

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  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

- 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 \$ 33,726,494

**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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	25
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	25
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	83
<b>6</b> Total number of volunteers (estimate if necessary)	15,000
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	32,025

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	26,676,927	25,926,150
<b>9</b> Program service revenue (Part VIII, line 2g)	469,644	407,041
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,140,506	591,213
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	97,866	54,373
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,384,943	26,978,777
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,436,046	24,548,630
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,777,713	4,426,456
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,327,375		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,604,108	2,982,752
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	30,817,867	31,957,838
<b>19</b> Revenue less expenses Subtract line 18 from line 12	6,567,076	-4,979,061
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	32,072,772	27,785,395
<b>21</b> Total liabilities (Part X, line 26)	16,080,050	16,624,098
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	15,992,722	11,161,297

## 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: 2019-10-29

WILFRED NEAL CFO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date: Check  if self-employed PTIN: P00748038

Firm's name: ▶ CHERRY BEKAERT LLP Firm's EIN: ▶ 56-0574444

Firm's address: ▶ 1111 METROPOLITAN AVE STE 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. UWCC INVESTS \$26.4 MILLION ANNUALLY INTO THE COMMUNITY, WITH \$17.7 MILLION GOING TOWARD THE ORGANIZATION'S COMMUNITY IMPACT STRATEGY AND \$8.7 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.

**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 \$ 16,560,163 including grants of \$ 15,048,439 ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ 9,500,191 including grants of \$ 9,500,191 ) (Revenue \$ 58,965 )  
See Additional Data

**4c** (Code ) (Expenses \$ 1,080,033 including grants of \$ ) (Revenue \$ 348,076 )  
See Additional Data

(Code ) (Expenses \$ 287,374 including grants of \$ ) (Revenue \$ )

2-1-1 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, CHILDCARE 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 2019, UNITED WAY 2-1-1 RECEIVED 29,064 CALLS AND IDENTIFIED 27,320 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 \$ 287,374 including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 27,427,761

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Contains 22 main questions and sub-questions (a-f) regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

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 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	83		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>		Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>		Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>		<b>3b</b>		Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>4a</b>			No
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>			No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>			No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		<b>6a</b>			No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>		Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>		Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>			No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>			No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>			No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .		<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>			No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>		<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .		<b>15</b>			No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .		<b>16</b>			No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

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 (25); 1b Enter the number of voting members included in line 1a, above, who are independent (25); 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: 8a The governing body? (Yes); 8b 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b 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-A 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: 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 67,660			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 1,217,193			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 24,641,297			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . .		25,926,150		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> VOLUNTEER SERVICES		900099	348,076	348,076	
<b>b</b> NET ADMINISTRATIVE FEES		900099	58,965	58,965		
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .			407,041			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		591,213			591,213	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		54,373					
		<b>b</b> Less rental expenses	0				
		<b>c</b> Rental income or (loss)	54,373				
	<b>d</b> Net rental income or (loss) . . . . .			54,373			54,373
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		6,500,000					
		<b>b</b> Less cost or other basis and sales expenses	6,500,000				
		<b>c</b> Gain or (loss)	0				
	<b>d</b> Net gain or (loss) . . . . .						
	<b>8a</b> Gross income from fundraising events (not including \$ 1,217,193 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	247,717				
		<b>b</b> Less direct expenses . . . . .	247,717				
<b>c</b> Net income or (loss) from fundraising events . . . . .				0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
	<b>b</b> Less direct expenses . . . . .						
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less cost of goods sold . . . . .						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code						
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .							
<b>12 Total revenue.</b> See Instructions . . . . .			26,978,777	407,041	0	645,586	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	24,548,630	24,548,630		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	440,685	102,725	194,803	143,157
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	3,144,712	1,142,442	887,980	1,114,290
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	124,387	45,554	38,409	40,424
<b>9</b> Other employee benefits . . . . .	441,194	156,381	141,968	142,845
<b>10</b> Payroll taxes . . . . .	275,478	97,424	79,092	98,962
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	2,842		2,842	
<b>c</b> Accounting . . . . .	59,850		59,850	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	15,938		15,938	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	510,952	237,958	174,552	98,442
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	145,046	55,828	31,157	58,061
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	924,638	354,507	285,615	284,516
<b>17</b> Travel . . . . .	17,293	6,976	4,111	6,206
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	19,389	7,821	4,610	6,958
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .	563,375	213,216	170,108	180,051
<b>22</b> Depreciation, depletion, and amortization . . . . .	23,860	9,148	7,370	7,342
<b>23</b> Insurance . . . . .	26,981	7,614	6,871	12,496
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> VOLUNTEER EXPENSE & EVE	434,020	361,339	28,777	43,904
<b>b</b> BAD DEBTS (RECOVERIES)	127,670	48,318	38,549	40,803
<b>c</b> DUES & SUBSCRIPTIONS	21,955	6,547	7,516	7,892
<b>d</b> TAXES, LICENSES & FEES	6,221	1,991	1,517	2,713
<b>e</b> All other expenses	82,722	23,342	21,067	38,313
<b>25</b> Total functional expenses. Add lines 1 through 24e	31,957,838	27,427,761	2,202,702	2,327,375
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	5,956,711	<b>1</b>	7,791,029
	<b>2</b> Savings and temporary cash investments . . . . .	8,551,218	<b>2</b>	2,716,393
	<b>3</b> Pledges and grants receivable, net . . . . .	7,076,073	<b>3</b>	6,582,510
	<b>4</b> Accounts receivable, net . . . . .	93,832	<b>4</b>	70,372
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	89,122	<b>9</b>	194,125
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,636,666		
	<b>b</b> Less accumulated depreciation	1,565,912		
		94,615	<b>10c</b>	70,754
	<b>11</b> Investments—publicly traded securities . . . . .	8,214,656	<b>11</b>	8,259,419
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	1,996,545	<b>12</b>	2,100,793
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	32,072,772	<b>16</b>	27,785,395	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	862,693	<b>17</b>	612,810
	<b>18</b> Grants payable . . . . .	13,516,993	<b>18</b>	14,683,607
	<b>19</b> Deferred revenue . . . . .	551,424	<b>19</b>	316,284
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D . . . . .	1,148,940	<b>25</b>	1,011,397
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	16,080,050	<b>26</b>	16,624,098
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	14,075,008	<b>27</b>	8,354,265
	<b>28</b> Temporarily restricted net assets . . . . .	1,066,568	<b>28</b>	1,955,886
	<b>29</b> Permanently restricted net assets	851,146	<b>29</b>	851,146
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	15,992,722	<b>33</b>	11,161,297	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	32,072,772	<b>34</b>	27,785,395	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	26,978,777
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	31,957,838
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-4,979,061
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	15,992,722
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	147,636
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	11,161,297

