

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
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
UNITED WAY OF CENTRAL CAROLINAS INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
301 SOUTH BREVARD STREET

City or town, state or province, country, and ZIP or foreign postal code
CHARLOTTE, NC 28202

D Employer identification number
56-0529948

E Telephone number
(704) 372-7170

G Gross receipts \$ 40,621,005

F Name and address of principal officer
LAURA CLARK
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 OF CENTRAL CAROLINAS (UWCC) FOCUSES ON SUPPORTING A BROAD RANGE OF LOCAL HEALTH AND HUMAN

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)	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	21
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	84
6 Total number of volunteers (estimate if necessary)	19,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	1,397
7b Net unrelated business taxable income from Form 990-T, line 34	19,350

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	28,635,782	26,676,927
9 Program service revenue (Part VIII, line 2g)	276,785	469,644
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	581,999	10,140,506
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	140,238	97,866
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,634,804	37,384,943
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,813,159	23,436,046
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)	4,223,343	4,777,713
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,447,895		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,083,848	2,604,108
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	32,120,350	30,817,867
19 Revenue less expenses Subtract line 18 from line 12	-2,485,546	6,567,076

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	25,768,614	32,072,772
21 Total liabilities (Part X, line 26)	16,893,473	16,080,050
22 Net assets or fund balances Subtract line 21 from line 20	8,875,141	15,992,722

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 2018-11-14
WILFRED NEAL CFO
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name AMANDA ADAMS	Preparer's signature AMANDA ADAMS	Date	Check <input type="checkbox"/> if self-employed	PTIN P00748038
Firm's name ▶ CHERRY BEKAERT LLP			Firm's EIN ▶ 56-0574444	
Firm's address ▶ 1111 METROPOLITAN AVE STE 900 CHARLOTTE, NC 28204			Phone no (704) 377-1678	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

UNITED WAY OF CENTRAL CAROLINAS 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

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 \$ 15,551,066 including grants of \$ 14,269,108) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 9,166,938 including grants of \$ 9,166,938) (Revenue \$ 53,964)
See Additional Data

4c (Code) (Expenses \$ 976,551 including grants of \$) (Revenue \$ 415,680)
See Additional Data

(Code) (Expenses \$ 279,270 including grants of \$) (Revenue \$)

NC 2-1-1 IS A SERVICE PROVIDED BY THE UNITED WAY OF NORTH CAROLINA. NC 2-1-1 IS NORTH CAROLINA'S RESOURCE FOR FREE INFORMATION AND REFERRAL SERVICES REGARDING HEALTH AND HUMAN SERVICES AND RESOURCES. NC 2-1-1 HAS A DATABASE OF OVER 19,000 RESOURCES, INCLUDING FOOD PANTRIES, HOMELESS SHELTERS, UTILITY AND RENT ASSISTANCE FUNDS, HEALTH CLINICS, PRESCRIPTIONS ASSISTANCE PROGRAMS, COUNSELING AND SUBSTANCE ABUSE SERVICES, CHILD CARE RESOURCES, SENIOR RESOURCES, RESOURCES FOR PERSONS WITH DISABILITIES, AND MUCH MORE. NC 2-1-1 CAN BE ACCESSED BY CALLING 2-1-1 OR GOING TO WWW.NC211.ORG. FOR FISCAL YEAR 2018, UNITED WAY 2-1-1 RECEIVED 13,020 CALLS AND IDENTIFIED 15,214 NEEDS FROM INDIVIDUALS IN THE FIVE-COUNTY SERVICE AREA COVERED BY UWCC. IN OCTOBER 2017, HOMELESS SERVICE PROVIDERS, THE CITY OF CHARLOTTE, MECKLENBURG COUNTY AND UNITED WAY OF CENTRAL CAROLINAS INITIATED A MORE EFFICIENT WAY TO SERVE THE HOMELESS BY INCORPORATING OUR REGION'S NC 2-1-1 SERVICES WITH MECKLENBURG COUNTY'S COORDINATED ENTRY. COORDINATED ENTRY IS A PORTAL OR ENTRY PROCESS THAT AIMS TO CONNECT INDIVIDUALS AND FAMILIES WHO ARE LITERALLY HOMELESS, OR THOSE AT IMMINENT RISK OF BECOMING HOMELESS TO SHELTER AND HOUSING RESOURCES IN THE CHARLOTTE-MECKLENBURG AREA. BY CONNECTING 2-1-1'S SINGLE, FULL SERVICE PLATFORM WITH THE COORDINATED ENTRY PROCESS, THOSE IN NEED OF HOUSING ASSISTANCE WILL NOW BE ABLE TO GET HELP MORE QUICKLY AND ARE POINTED TO THE RIGHT RESOURCES IN A STANDARD AND CONSISTENT MANNER.

4d Other program services (Describe in Schedule O)
(Expenses \$ 279,270 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 25,973,825

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>	Yes	
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>		No
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>		No
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 ID, 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 (21); 1b Enter the number of voting members included in line 1a, above, who are independent (21); 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 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	186,318				
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	1,081,392				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	25,409,217				
	g Noncash contributions included in lines 1a-1f \$ _____		128,610				
	h Total. Add lines 1a-1f			26,676,927			
Program Service Revenue		Business Code					
	2a VOLUNTEER SERVICES	900099	415,680	415,680			
	b NET ADMINISTRATIVE FEES	900099	53,964	53,964			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			469,644				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		327,559			327,559	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
			134,675				
		b Less rental expenses	36,809				
		c Rental income or (loss)	97,866				
	d Net rental income or (loss)			97,866	1,397	96,469	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			2,831,427	9,945,615			
		b Less cost or other basis and sales expenses	2,730,121	233,974			
		c Gain or (loss)	101,306	9,711,641			
	d Net gain or (loss)			9,812,947		9,812,947	
	8a Gross income from fundraising events (not including \$ 1,081,392 of contributions reported on line 1c) See Part IV, line 18	a	235,158				
	b Less direct expenses	b	235,158				
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			37,384,943	469,644	1,397	10,236,975	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	23,436,046	23,436,046		
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.	394,132	118,987	178,273	96,872
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.	3,519,985	1,073,639	1,117,196	1,329,150
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	145,354	45,763	48,542	51,049
9 Other employee benefits.	393,913	117,718	144,623	131,572
10 Payroll taxes.	324,329	97,678	102,668	123,983
11 Fees for services (non-employees)				
a Management.				
b Legal.	3,861	554	3,087	220
c Accounting.	57,350		57,350	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	12,042		12,042	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	412,599	200,047	141,411	71,141
12 Advertising and promotion.				
13 Office expenses.	190,921	57,611	39,471	93,839
14 Information technology.				
15 Royalties.				
16 Occupancy.	636,777	203,642	227,364	205,771
17 Travel.	20,943	8,145	6,988	5,810
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	49,301	22,157	8,189	18,955
20 Interest.				
21 Payments to affiliates.	576,669	176,807	209,279	190,583
22 Depreciation, depletion, and amortization.	35,026	10,169	13,357	11,500
23 Insurance.	29,255	9,257	10,686	9,312
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	427,168	358,397	23,961	44,810
b BAD DEBTS (RECOVERIES)	63,318	19,413	22,979	20,926
c DUES & SUBSCRIPTIONS	16,738	6,406	6,298	4,034
d TAXES, LICENSES & FEES	2,671	580	604	1,487
e All other expenses	69,469	10,809	21,779	36,881
25 Total functional expenses. Add lines 1 through 24e.	30,817,867	25,973,825	2,396,147	2,447,895
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	4,583,314	1	5,956,711
	2 Savings and temporary cash investments	2,400,522	2	8,551,218
	3 Pledges and grants receivable, net	7,052,240	3	7,076,073
	4 Accounts receivable, net	27,207	4	93,832
	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	53,962	9	89,122
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,636,666		
	b Less accumulated depreciation	1,542,051		
	11 Investments—publicly traded securities	7,825,624	11	8,214,656
	12 Investments—other securities See Part IV, line 11	3,464,173	12	1,996,545
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	5,920	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,768,614	16	32,072,772	
Liabilities	17 Accounts payable and accrued expenses	321,995	17	862,693
	18 Grants payable	15,105,944	18	13,516,993
	19 Deferred revenue	197,620	19	551,424
	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	1,267,914	25	1,148,940
	26 Total liabilities. Add lines 17 through 25	16,893,473	26	16,080,050
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	7,337,109	27	14,075,008
	28 Temporarily restricted net assets	686,886	28	1,066,568
	29 Permanently restricted net assets	851,146	29	851,146
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	8,875,141	33	15,992,722
	34 Total liabilities and net assets/fund balances	25,768,614	34	32,072,772

