, NC 28210	56-6022062	501(c)3	10,512				Donor designated 3rd party for general support
Roman Catholic Diocese of Charlotte NC 1123 S Church Street Charlotte, NC 282034003	56-1000633	501(c)3	10,117				Donor designated 3rd party for general support

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Misty Meadows Mitey Riders Inc 455 Providence Road S Weddington, NC 28173	56-2045099	501(c)3	10,050				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	10,014				Donor designated (and 3rd party) for general support

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Episcopal Diocese of North Carolina (St Peter's Episcopal Church) 115 W 7th St Charlotte, NC 282022127	56-0588469	501(c)3	10,000				Donor designated 3rd party for general support
Justice Initiatives P O Box 33545 Charlotte, NC 28233	16-1704986	501(c)3	10,000				Program operating costs

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North End Community Coalition co United Way of Central Carolinas 1833 Stroud Park Court Charlotte, NC 28206	81-2943846		10,000				Program operating costs
Alzheimer's Association Western Carolina Chapter 4600 Park Road Suite 250 Charlotte, NC 28215	56-1440727	501(c)3	9,928				Donor designated (and 3rd party) for general support

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United Way of Greater Cincinnati 2400 Reading Road Cincinnati, OH 452021429	31-0537502	501(c)3	9,785				Donor designated (and 3rd party) for general support
Carolinas Healthcare Foundation Inc PO Box 32861 Charlotte, NC 28232	56-6060481	501(c)3	9,732				Donor designated (and 3rd party) for general support

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High Country United Way (NC) PO Box 247 Boone, NC 28607	56-1218079	501(c)3	9,622				Donor designated 3rd party for general support
Charlotte Latin School 9502 Providence Road Charlotte, NC 282778695	56-0944449	501(c)3	9,525				Donor designated (and 3rd party) for general support

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Hospice of Gaston County Inc 258 E Garrison Boulevard Gastonia, NC 28054	58-1341530	501(c)3	8,859				Donor designated (and 3rd party) for general support
Alexander Youth Network 6220 Thermal Rd Charlotte, NC 28211	56-0554413	501(c)3	8,615				Donor designated 3rd party for general support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ronald McDonald House of Charlotte Inc 1613 E Morehead St Charlotte, NC 28207	20-4671570	501(c)3	8,346				Donor designated 3rd party for general support
United Way of Rutherford County Inc (NC) PO Box 823 Spindale, NC 281600823	56-1030597	501(c)3	8,335				Donor designated (and 3rd party) for general support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
General Council on Finance & Admins of the United Methodist Church (Matthew 801 South Trade Street Matthews, NC 28105	31-1813333	501(c)3	8,261				Donor designated 3rd party for general support
Independence Hill Baptist Church 10220 Independence Hill Road Huntersville, NC 28078	56-1692726	501(c)3	8,016				Donor designated 3rd party for general support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Greenville County Incorporated 105 Edinburgh Ct Greenville, SC 29607	57-0362066	501(c)3	7,959				Donor designated 3rd party for general support
Elevation Church 11416 E Independence Blvd Ste N Matthews, NC 281054947	06-1741162	501(c)3	7,750				Donor designated 3rd party for general support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hospice & Palliative Care Charlotte Region P O Box 471579 Charlotte, NC 28247	56-1219017	501(c)3	7,697				Donor designated (and 3rd party) for general support
United Jewish Charities of Greater Charlotte Inc 5007 Providence Road Suite 101 Charlotte, NC 28226	56-1951745	501(c)3	7,650				Donor designated (and 3rd party) for general support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Anson County Partnership for Children 117 South Green Street Wadesboro, NC 281702782	56-1987729	501(c)3	7,471				Donor designated for general support, program operating cost
Pregnancy Resource Center of Charlotte 1505 East 4th Street Charlotte, NC 28204	56-1340549	501(c)3	7,431				Donor designated 3rd party for general support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Metrolina Chrstian Academy 732 Fairview-Indian Trail Rd Indian Trail, NC 28079	56-1381354	501(c)3	7,380				Donor designated 3rd party for general support
Charlotte Center for Urban Ministry Inc 945 North College Street Charlotte, NC 28206	56-1837620	501(c)3	7,269				Donor designated (and 3rd party) for general support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Anson Domestic Violence Coalition Inc 304 E Wade Street Wadesboro, NC 28170	56-2080678	501(c)3	7,091				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	7,031				Donor designated 3rd party for general support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Exceptional Foundation of Charlotte PO Box 11467 Charlotte, NC 28220	47-4543180	501(c)3	6,321				Donor designated 3rd party for general support
St Margaret's Episcopal Church 8515 Rea Road Waxhaw, NC 28173	56-1402132	501(c)3	6,192				Donor designated 3rd party for general support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Greater High Point Inc 201 Church Avenue High Point, NC 272624805	56-0547486	501(c)3	5,986				Donor designated (and 3rd party) for general support
WWP Inc 4899 Belfort Road Suite 300 Jacksonville, FL 32256	20-2370934	501(c)3	5,620				Donor designated 3rd party for general support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Greater Greensboro Inc NC 1500 Yanceyville Street Greensboro, NC 27405	56-0668555	501(c)3	5,455				Donor designated (and 3rd party) for general support
Presbyterian Church USA (Matthews Presbyterian Church) 207 West John Street Matthews, NC 28106	23-6393377	501(c)3	5,227				Donor designated 3rd party for general support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Kidney Foundation Inc 4819 Park Rd Suite C Charlotte, NC 28209	13-1673104	501(c)3	5,188				Donor designated 3rd party for general support
Presbyterian Hospital Foundation PO Box 33549 Charlotte, NC 282333549	58-1413074	501(c)3	5,040				Donor designated 3rd party for general support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Good Fellows Club Inc 700 Parkwood Ave Charlotte, NC 282052655	56-6047625	501(c)3	5,008				Donor designated 3rd party for general support
Millions More Movement - Charlotte Inc DBA The Greater Charlotte Area LOC PO Box 26396 Charlotte, NC 282216396	20-2783756	501(c)3	5,000				Program operating costs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Silent Images Inc PO Box 667 Matthews, NC 28106	33-1164224	501(c)3	5,000				Donor designated 3rd party for general support
Transcend Charlotte Inc 7610 King Richard Court Charlotte, NC 28227	47-4610791	501(c)3	5,000				Program operating costs