**Part XII Financial Statements and Reporting**

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

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

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 56-0529948

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

Form 990 (2018)

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## 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 100 LOCAL NONPROFIT AGENCIES AND INITIATIVES THROUGH THE FUNDING PROVIDED BY GENEROUS CORPORATE AND INDIVIDUAL DONORS 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 IN 2019, SIX "BUILDING BLOCK GRANTS" WERE AWARDED TO NEIGHBORHOODS INCLUDING BROOKHILL, HIDDEN VALLEY, LAKEWOOD, SMITHVILLE, WEST BOULEVARD CORRIDOR, AND THE NORTH END COMMUNITY COALITION 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 ORGANIZATIONS AND OFFERS CAPACITY-BUILDING WORKSHOPS DESIGNED TO SUPPORT THEIR ORGANIZATIONAL GROWTH IN JUNE 2019, UWCC ANNOUNCED THE THIRD ROUND OF UNITE CHARLOTTE FUNDING WITH A DISTRIBUTION OF \$300,000 IN GRANTS AND CAPACITY BUILDING INITIATIVES TO 15 NONPROFITS AND GRASSROOTS ORGANIZATIONS FOCUSED ON BUILDING RACIAL EQUITY AND SOCIAL CAPITAL IN MECKLENBURG COUNTY THAT BRINGS THE TOTAL UNITE CHARLOTTE FUNDING TO NEARLY \$1.2 MILLION 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 TWO YEARS AGO AND CONTINUES TO IMPLEMENT STRATEGIES INFORMED BY THE CHARLOTTE-MECKLENBURG OPPORTUNITY TASK FORCE REPORT UNITED WAY FOCUSES ON IMPROVING ECONOMIC MOBILITY THROUGH EDUCATION, HEALTH, AND FINANCIAL STABILITY WHILE SIMULTANEOUSLY FOCUSING ON BUILDING STRONGER NEIGHBORHOODS, INCREASING RACIAL EQUITY, AND IMPROVING THE SYSTEMS THAT SERVE OUR CHILDREN AND FAMILIES

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**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