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	37,384,943
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,817,867
3	Revenue less expenses Subtract line 2 from line 1	3	6,567,076
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,875,141
5	Net unrealized gains (losses) on investments	5	550,505
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,992,722

Part XII Financial Statements and Reporting

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

		Yes	No
<p>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</p>			
<p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 56-0529948

Name: UNITED WAY OF CENTRAL CAROLINAS INC

Form 990 (2017)

Form 990, Part III, Line 4a:

COMMUNITY INVESTMENT THE COMMUNITY INVESTMENT PROCESS IS FOCUSED ON IMPROVING EDUCATION, HEALTH AND FINANCIAL STABILITY TO BOOST ECONOMIC MOBILITY ACROSS THE REGION, WHILE ALSO HELPING PROVIDE A SAFETY NET FOR PEOPLE AND FAMILIES IN NEED ANNUALLY, UWCC INVESTS IN MORE THAN 110 LOCAL NONPROFIT AGENCIES AND INITIATIVES THROUGH THE FUNDING PROVIDED BY GENEROUS CORPORATE AND INDIVIDUAL DONORS MORE THAN 100 COMMUNITY VOLUNTEERS HELPED MAKE FUNDING DECISIONS DURING A RIGOROUS FIVE-MONTH PROCESS TO EVALUATE REQUESTS AND ENSURE GRANTS WERE DISTRIBUTED OBJECTIVELY AND ALIGNED WITH UWCC'S GOALS THE COMMUNITY INVESTMENT PROCESS INCLUDES THREE FUNDING STREAMS UNITED NEIGHBORHOODS WORKS TO CHANGE THE ODDS FOR THOSE IN OUR MOST UNDER-RESOURCED NEIGHBORHOODS BY SUPPORTING COMMUNITY-DRIVEN HOLISTIC NEIGHBORHOOD TRANSFORMATION AND REVITALIZATION EFFORTS UWCC LAUNCHED UNITED NEIGHBORHOODS IN SEPTEMBER 2017 WITH THE ANNOUNCEMENT OF A \$2.4 MILLION INVESTMENT OVER THREE YEARS INTO THE GRIER HEIGHTS AND RENAISSANCE NEIGHBORHOODS IN CHARLOTTE THE INITIATIVE FOCUSES ON PARTNERSHIPS WITH RESIDENTS, COMMUNITY LEADERS, BUSINESSES AND NONPROFITS, BACKED BY MULTI-YEAR FUNDING AND STAFF RESOURCES FROM UWCC UNITED NEIGHBORHOODS EXPANDED IN 2018 WITH THE ADDITION OF SIX "BUILDING BLOCK GRANTS" FOR NEIGHBORHOODS INCLUDING BROOKHILL, HIDDEN VALLEY, LAKEWOOD, SMITHVILLE, WEST BOULEVARD CORRIDOR AND AN EFFORT FOCUSED ON FREEDOM DRIVE THESE GRANTS SUPPORT NEIGHBORHOODS IN THE EARLY STAGES OF COMPREHENSIVE REVITALIZATION GRANTS WILL BUILD THE CAPACITY OF "COMMUNITY QUARTERBACK ORGANIZATIONS, FUND COMMUNITY ENGAGEMENT ACTIVITIES AND COMPLETE RESIDENT-DRIVEN NEIGHBORHOOD PLANNING TO IDENTIFY NEEDS AND SOLUTIONS UNITE CHARLOTTE SUPPORTS NEW AND GRASSROOTS ORGANIZATIONS THROUGH GRANTS AND CAPACITY-BUILDING ACTIVITIES FOCUSED ON IMPROVING RACIAL EQUITY AND INCREASING SOCIAL CAPITAL THE EFFORT, LAUNCHED IN 2017, 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 FUNDS SMALL AND/OR NEW ORGANIZATION AND OFFERS CAPACITY-BUILDING WORKSHOPS DESIGNED TO SUPPORT THEIR ORGANIZATIONAL GROWTH IN APRIL 2018, UWCC ALSO ANNOUNCED THE SECOND ROUND OF UNITE CHARLOTTE FUNDING WITH DISTRIBUTION OF \$400,000 IN GRANTS TO 24 NONPROFITS AND GRASSROOTS ORGANIZATIONS FOCUSED ON BUILDING RACIAL EQUITY AND SOCIAL CAPITAL IN MECKLENBURG COUNTY THAT BRINGS THE TOTAL UNITE CHARLOTTE FUNDING TO NEARLY \$900,000 SINCE ITS LAUNCH IN LATE 2016 IN RESPONSE TO THE CIVIC UNREST IN CHARLOTTE IMPACT GRANTS SUPPORT AGENCIES ACROSS OUR FIVE-COUNTY REGION THAT WORK COLLABORATIVELY TO PROVIDE COMPREHENSIVE AND COORDINATED SERVICES THAT WILL IMPROVE ECONOMIC MOBILITY AND ACHIEVE RESULTS GREATER THAN ANY SINGLE ORGANIZATION UWCC SHIFTED ITS COMMUNITY IMPACT STRATEGY OVER THE PAST YEAR INSIGHTS FROM THE CHARLOTTE-MECKLENBURG OPPORTUNITY TASK FORCE REPORT AND MORE THAN 200 COMMUNITY CONVERSATIONS INFORMED THE STRATEGY, WHICH NOW FOCUSES ON BUILDING STRONGER NEIGHBORHOODS, INCREASING RACIAL EQUITY AND IMPROVING THE SYSTEMS THAT SERVE OUR CHILDREN AND FAMILIES

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, OR PAID DIRECTLY TO THE ORGANIZATIONS