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

2015
Open to Public Inspection

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

Name of the organization United Way of Central Carolinas Inc	Employer identification number 56-0529948
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification 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)		
<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 idemnification 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.	1b									
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?	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
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?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
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.	7	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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				
1 Sean C Garrett President/Executive Director	(i)	177,234 -----	0 -----	100 -----	9,202 -----	9,611 -----	196,147 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 J Wilfred Neal Chief Administrative & Financial Off	(i)	137,087 -----	0 -----	592 -----	7,113 -----	13,000 -----	157,792 -----	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.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **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**

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 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 ▶ (SCHOOL UNIFORMS)	X	3,764	163,238	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? 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? 31 Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a No

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

	Yes	No
30a		No
31	Yes	
32a		No

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)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2016

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	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

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Hands on Charlotte gain on acquisition 78,492

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, ADDITIONAL INFORMATION	<p>The Community Investment Process Trained Donor Volunteers Represent the Community in Funding Decisions The Community Investment Process is focused on supporting a broad range of local health and human service programs to help meet important community needs in three focus areas, children and youth, health and mental health, and housing and stability 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, Inc Through this annual process, UWC C allocates funding to 78 health and human service organizations These agencies operate in Anson, Cabarrus, Mecklenburg, Iredell, and Union Counties This year, allocations to UWC C agencies were determined by 139 volunteers These volunteers engage in a variety of activities during the Community Investment Process, including training and funding council meetings, before they ultimately make funding recommendations The volunteers also consider such things as reductions in public funding, changes in the way services are provided, the loss of other services in the continuum that may inhibit program success, and significant changes in designations that individual agencies received in their funding decisions Based on this input, the volunteer Board of Directors (the "Board") approves the final allocations to partner agencies in June of each year and as a result, the Organization records the entire amount as a liability and expense at that time In order for a partner agency to be eligible to receive funds allocated by UWCC, they must submit applications that include goals, strategies, and outcomes that are linked to UWCC's focus areas Agency outcomes must be linked to specific UWCC focus areas and agencies must identify and track outcomes that are specific, measurable, attainable, realistic, timely, 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 serving In addition, each organization is required to comply with an annual financial certification process that is conducted by the finance department of UWCC This certification involves obtaining current financial and governance information, as well as a thorough review of this information by qualified financial volunteers 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 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 CONSIDER THESE OUTCOMES FROM INVESTMENTS IN AGENCY PROGRAMS - 88% of students in United Way</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, ADDITIONAL INFORMATION	partner programs have improved or remained stable in reading - 97% of students in United Way partner programs were engaged in a mentoring/tutoring relationship with a caring adult - 78% of clients in United Way partner programs have improved their health - 61% of participants have moved into safe, affordable housing Over 35,000 individuals or families received direct financial assistance to prevent loss of housing

990 Schedule O, Supplemental Information

Return Reference	Explanation
OVERHEAD RATIO	MANAGEMENT CALCULATES THE OVERHEAD RATE IN ACCORDANCE WITH THE UNITED WAY Worldwide FUNCTIONAL EXPENSES AND OVERHEAD REPORTING STANDARDS AS FOLLOWS PART IX, LINE 25, COLUMN C, MANAGEMENT AND GENERAL EXPENSES 2,246,890 PART IX, LINE 25, COLUMN D, FUNDRAISING EXPENSE 2,289,067 TOTAL OVERHEAD 4,535,957 TOTAL REVENUE PER 990 29,634,804 OVERHEAD RATIO 15 3%

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**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.

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 220 N TRYON STREET CHARLOTTE, NC 28202 56-2277050	health and human services	NC	501(C)(3)	Line 12a, 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

	Yes	No
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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	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
(1) United Way Legacy Foundation Inc	S	2,200,000	cash

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference**Explanation**