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**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 15,614 VOLUNTEERS IN 2018 BENEFITING 244 COMMUNITY ORGANIZATIONS THOSE VOLUNTEERS SERVED A TOTAL OF 55,802 HOURS IN ADDITION, UWCC ENGAGES VOLUNTEERS THROUGH BOARD/COMMITTEE AND COMMUNITY INVESTMENT VOLUNTEER OPPORTUNITIES TUTOR CHARLOTTE - UWCC, IN PARTNERSHIP WITH READ CHARLOTTE, LED THE EFFORT TO CONNECT VOLUNTEERS WITH TUTORING OPPORTUNITIES IN SCHOOLS IN OUR REGION OVER THE COURSE OF THE PAST TWO YEARS, 625 READING MENTORS READ WEEKLY WITH 715 KINDERGARTEN AND FIRST-GRADE STUDENTS IN 39 CLASSROOMS IN NINE CHARLOTTE MECKLENBURG SCHOOLS, TOTALING 6,230 VOLUNTEER HOURS OF READING WITH YOUNG CHILDREN TUTOR CHARLOTTE LEVERAGES UWCC'S EXTENSIVE CORPORATE RELATIONSHIPS TO HELP PROMOTE POSITIVE CHILD AND YOUTH DEVELOPMENT OTHER VOLUNTEER ACTIVITIES - UNITED WAY OF CENTRAL CAROLINAS ALSO ENGAGES VOLUNTEERS THROUGH BOARD/COMMITTEE AND COMMUNITY INVESTMENT VOLUNTEER OPPORTUNITIES

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**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			
MALCOMB D COLEY ..... BOARD CHAIR	3 00 .....	X		X				0	0	0
SCOTT P VAUGHN ..... BOARD VICE CHAIR	3 00 .....	X		X				0	0	0
JEFFREY S LEDFORD ..... FINANCE COMMITTEE CHAIR AND TREASURER	3 00 .....	X		X				0	0	0
JANET C PFEFFER ..... ETHICS COMMITTEE CHAIR & SECRETARY	1 50 .....	X		X				0	0	0
C DEE ODELL ..... FINANCE COMMITTEE VICE CHAIR	1 50 .....	X						0	0	0
CAROL P LOWE ..... FINANCE COMMITTEE VICE-CHAIR	3 00 .....	X						0	0	0
R CHANDLER ROOT ..... CAMPAIGN CABINET CHAIR	1 50 .....	X						0	0	0
GEORGE W BECKWITH ..... CAMPAIGN CABINET VICE CHAIR	1 50 .....	X						0	0	0
JEFFREY L BURGESS ..... AUDIT COMMITTEE CHAIR	3 00 .....	X						0	0	0
RONALD E MESSENGER II ..... AUDIT COMMITTEE VICE CHAIR	3 00 .....	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			
MATTHEW J KOSMICKI ..... AUDIT COMMITTEE VICE-CHAIR	3 00 .....	X						0	0	0
BETH DIGGS ..... DIRECTOR	1 50 .....	X						0	0	0
BRIAN FLOYD ..... DIRECTOR	1 50 .....	X						0	0	0
CARI P BOYCE ..... DIRECTOR	1 50 .....	X						0	0	0
CRANDALL C BOWLES ..... DIRECTOR	1 50 .....	X						0	0	0
DANIEL J BIRACH ..... DIRECTOR	1 50 .....	X						0	0	0
DAVID G LEITCH ..... DIRECTOR	1 50 .....	X						0	0	0
DENA R DIORIO ..... DIRECTOR	1 50 .....	X						0	0	0
DENISE WHITE ..... DIRECTOR	1 50 .....	X						0	0	0
DONALD SCOTT KRULL ..... 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			
DR JEAN A WRIGHT ..... DIRECTOR	1 50 .....	X						0	0	0
EILEEN F LITTLE ..... DIRECTOR	3 00 .....	X						0	0	0
ERIC A LIVINGSTON ..... DIRECTOR	1 50 .....	X						0	0	0
JAN M CLEVENER ..... 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
MARCUS D JONES ..... DIRECTOR	1 50 .....	X						0	0	0
MICHAEL A LEWIS ..... DIRECTOR	1 50 .....	X						0	0	0
NANCY L FEY-YENSAN ..... DIRECTOR	1 50 .....	X						0	0	0
PEGGY L BROOKHOUSE ..... 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			
SUSAN C EDWARDS ..... DIRECTOR	1 50 .....	X						0	0	0
WESLEY M BECKNER ..... DIRECTOR	3 00 .....	X						0	0	0
WILLIAM E ACKERMAN III ..... DIRECTOR	1 50 .....	X						0	0	0
WILLIE E ALSTON JR ..... DIRECTOR	1 50 .....	X						0	0	0
LAURA CLARK ..... PRESIDENT & CEO STARTING 9/7/18	50 00 .....			X				152,453	0	21,079
SEAN C GARRETT ..... PRESIDENT/ED THRU 9/7/18	50 00 .....			X				152,538	0	21,911
J WILFRED NEAL ..... CHIEF ADMINISTRATIVE & FINANCIAL OFFICER	50 00 .....			X				146,097	0	16,504
CLINT HILL ..... CHIEF DEVELOPMENT OFFICER	50 00 .....					X		132,916	0	15,303
RICHARD K HEINS ..... VP COUNTY OPERATIONS	50 00 .....					X		113,887	0	26,177
BO HUSSEY ..... CHIEF MARKETING & ENGAGEMENT OFFICER	50 00 .....					X		117,539	0	14,674