Form 990, Part III, Line 4c:

VOLUNTEERISM HANDS ON CHARLOTTE - UNITED WAY'S HANDS ON CHARLOTTE IS ONE OF THE MANY WAYS UWCC BRINGS PEOPLE TOGETHER TO BUILD A STRONGER COMMUNITY HANDS ON CHARLOTTE OFFERS FLEXIBLE VOLUNTEER OPPORTUNITIES FOR COMPANIES, INDIVIDUALS AND FAMILIES PROJECTS COVER UWCC'S FIVE-COUNTY FOOTPRINT AND RANGE FROM SORTING CLOTHES AND FOOD TO BUILDING A PLAYGROUND OR TUTORING HANDS ON CHARLOTTE ENGAGED 19,156 VOLUNTEERS IN 2017 BENEFITING 146 COMMUNITY ORGANIZATIONS IN 2017 THOSE VOLUNTEERS SERVED A TOTAL OF 46,012 HOURS IN ADDITION, UWCC ENGAGES VOLUNTEERS THROUGH BOARD/COMMITTEE AND COMMUNITY INVESTMENT VOLUNTEER OPPORTUNITIES 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 LEVERAGES 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 OTHER VOLUNTEER ACTIVITIES - UNITED WAY OF CENTRAL CAROLINAS ALSO 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			
WESLEY M BECKNER BOARD CHAIR 2018, VICE-CHAIR 2017	3 00	X		X				0	0	0
MALCOMB D COLEY BOARD VICE CHAIR 2018, CAMPAIGN CHAIR 2017	3 00	X		X				0	0	0
JEFFREY S LEDFORD TREASURER AND FINANCE C CHAIR	3 00	X		X				0	0	0
JANET C PFEFFER SECRETARY & ETHICS C CHAIR	1 50	X		X				0	0	0
SCOTT P VAUGHN CAMPAIGN CHAIR 2018, SECRETARY 2017	3 00	X		X				0	0	0
EILEEN F LITTLE BOARD CHAIR 2017	3 00	X		X				0	0	0
JEFFREY L BURGESS AUDIT C CHAIR	3 00	X						0	0	0
MATTHEW J KOSMICKI AUDIT C VICE-CHAIR	1 50	X						0	0	0
CAROL P LOWE FINANCE C VICE-CHAIR	1 50	X						0	0	0
WILLIAM E ACKERMAN III 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			
DANIEL J BIRACH DIRECTOR	1 50	X						0	0	0
PEGGY L BROOKHOUSE DIRECTOR	1 50	X						0	0	0
JAN M CLEVINGER DIRECTOR	1 50	X						0	0	0
DENA R DIORIO DIRECTOR	1 50	X						0	0	0
SUSAN C EDWARDS DIRECTOR	1 50	X						0	0	0
NANCY L FEY-YENSAN DIRECTOR	1 50	X						0	0	0
MARCUS D JONES DIRECTOR	1 50	X						0	0	0
DONALD SCOTT KRULL DIRECTOR	1 50	X						0	0	0
DAVID G LEITCH DIRECTOR	1 50	X						0	0	0
MICHAEL A LEWIS 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			
ANIL T MATAI DIRECTOR	1 50	X						0	0	0
C DEE ODELL DIRECTOR	1 50	X						0	0	0
EDWARD P OKEEFE DIRECTOR	1 50	X						0	0	0
JOHN M PAPADOPULOS DIRECTOR	1 50	X						0	0	0
KEVIN D PITTS DIRECTOR	1 50	X						0	0	0
R CHANDLER ROOT DIRECTOR	1 50	X						0	0	0
CHARLES ROSKOVICH JR DIRECTOR	1 50	X						0	0	0
DR JEAN A WRIGHT DIRECTOR	1 50	X						0	0	0
SEAN C GARRETT PRESIDENT/EXECUTIVE DIRECTOR	50 00			X				190,733	0	20,107
J WILFRED NEAL CHIEF ADMINISTRATIVE & FINANCIAL OFFICER	50 00			X				145,320	0	20,239

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			
RICHARD K HEINS VP COUNTY OPERATIONS, CHIEF DEVELOPMENT OFFICER	50 00					X		116,714	0	39,408
BO HUSSEY CHIEF MARKETING & ENGAGEMENT OFFICER	50 00					X		114,633	0	19,832
LAURA CLARK CHIEF IMPACT OFFICER	50 00					X		111,911	0	23,269

SCHEDULE A
(Form 990 or 990-EZ)

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.

2017

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 **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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	27,437,127	28,424,738	28,114,302	28,635,782	26,676,927	139,288,876
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	27,437,127	28,424,738	28,114,302	28,635,782	26,676,927	139,288,876
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)						914,647
6 Public support. Subtract line 5 from line 4						138,374,229

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	27,437,127	28,424,738	28,114,302	28,635,782	26,676,927	139,288,876
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	343,234	512,375	411,889	477,275	457,711	2,202,484
9 Net income from unrelated business activities, whether or not the business is regularly carried on					358	358
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						142,102,276

12 Gross receipts from related activities, etc (see instructions) **12** 993,217

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 2017 (line 6, column (f) divided by line 11, column (f))	14	97.380%
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	97.620%

16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
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.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 56-0529948

Name: UNITED WAY OF CENTRAL CAROLINAS INC

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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL CAROLINAS INC

Employer identification number
56-0529948

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

	(a) Donor advised funds	(b) Funds and other accounts
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| 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	3,464,173	5,209,946	5,308,439	1,881,015	1,509,331
b Contributions	3,129	22,275	115,815	3,376,377	191,264
c Net investment earnings, gains, and losses	299,802	473,966	-214,308	51,047	240,292
d Grants or scholarships	1,740,000	2,200,000			59,872
e Other expenditures for facilities and programs					
f Administrative expenses	30,559	42,014			
g End of year balance	1,996,545	3,464,173	5,209,946	5,308,439	1,881,015

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 48 090 %
 - b** Permanent endowment ▶ 42 560 %
 - c** Temporarily restricted endowment ▶ 9 350 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | | |
|--|---------------|-----|----|
| (i) unrelated organizations | 3a(i) | Yes | No |
| (ii) related organizations | 3a(ii) | Yes | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | Yes | No |
- 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		15,000		15,000
b Buildings		796,549	765,636	30,913
c Leasehold improvements				
d Equipment		825,117	776,415	48,702
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				94,615

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	1,996,545	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	1,996,545	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO DESIGNATED AGENCIES	796,996
CAMPAIGNS PROCESSED FOR OTHERS, NET	351,944
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,148,940

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	28,756,468
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	550,505
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	550,505
3	Subtract line 2e from line 1	3	28,205,963
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	12,042
b	Other (Describe in Part XIII)	4b	9,166,938
c	Add lines 4a and 4b	4c	9,178,980
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	37,384,943

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	21,638,887
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	0
3	Subtract line 2e from line 1	3	21,638,887
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	12,042
b	Other (Describe in Part XIII)	4b	9,166,938
c	Add lines 4a and 4b	4c	9,178,980
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	30,817,867

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	THE ORGANIZATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS THE ORGANIZATION IS, HOWEVER, LIABLE FOR FEDERAL AND STATE INCOME TAX ON UNRELATED BUSINESS INCOME 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, 2018 AND 2017 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 9,166,938

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 9,166,938

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

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.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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	1,046,500	270,050		1,316,550
2	Less Contributions	855,901	225,491		1,081,392
3	Gross income (line 1 minus line 2)	190,599	44,559		235,158
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	71,535	4,715		76,250
	6 Rent/facility costs	42,388	19,698		62,086
	7 Food and beverages	66,229	14,394		80,623
	8 Entertainment				
	9 Other direct expenses	10,447	5,752		16,199
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				235,158
	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	%
b	An outside facility	%

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 provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 171

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
PART I, LINE 2	<p>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</p>

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
33088 AMERICAN RED CROSS CATAWBA VALLEY CHAPTER 1375 LENOIR RHYNE BLVD HICKORY, NC 28602	53-0196605	501(C)3	7,976				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
33181 AMERICAN RED CROSS WESTERN NORTH CAROLINA CHAPTER 2425 PARK ROAD CHARLOTTE, NC 28203	53-0196605	501(C)3	478,842				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
A CHILD'S PLACE 601 E 5TH STREET SUITE 230 CHARLOTTE, NC 28202	58-1911741	501(C)3	165,212	41,088	DONOR VALUATION	UNIFORMS	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	43,015				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
ADA JENKINS CENTER 212 GAMBLE STREET DAVIDSON, NC 28036	56-1927067	501(C)3	377,489				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
ALEXANDER ART FOUNDATION 101 S TRYON STREET 27TH FLOOR CHARLOTTE, NC 28280	81-3140840	501(C)3	10,000				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
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVENUE SUITE 100 CHARLOTTE, NC 28207	13-1788491	501(C)3	6,379				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
ANMED HEALTH FOUNDATION 800 NORTH FANT STREET ANDERSON, SC 29621	38-3886017	501(C)3	6,500				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
ANSON COUNTY PARTNERSHIP FOR CHILDREN 117 SOUTH GREEN STREET WADESBORO, NC 28170	56-1987729	501(C)3	9,705				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
ANSON DOMESTIC VIOLENCE COALITION INC 304 EAST WADE STREET WADESBORO, NC 28170	56-2080678	501(C)3	6,200				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
ARTHRITIS FOUNDATION INC CAROLINAS CHAPTER 4530 PARK RD SUITE 230 CHARLOTTE, NC 28209	58-1341679	501(C)3	5,710				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
ARTHRITIS PATIENT SERVICES 9815 DAVID TAYLOR DRIVE CHARLOTTE, NC 28262	58-1940978	501(C)3	46,126				DONOR DESIGNATED 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
ARTS & SCIENCE COUNCIL CHARLOTTE MECKLENBURG INC 227 WEST TRADE STREET SUITE 250 CHARLOTTE, NC 28202	56-0693436	501(C)3	19,085				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
ASPIRE COMMUNITY CAPITAL 6406 BEECHER DRIVE CHARLOTTE, NC 28215	47-1562918	501(C)3	15,000				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
AUGUSTINE LITERACY COUNCIL CO ST PETER'S EPISCOPAL CHURCH 115 W 7TH STREET CHARLOTTE, NC 28202	58-1488751	501(C)3	15,150				PROGRAM OPERATING COST
BIG BROTHERS BIG SISTERS OF GREATER CHARLOTTE 3801 EAST INDEPENDENCE BOULEVARD CHARLOTTE, NC 28205	56-2264009	501(C)3	279,245				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	120,308				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
BROOKHILL COMMUNITY ORGANIZATION CO SOUTH TRYON COMMUNITY UNITED METHODIST 2516 S TRYON STREET CHARLOTTE, NC 28203	56-2256591	501(C)3	17,502				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
BUILD THE GOOD LLC CO INTECH FOUNDATION INC 1824 STATESVILLE AVE SUITE 105 CHARLOTTE, NC 28203	81-3166863	501(C)3	15,000				PROGRAM OPERATING COST
BURKE COUNTY UNITED WAY 301 EAST MEETING STREET MORGANTON, NC 28655	56-0929553	501(C)3	5,755				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
CABARRUS COOPERATIVE CHRISTIAN MINISTRY PO BOX 1717 CONCORD, NC 28026	56-1320818	501(C)3	50,000				PROGRAM OPERATING COST
CABARRUS COUNTY SCHOOLS 4401 OLD AIRPORT ROAD CONCORD, NC 28025	56-6000997	GOVERNMENT	0	29,419	DONOR VALUATION	UNIFORMS	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
CABARRUS MEALS ON WHEELS INC 1701 SOUTH MAIN STREET KANNAPOLIS, NC 28081	56-1172942	501(C)3	54,762				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CABARRUS VICTIMS ASSISTANCE NETWORK PO BOX 1749 CONCORD, NC 28026	57-0749038	501(C)3	50,823				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
CAMINO COMMUNITY DEVELOPMENT CORPORATION 133 STETSON DRIVE CHARLOTTE, NC 28223	56-2015959	501(C)3	15,000				PROGRAM OPERATING COST
CANNON MEMORIAL YMCA 101 YMCA DRIVE KANNAPOLIS, NC 28082	58-1574620	501(C)3	35,008				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 E 5TH STREET SUITE 140 CHARLOTTE, NC 28202	56-0621073	501(C)3	554,538				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CATAWBA COUNTY UNITED WAY PO BOX 2425 HICKORY, NC 28603	56-0774714	501(C)3	7,854				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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

(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
CATHOLIC CHARITIES DIOCESE OF CHARLOTTE 1123 S CHURCH STREET CHARLOTTE, NC 28203	56-1058954	501(C)3	8,176				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CENTRAL NC COUNCIL BOY SCOUTS OF AMERICA 2500 ABLEMARLE ROAD ALBEMARLE, NC 28001	56-0532132	501(C)3	78,817				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 CENTER FOR LEGAL ADVOCACY INC 1431 ELIZABETH AVENUE CHARLOTTE, NC 28204	56-1202940	501(C)3	203,545				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHARLOTTE COMMUNITY HEALTH CLINIC 8401 MEDICAL PLAZA DRIVE SUITE 300 CHARLOTTE, NC 28262	56-2274174	501(C)3	280,865				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	295,944				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	409,072				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
CHILD CARE RESOURCES INC 4600 PARK ROAD SUITE 400 CHARLOTTE, NC 28209	56-1316030	501(C)3	635,342				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHILDREN'S ATTENTION HOME INC PO BOX 2912 ROCK HILL, SC 29732	57-0527092	501(C)3	7,161				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
CHILDREN'S HOPE ALLIANCE 156 FRAZIER LOOP STATESVILLE, NC 28677	56-0529993	501(C)3	9,210				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 28208	03-0455618	501(C)3	26,956				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
COLTRANE LIFE CENTER INC 321 CORBAN AVENUE SE CONCORD, NC 28025	56-1222998	501(C)3	37,827				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COMMON WEALTH ASSOCIATES INC 5301 WILKINSON BLVD CHARLOTTE, NC 28208	30-0842673	501(C)3	15,000				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 28202	58-1661795	501(C)3	595,964	41,088	DONOR VALUATION	UNIFORMS	DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COMMUNITIES IN SCHOOLS OF NORTH CAROLINA 222 N PERSON STREET SUITE 203 RALEIGH, NC 27601	56-1677831	501(C)3	40,005				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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COMMUNITY FREE CLINIC INC 528-A LAKE CONCORD ROAD CONCORD, NC 28025	58-2131301	501(C)3	95,780				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	130,888				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 28202	56-0530008	501(C)3	424,580				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COPS & BARBERS INC 3720 N TRYON STREET SUITE 102 CHARLOTTE, NC 28206	82-3268245	501(C)3	15,000				PROGRAM OPERATING COST