**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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**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		
<b>Total</b>						

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	28,424,738	28,114,302	28,635,782	26,676,927	25,926,150	137,777,899
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	28,424,738	28,114,302	28,635,782	26,676,927	25,926,150	137,777,899
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						692,916
<b>6 Public support.</b> Subtract line 5 from line 4						137,084,983

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4	28,424,738	28,114,302	28,635,782	26,676,927	25,926,150	137,777,899
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	512,375	411,889	477,275	457,711	645,586	2,504,836
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on				358		358
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						140,283,093

**12** Gross receipts from related activities, etc (see instructions) **12** 1,764,028

**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**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97.720 %
<b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	97.380 %

**16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	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.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>	Yes	No
<b>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## 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.**  
**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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	
<b>6</b> 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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	1,996,545	3,464,173	5,209,946	5,308,439	1,881,015
<b>b</b> Contributions . . . . .	1,375	3,129	22,275	115,815	3,376,377
<b>c</b> Net investment earnings, gains, and losses	125,982	299,802	473,966	-214,308	51,047
<b>d</b> Grants or scholarships . . . . .		1,740,000	2,200,000		
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .	23,109	30,559	42,014		
<b>g</b> End of year balance . . . . .	2,100,793	1,996,545	3,464,173	5,209,946	5,308,439

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 49 480 %
  - b** Permanent endowment ▶ 40 450 %
  - c** Temporarily restricted endowment ▶ 10 070 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes |    |
| <b>(ii)</b> related organizations . . . . .  |     | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

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

Complete if the organization answered "Yes" 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
<b>1a</b> Land . . . . .		15,000		15,000
<b>b</b> Buildings . . . . .		796,549	774,229	22,320
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		825,117	791,683	33,434
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				70,754

**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	2,100,793	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)	2,100,793	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO DESIGNATED AGENCIES	690,786
CAMPAIGNS PROCESSED FOR OTHERS, NET	317,671
SECURITY DEPOSITS	2,940
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,011,397

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	17,610,284
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	147,636
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	147,636
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	17,462,648
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	15,938
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	9,500,191
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	9,516,129
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	26,978,777

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	22,441,709
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	22,441,709
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	15,938
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	9,500,191
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	9,516,129
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	31,957,838

**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, 2019 AND 2018 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 9,500,191

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 9,500,191

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2018**

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

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						
<b>Total</b>						

**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)
		<b>HI TECH SHOOTOUT GOLF TOURNAMENT</b> (event type)	<b>INGERSOLL RAND GOLF TOURNAMENT</b> (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	1,195,500	269,410		1,464,910
	<b>2</b> Less Contributions . . . . .	999,149	218,044		1,217,193
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	196,351	51,366		247,717
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	78,830	12,752		91,582
	<b>6</b> Rent/facility costs . . . . .	52,446	11,390		63,836
	<b>7</b> Food and beverages . . . . .	46,847	25,362		72,209
	<b>8</b> Entertainment . . . . .		500		500
	<b>9</b> Other direct expenses . . . . .	18,229	1,361		19,590
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				247,717
	<b>11</b> 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))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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 \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_

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- 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
- |          |                             |   |
|----------|-----------------------------|---|
| <b>a</b> | The organization's facility | % |
| <b>b</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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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization UNITED WAY OF CENTRAL CAROLINAS INC

Employer identification number 56-0529948

Part I General Information on Grants and Assistance

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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