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

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COUNCIL FOR CHILDREN'S RIGHTS INC 601 EAST 5TH STREET SUITE 510 CHARLOTTE, NC 28202	56-1325184	501(C)3	348,929				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	67,186				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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CRISIS ASSISTANCE MINISTRY (MECKLENBURG) 500-A SPRATT STREET CHARLOTTE, NC 28206	56-1416719	501(C)3	496,037				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CROSSROADS CORPORATION FOR AFFORDABLE HOUSING & COMMUNITY DEVELOPMENT INC 3623 LATROBE DRIVE SUITE 208 CHARLOTTE, NC 28211	26-2787742	501(C)3	100,000				DONOR DESIGNATED 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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DAVIDSONCORNELIUS CHILD DEVELOPMENT CENTER 242 GAMBLE STREET DAVIDSON, NC 28036	56-0891613	501(C)3	30,000				PROGRAM OPERATING COST
DIGI-BRIDGE 216 SYLVANIA AVENUE CHARLOTTE, NC 28206	46-4859045	501(C)3	10,000				DONOR DESIGNATED 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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DISABILITY RIGHTS AND RESOURCES 5801 EXECUTIVE CENTER DRIVE SUITE 101 CHARLOTTE, NC 28212	56-1268845	501(C)3	60,356				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
E2D INC PO BOX 1299 DAVIDSON, NC 28036	46-5008759	501(C)3	30,000				PROGRAM OPERATING COST

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ESTHER HOUSE OF STANLY COUNTY PO BOX 734 ALBEMARLE, NC 28002	46-1652623	501(C)3	47,986				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
EXCHANGE SCAN 207 WALNUT STREET STATESVILLE, NC 28687	56-1758810	501(C)3	30,050				DONOR DESIGNATED 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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FAMILIES FIRST IN CABARRUS COUNTY INC 985 CENTRAL DRIVE NW CONCORD, NC 28027	47-1302015	501(C)3	30,000				PROGRAM OPERATING COST
FEED MY LAMBS PO BOX 91 WADESBORO, NC 28170	56-2158694	501(C)3	22,170				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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FIFTH STREET MINISTRIES PO BOX 5217 STATESVILLE, NC 28687	58-1821225	501(C)3	37,397				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
FILL MY CUP 6723 HORACE MANN ROAD CHARLOTTE, NC 28269	68-0504774	501(C)3	17,700				PROGRAM OPERATING COST

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FIREFIGHTER'S BURNED CHILDREN FUND INC 1215 SOUTH BOULEVARD CHARLOTTE, NC 28203	56-1649992	501(C)3	13,131				DONOR DESIGNATED FOR GENERAL SUPPORT
FLORENCE CRITTENTON SERVICES INC 1300 BLYTHE BLVD CHARLOTTE, NC 28203	56-0577626	501(C)3	185,065				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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FREEDOM COMMUNITIES 601 E 5TH STREET SUITE 330-I CHARLOTTE, NC 28202	82-2329303	501(C)3	12,500				PROGRAM OPERATING COST
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 28237	56-2169158	501(C)3	20,000				DONOR DESIGNATED 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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GIRL SCOUTS HORNETS' NEST COUNCIL 7007 IDLEWILD ROAD CHARLOTTE, NC 28212	56-0563842	501(C)3	182,198				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	180,566				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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GREENLIGHT FUND INC 200 CLARENDON STREET 44TH FLOOR BOSTON, MA 02118	20-0407083	501(C)3	25,000				PROGRAM OPERATING COST
HABITAT FOR HUMANITY CABARRUS COUNTY 8 CHURCH STREET S SUITE 101 CONCORD, NC 28025	56-1678395	501(C)3	50,969				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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HABITAT FOR HUMANITY CHARLOTTE 3815 LATROBE DRIVE CHARLOTTE, NC 28211	56-1366233	501(C)3	11,952				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
HEAL CHARLOTTE 326 ORCHARD TRACE LANE APT 6 CHARLOTTE, NC 28213	81-5158164	501(C)3	30,000				PROGRAM OPERATING COST

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HEALTHQUEST OF UNION COUNTY 415 EAST FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)3	21,000				PROGRAM OPERATING COST
HEALTHREACH COMMUNITY CLINIC PO BOX 1265 MOORESVILLE, NC 28115	20-1020941	501(C)3	60,000				DONOR DESIGNATED 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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HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 28230	46-4366030	501(C)3	10,000				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT, PROGRAM OPERATING COST
HIDDEN VALLEY COMMUNITY DEVELOPMENT CORPORATION 3815 N TRYON STREET CHARLOTTE, NC 28206	56-1862380	501(C)3	12,500				PROGRAM OPERATING COST

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HIGH COUNTRY UNITED WAY PO BOX 247 BOONE, NC 28607	56-1218079	501(C)3	13,177				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
HOLLA 207 WHEELER STREET WADESBORO, NC 28170	51-0562858	501(C)3	13,835				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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HOPE HAVEN INC 3815 NORTH TRYON STREET CHARLOTTE, NC 28206	58-1314284	501(C)3	362,893				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
HOSPICE & PALLIATIVE CARE CHARLOTTE REGION 7845 LITTLE AVENUE CHARLOTTE, NC 28226	56-1219017	501(C)3	8,642				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	29,184				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
HOSPICE OF GASTON COUNTY INC 258 E GARRISON BOULEVARD GASTONIA, NC 28054	58-1341530	501(C)3	6,237				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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

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HOSPICE OF IREDELL COUNTY INC 2347 SIMONTON RD STATESVILLE, NC 28625	56-1376577	501(C)3	9,763				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVENUE CHARLOTTE, NC 28203	58-1342479	501(C)3	10,131				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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INTECH CAMP FOR GIRLS PO BOX 169 PAW CREEK, NC 28130	81-3166863	501(C)3	11,503				PROGRAM OPERATING COST
IREDELL COUNCIL ON AGING INC 202 NORTH CHURCH STREET MOORESVILLE, NC 28115	23-7322660	501(C)3	16,480				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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JDRF INTERNATIONAL - WESTERN NC CHAPTER 205 REGENCY EXECUTIVE PARK DRIVE SUITE 102 CHARLOTTE, NC 28217	23-1907729	501(C)3	19,702				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF THE CENTRAL CAROLINAS INC 201 S TRYON STREET SUITE LL100 CHARLOTTE, NC 28202	56-0672085	501(C)3	15,637				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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KINDERMOURN INC 1320 HARDING PLACE CHARLOTTE, NC 28204	56-1221194	501(C)3	100,651				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
LAKE NORMAN CHARTER SCHOOL INC 12435 OLD STATESVILLE ROAD HUNTERSVILLE, NC 28078	58-2360164	501(C)3	6,340				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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

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LAKE NORMAN COMMUNITY HEALTH CLINIC PO BOX 2398 HUNTERSVILLE, NC 28070	04-3723062	501(C)3	45,000				PROGRAM OPERATING COST
LAKEWOOD NEIGHBORHOOD ALLIANCE INC 330 LAKEWOOD AVE CHARLOTTE, NC 28208	38-4015347	501(C)3	20,000				PROGRAM OPERATING COST

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LATIN AMERICAN COALITION 4938 CENTRAL AVENUE SUITE 101 CHARLOTTE, NC 28205	58-1945776	501(C)3	184,651				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
LATIN AMERICAN LEADERSHIP FUTURE SEARCH 4938 CENTRAL AVENUE SUITE 101 CHARLOTTE, NC 28205	58-1945776	501(C)3	15,000				PROGRAM OPERATING COST

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LEGAL AID OF NORTH CAROLINA INC 1431 ELIZABETH AVENUE CHARLOTTE, NC 28204	31-1784161	501(C)3	113,556				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
LIFESPAN INC 143 IREDELL AVENUE TROUTMAN, NC 28166	56-1142969	501(C)3	16,298				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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LITERACY COUNCIL OF UNION COUNTY 216 NORTH HAYNE STREET MONROE, NC 28112	56-2145552	501(C)3	42,365				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
LOGAN COMMUNITY DAY CARE ASSOCIATION INC 204 BOOKER DRIVE SW CONCORD, NC 28025	23-7210127	501(C)3	38,982				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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LOVE INC OF MECKLENBURG COUNTY 2304 THE PLAZA SUITE 300 CHARLOTTE, NC 28205	56-1741006	501(C)3	58,196				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
MECKLENBURG AREA CATHOLIC SCHOOLS EDUCATION FOUNDATION 1123 S CHURCH STREET CHARLOTTE, NC 28203	56-1779865	501(C)3	11,200				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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MECKLENBURG COUNCIL OF ELDERS INC 1101 SUNSET ROAD SUITE 681805 CHARLOTTE, NC 28216	81-5306491	501(C)3	15,000				PROGRAM OPERATING COST
MECKLENBURG COUNTY COUNCIL - BOY SCOUTS OF AMERICA 1410 EAST 7TH STREET CHARLOTTE, NC 28204	56-0529957	501(C)3	151,793				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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MEN'S SHELTER OF CHARLOTTE INC 1210 N TRYON STREET CHARLOTTE, NC 28206	56-1474475	501(C)3	368,678				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
MENTAL HEALTH AMERICA OF CENTRAL CAROLINAS INC 3701 LATROBE DRIVE SUITE 140 CHARLOTTE, NC 28211	56-0674267	501(C)3	301,359				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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MENTOURING OUR BROTHERS INC PO BOX 30504 CHARLOTTE, NC 28230	47-3142528	501(C)3	10,000				PROGRAM OPERATING COST
METROLINA ASSOCIATION FOR THE BLIND INC 704 LOUISE AVENUE CHARLOTTE, NC 28204	56-0529998	501(C)3	110,919				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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MICHAEL J FOX FOUNDATION FOR PARKINSON'S RESEARCH PO BOX 4777 NEW YORK, NY 10163	13-4141945	501(C)3	5,594				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
MOORESVILLE AREA CHRISTIAN MISSION INC 266 NORTH BROAD STREET MOORESVILLE, NC 28115	56-0667685	501(C)3	85,768				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
MOORESVILLE SOUP KITCHEN INC PO BOX 5173 MOORESVILLE, NC 28117	56-1911138	501(C)3	6,000				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
NC MEDASSIST 4428 TAGGART CREEK ROAD SUITE 101 CHARLOTTE, NC 28208	56-2018957	501(C)3	449,307				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
NORTH CAROLINA FOR PUBLIC POLICY RESEARCH INC PO BOX 430 RALEIGH, NC 27602	56-1162341	501(C)3	15,000				PROGRAM OPERATING COST
OUR TOWNS HABITAT FOR HUMANITY 20310 N MAIN STREET CORNELIUS, NC 28031	56-1733643	501(C)3	102,387				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
PARTNERS FOR ACTIVE LIVING PO BOX 6728 SPARTANBURG, SC 29304	54-2111221	501(C)3	5,000				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
PIEDMONT MEDIATION CENTER INC 1835 DAVIE AVENUE STATESVILLE, NC 28677	56-1547747	501(C)3	15,000				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
PROFOUND GENTLEMEN INC 2701-C FREEDOM DRIVE CHARLOTTE, NC 28208	47-2225983	501(C)3	15,000				PROGRAM OPERATING COST
RACE MATTERS FOR JUVENILE JUSTICE CO JUSTICE INITIATIVES 832 E 4TH STREET SUITE 3520 CHARLOTTE, NC 28202	16-1704986	501(C)3	91,495				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 CHARLOTTE, NC 28202	56-1825247	501(C)3	120,861				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
READ CHARLOTTE CO FOUNDATION FOR THE CAROLINAS 220 N TRYON STREET CHARLOTTE, NC 28202	56-6047886	501(C)3	20,000				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
REFUGEE SUPPORT SERVICES OF THE CAROLINAS INC 8911 ALPINE CIRCLE CHARLOTTE, NC 28270	20-5972063	501(C)3	15,000				PROGRAM OPERATING COST
RENAISSANCE WEST COMMUNITY INITIATIVE 3610 NOBLES AVENUE CHARLOTTE, NC 28208	27-1396021	501(C)3	180,000				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
RIGHT MOVES FOR YOUTH INC 2211 WEST MOREHEAD STREET SUITE 102 102 CHARLOTTE, NC 28208	56-1834718	501(C)3	175,086				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
ROWAN COUNTY UNITED WAY INC PO BOX 5065 SALISBURY, NC 28144	56-0642828	501(C)3	28,812				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
SAFE ALLIANCE INC 601 E 5TH STREET SUITE 400 CHARLOTTE, NC 28202	56-0529967	501(C)3	622,527				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
SALVATION ARMY - CHARLOTTE AREA COMMAND 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	58-0660607	501(C)3	1,166,632				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
SALVATION ARMY CABARRUS 216 PATTERSON AVENUE SE CONCORD, NC 28025	58-0660607	501(C)3	64,482				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
SALVATION ARMY OF STATESVILLE 1361 CALDWELL STREET STATESVILLE, NC 28677	58-0660607	501(C)3	8,045				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
SANDRA AND LEON LEVINE JEWISH COMMUNITY CENTER INC 5007 PROVIDENCE ROAD CHARLOTTE, NC 28226	56-1100696	501(C)3	28,599				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
SECOND HARVEST FOOD BANK OF METROLINA 500-B SPRATT STREET CHARLOTTE, NC 28206	56-1352593	501(C)3	14,412				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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

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SMITHVILLE COMMUNITY INC PO BOX 1206 CORNELIUS, NC 28031	46-1055584	501(C)3	22,500				PROGRAM OPERATING COST
SOUTHSIDE RIDES FOUNDATION 2846 FREEDOM DRIVE CHARLOTTE, NC 28208	20-2790909	501(C)3	10,260				DONOR DESIGNATED 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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ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	62-0646012	501(C)3	6,485				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
STILETTO BOSS UNIVERSITY 10518 ENGLISH SETTER WAY CHARLOTTE, NC 28269	82-1467018	501(C)3	15,000				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
STUDENTS FOR EDUCATION REFORM 1776 STATESVILLE AVE CHARLOTTE, NC 28206	45-0647583	501(C)3	10,000				PROGRAM OPERATING COST
TEEN HEALTH CONNECTION INC 3541 RANDOLPH ROAD SUITE 206 CHARLOTTE, NC 28211	56-1719715	501(C)3	231,083				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 MECKLENBURG COUNTY INC 3900 PARK ROAD SUITE C CHARLOTTE, NC 28209	56-0662725	501(C)3	36,916				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
THE ARC OF NORTH CAROLINA INC PO BOX 20545 RALEIGH, NC 27619	56-0753097	501(C)3	7,316				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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THE ARC OF UNIONCABARRUS INC 1653-C CAMPUS PARK DR MONROE, NC 28112	56-1677521	501(C)3	92,901				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
THE CENTER FOR COMMUNITY TRANSITIONS PO BOX 33533 CHARLOTTE, NC 28233	51-0185383	501(C)3	176,296				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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THE LEARNING COLLABORATIVE PO BOX 37363 CHARLOTTE, NC 28237	56-1668333	501(C)3	97,898				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
THE MEDICAL FOUNDATION OF NORTH CAROLINA INC 123 WEST FRANKLIN STREET SUITE 510 CHAPEL HILL, NC 27516	56-6057494	501(C)3	10,000				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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THE QC FAMILY TREE 1609 EAST FIFTH STREET CHARLOTTE, NC 28208	20-4091165	501(C)3	14,000				PROGRAM OPERATING COST
THE RELATIVES INC 119 EAST 8TH STREET CHARLOTTE, NC 28202	56-1082022	501(C)3	117,963				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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THOMPSON CHILD & FAMILY FOCUS 6800 ST PETERS LANE MATTHEWS, NC 28105	56-0547460	501(C)3	63,364				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT, PROGRAM OPERATING COST
TIME OUT YOUTH 1900 THE PLAZA CHARLOTTE, NC 28205	56-1755564	501(C)3	5,155				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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

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TRANSCEND CHARLOTTE 3800 MONROE ROAD CHARLOTTE, NC 28205	47-4610791	501(C)3	10,000				PROGRAM OPERATING COST
TURNING POINT INC PO BOX 952 MONROE, NC 28111	58-1698701	501(C)3	155,624				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 COMMUNITY SHELTER 311 EAST JEFFERSON STREET MONROE, NC 28112	58-2121860	501(C)3	113,173				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
UNION COUNTY CRISIS ASSISTANCE MINISTRY INC 1333 W ROOSEVELT BOULEVARD MONROE, NC 28110	58-1631417	501(C)3	151,587				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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UNION COUNTY SCHOOLS 400 N CHURCH STREET MONROE, NC 28112	56-6001123	GOVERNMENT	0	17,015	DONOR VALUATION	UNIFORMS	PROGRAM OPERATING COST
UNION-ANSON COUNTY HABITAT FOR HUMANITY INC PO BOX 1688 MONROE, NC 28111	56-1704668	501(C)3	48,135				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 ANDERSON COUNTY 201 S MURRAY AVENUE SUITE 200 ANDERSON, SC 29622	57-0510602	501(C)3	22,890				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
UNITED WAY OF CLEVELAND COUNTY NC INC 132 W GRAHAM ST SHELBY, NC 28150	56-6030073	501(C)3	13,804				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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UNITED WAY OF FORSYTH COUNTY INC 301 NORTH MAIN STREET SUITE 1700 WINSTON SALEM, NC 27101	23-7357234	501(C)3	20,804				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF GASTON COUNTY INC PO BOX 2597 GASTONIA, NC 28053	56-0653356	501(C)3	74,808				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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

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UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	31-0537502	501(C)3	10,054				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF GREATER GREENSBORO INC 1500 YANCEYVILLE STREET GREENSBORO, NC 27405	56-0668555	501(C)3	15,738				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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UNITED WAY OF GREENVILLE COUNTY INCORPORATED 105 EDINBURGH CT GREENVILLE, SC 29607	57-0362066	501(C)3	12,506				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF IREDELL COUNTY 305 NORTH CENTER STREET STATESVILLE, NC 28687	56-0792674	501(C)3	14,686				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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

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UNITED WAY OF LANCASTER COUNTY INC 109 SOUTH WYLIE STREET LANCASTER, SC 29720	57-0564440	501(C)3	14,917				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF LINCOLN COUNTY INC PO BOX 234 LINCOLNTON, NC 28093	23-7125926	501(C)3	78,382				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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

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UNITED WAY OF ROANOKE VALLEY INC 325 CAMPBELL AVENUE SW ROANOKE, VA 24016	54-0535302	501(C)3	7,234				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF SCOTLAND COUNTY INC PO BOX 742 LAURINBURG, NC 28353	56-6062713	501(C)3	5,766				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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

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UNITED WAY OF STANLY COUNTY INC PO BOX 1178 ALBEMARLE, NC 28002	56-0841588	501(C)3	12,948				DONOR DESIGNATED (AND 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	12,352				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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UNITED WAY OF THE GREATER TRIANGLE INC 800 PARK OFFICES DRIVE SUITE 204 DURHAM, NC 27709	56-1949103	501(C)3	19,419				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 29201	57-0314396	501(C)3	6,051				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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

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UNITED WAY OF YORK COUNTY SC 226 NORTHPARK DRIVE SUITE 100 ROCK HILL, SC 29730	57-0360058	501(C)3	116,398				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY WORLDWIDE 701 N FAIRFAX STREET ALEXANDRIA, VA 22314	13-1635294	501(C)3	12,197				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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

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URBAN LEAGUE OF CENTRAL CAROLINAS INC 740 W 5TH STREET CHARLOTTE, NC 28202	56-1218704	501(C)3	286,049				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
WEST BOULEVARD NEIGHBORHOOD COALITION 4032 BROADVIEW DRIVE CHARLOTTE, NC 28217	30-0401238	501(C)3	20,000				PROGRAM OPERATING COST

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

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WEST SIDE COMMUNITY LAND TRUST 2910 PARKWAY AVENUE CHARLOTTE, NC 28208	82-1143067	501(C)3	10,000				PROGRAM OPERATING COST
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET CHARLOTTE, NC 28202	56-1045299	501(C)3	391,854				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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YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE CENTRAL CAROLINAS INC 3420 PARK ROAD CHARLOTTE, NC 28209	56-0532139	501(C)3	735,219				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

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

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF CENTRAL CAROLINAS INC

Employer identification number
56-0529948

Part I Questions Regarding Compensation

	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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
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<p>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.</p>	1b			
<p>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?</p>	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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
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<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No		
	4b	No		
	4c	No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No		
	5b	No		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No		
	6b	No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No		
<p>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.</p>	8	No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9			

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

2017

▶ **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 ▶ (<u>SCHOOL UNIFORMS</u>)	X	3,764	128,610	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**

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

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.

2017

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 I, LINE 1, CONTINUED	SERVICE PROGRAMS TO HELP DRIVE ECONOMIC MOBILITY WITH A FOCUS ON EDUCATION, HEALTH, FINANCIAL STABILITY AND BASIC NEEDS OUR TWO-GENERATION APPROACH SUPPORTS THE ENTIRE FAMILY BY INTENTIONALLY FOCUSING ON THE NEEDS OF BOTH PARENT AND CHILD UWCC ALLOCATES FUNDING TO OVER 110 HEALTH AND HUMAN SERVICE ORGANIZATIONS IN ANSON, CABARRUS, MECKLENBURG, IREDELL, AND UNION COUNTIES THE FUNDING IS ALLOCATED THROUGH THREE GRANT PROCESSES --IMPACT GRANTS SUPPORT AGENCIES ACROSS OUR FIVE-COUNTY REGION THAT WORK COLLABORATIVELY TO PROVIDE COMPREHENSIVE AND COORDINATED SERVICES THAT WILL IMPROVE ECONOMIC MOBILITY AND ACHIEVE RESULTS GREATER THAN ANY SINGLE ORGANIZATION --UNITED NEIGHBORHOODS WORKS TO CHANGE THE ODDS FOR THOSE IN OUR MOST UNDER-RESOURCED NEIGHBORHOODS BY SUPPORTING COMMUNITY-DRIVEN HOLISTIC NEIGHBORHOOD TRANSFORMATION AND REVITALIZATION EFFORTS --UNITE CHARLOTTE SUPPORTS NEW AND GRASSROOTS ORGANIZATIONS THROUGH GRANTS AND CAPACITY-BUILDING ACTIVITIES FOCUSED ON IMPROVING RACIAL EQUITY AND INCREASING SOCIAL CAPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1, CONTINUED	UWCC INVESTS \$24.5 MILLION ANNUALLY INTO THE COMMUNITY, WITH \$16.3 MILLION GOING TOWARD THE ORGANIZATION'S COMMUNITY IMPACT STRATEGY AND \$8.2 MILLION IN DONOR DIRECTED FUNDING FOCUSING ON IMPROVING EDUCATION, HEALTH AND FINANCIAL STABILITY. UWCC'S IMPACT STRATEGY WORKS TO BOOST ECONOMIC MOBILITY ACROSS THE REGION, WHILE ALSO HELPING PROVIDE A SAFETY NET FOR PEOPLE AND FAMILIES IN NEED.

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 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 ALL GRANT APPLICATIONS ARE ASSESSED THROUGH A COMMUNITY-LED REVIEW PROCESS, IN WHICH STAFF AND DEDICATED VOLUNTEERS EVALUATE AND IDENTIFY THE LOCAL COLLABORATIONS AND APPROACHES THAT CAN CREATE A LASTING IMPACT WE MAXIMIZE EVERY CENT THAT DONORS ENTRUST WITH US BY DIRECTING IT TOWARD CRITICAL PROGRAMS THAT FIGHT FOR THE EDUCATION, HEALTH AND FINANCIAL STABILITY OF EVERY PERSON ACROSS OUR FIVE-COUNTY REGION ANSON, CABARRUS, MECKLENBURG, UNION AND MOORESVILLE/ LAKE NORMAN IN 2018, 177 CORPORATE DONORS, COMMUNITY MEMBERS, AS WELL AS INDIVIDUALS FROM PHILANTHROPIC AND COMMUNITY ORGANIZATIONS VOLUNTEERED ON OUR COMMUNITY GRANT PANELS THESE VOLUNTEERS SERVE AS THE EYES AND EARS OF MORE THAN 200,000 DONORS UNITED WAY HOSTS ORIENTATION SESSIONS AT THE BEGINNING OF THE YEAR THESE SESSIONS HELP FAMILIARIZE INTERESTED VOLUNTEERS WITH THE ROLE OF SERVING ON A COMMUNITY GRANT PANEL, INCLUDING THE IMPORTANCE OF BUILDING A STRONGER COMMUNITY BY INVESTING IN A SYSTEM OF QUALITY AGENCIES THAT HELP PEOPLE IN NEED PANELS OF VOLUNTEERS IN EACH REGION WILL READ, REVIEW AND EVALUATE APPLICATIONS AND HOST PRESENTATIONS BY APPLICANT AGENCIES THE GRANT PANELS THEN COMPARATIVELY EVALUATE THE PROPOSALS AND RECOMMEND FUNDING AMOUNTS TO UNITED WAY OF CENTRAL CAROLINAS' BOARD OF DIRECTORS UNITED WAY OF CENTRAL CAROLINAS' BOARD OF DIRECTORS APPROVE GRANT AWARDS AND AGREEMENTS AGENCIES ARE NOTIFIED OF AWARDS UNITED WAY'S IMPACT GRANTS AND UNITED NEIGHBORHOODS FUNDING CYCLE BEGINS ANNUALLY ON JULY 1 AND CONCLUDES JUNE 30 OF THE FOLLOWING YEAR 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 IMPACT STRATEGY THE PROPOSED ACTIVITIES AND TARGET OUTCOMES MUST BE SPECIFIC, MEASURABLE, ATTAINABLE, REALISTIC, TIMELY, AND UNAMBIGUOUS AGENCIES SUBMIT ANNUAL 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 UWCC AND VOLUNTEER AUDITORS 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 UWCC PROGRAMS MUST HAVE GOALS THAT ARE CLEARLY LINKED TO SPECIFIC GOALS OF THE FOUR FOCUS AREAS LINKED TO IMPROVING ECONOMIC MOBILITY 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 PARTNER PROGRAMS HAVE IMPROVED OR REMAINED STABLE IN READING 97% OF STUDENTS IN UNITED WAY PARTNER PROGRAMS WERE ENGAGED IN A MENTORING/TUTORING RELATIONSHIP</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, ADDITIONAL INFORMATION	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 2,396,147 PART IX, LINE 25, COLUMN D, FUNDRAISING EXPENSE 2,447,895 TOTAL OVERHEAD 4,844,042 TOTAL REVENUE PER 990 37,384,943 OVERHEAD RATIO 13 0% DUE TO AN UNUSUAL AND NONRECURRING SALE OF REAL PROPERTY, MANAGEMENT HAS CALCULATED AN ALTERNATE VERSION OF THE OVERHEAD RATE TO EXCLUDE THE GAIN FROM THIS SALE AS FOLLOWS PART IX, LINE 25, COLUMN C, MANAGEMENT AND GENERAL EXPENSES 2,396,147 PART IX, LINE 25, COLUMN D, FUNDRAISING EXPENSE 2,447,895 TOTAL OVERHEAD 4,844,042 TOTAL REVENUE PER 990 (LESS NONRECURRING GAIN) 27,673,302 OVERHEAD RATIO 17 5%