**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	AGENCIES RECEIVING DISCRETIONARY FUNDING FROM UNITED WAY OF CENTRAL CAROLINAS UNDERGO INTENSIVE PRE-SCREENING BEFORE BEING AWARDED FUNDING SUCH SCREENING INCLUDES -AN APPLICATION PROCESS THAT INCLUDES EXPLANATION OF THE PROPOSED USE OF THE FUNDING -FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES -VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT -VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION THE AGENCY IS ALSO REQUIRED TO PROVIDE UNITED WAY WITH A FINAL REPORT AT THE END OF THE ALLOCATION PERIOD THAT VERIFIES THAT ALL FUNDING HAS BEEN USED FOR THE PURPOSES INTENDED AND ACTUAL RESULTS COMPARED TO THE PROPOSED RESULTS IN THE ORIGINAL APPLICATION ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UNITED WAY OF CENTRAL CAROLINAS UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDS SUCH SCREENING INCLUDES -A CERTIFICATION THAT ALL UNITED WAY FUNDS AND DONATIONS WILL BE USED IN COMPLIANCE WITH ALL APPLICABLE ANTI-TERRORIST FINANCING AND ASSET CONTROL LAWS, STATUTES AND EXECUTIVE ORDERS -VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION -VERIFICATION THAT THE ORGANIZATION IS NOT ON A TERRORIST WATCH LIST -IN ADDITION, WE UTILIZE VERIFICATIONS FROM GUIDESTAR CHARITY CHECK TO VERIFY THAT AGENCIES RECEIVING CONTRIBUTIONS ARE 100% COMPLIANT WITH IRS REQUIREMENTS

**Additional Data**

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

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
33181 AMERICAN RED CROSS WESTERN NORTH CAROLINA CHAPTER 2425 PARK ROAD CHARLOTTE, NC 28203	53-0196605	501(C)3	281,361				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
A CHILD'S PLACE 601 E 5TH ST SUITE 230 CHARLOTTE, NC 28202	58-1911741	501(C)3	151,256				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACADEMIC LEARNING CENTER INC 988 LEE-ANN DR NE CONCORD, NC 28025	56-1963975	501(C)3	46,780				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
ACRES OF HOPE INTERNATIONAL PO BOX 5313 MOORESVILLE, NC 28117	82-1855837	501(C)3	5,380				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ADA JENKINS CENTER 212 GAMBLE ST DAVIDSON, NC 28036	56-1927067	501(C)3	354,148				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
ALEXANDER YOUTH NETWORK 6220 THERMAL RD CHARLOTTE, NC 28211	56-0554413	501(C)3	18,914				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN CANCER SOCIETY INC CHARLOTTE CHAPTER 1901 BRUNSWICK AVENUE SUITE 100 CHARLOTTE, NC 28207	13-1788491	501(C)3	6,041				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
AMERICAN HEART ASSOCIATION INC CHARLOTTE CHAPTER 128 S TRYON ST SUITE 1588 CHARLOTTE, NC 28202	13-5613797	501(C)3	6,852				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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ANSON COUNTY PARTNERSHIP FOR CHILDREN 117 SOUTH GREENE STREET WADESBORO, NC 28170	56-1987729	501(C)3	8,400				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
ARTHRITIS PATIENT SERVICES 5801 EXECUTIVE CENTER DRIVE 101 CHARLOTTE, NC 28212	58-1940978	501(C)3	6,339				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTS & SCIENCE COUNCIL CHARLOTTE MECKLENBURG INC 227 WEST TRADE STREET SUITE 250 CHARLOTTE, NC 28202	56-0693436	501(C)3	105,707				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
ASPIRE COMMUNITY CAPITAL 6406 BEECHER DRIVE CHARLOTTE, NC 28215	47-1562918	501(C)3	50,000				PROGRAM OPERATING COST

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

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ATRIUM HEALTH FOUNDATION INC PO BOX 32861 CHARLOTTE, NC 28232	56-6060481	501(C)3	5,296				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
AUGUSTINE LITERACY PROJECT (ST PETER'S EPISCOPAL CHURCH) 115 WEST 7TH STREET CHARLOTTE, NC 28202	83-0822641	501(C)3	23,025				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BETHLEHEM CENTER OF CHARLOTTE INC 2702 NORFOLK AVENUE CHARLOTTE, NC 28203	56-0543244	501(C)3	42,040				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT, PROGRAM OPERATING COST
BIG BROTHERS BIG SISTERS OF GREATER CHARLOTTE 3801 EAST INDEPENDENCE BOULEVARD CHARLOTTE, NC 28205	56-2264009	501(C)3	291,566				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS AND GIRLS CLUB OF CABARRUS COUNTY INC 247 SPRING STREET NW CONCORD, NC 28025	56-0577630	501(C)3	149,026				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
BROOKHILL COMMUNITY RESOURCE CENTER 2516 S TRYON ST CHARLOTTE, NC 28203	56-2256591	501(C)3	25,000				PROGRAM OPERATING COST

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

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BROOKSTONE SCHOOLS OF MECKLENBURG COUNTY PO BOX 667890 CHARLOTTE, NC 28266	56-2221108	501(C)3	6,000				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
CABARRUS COOPERATIVE CHRISTIAN MINISTRY FOUNDATION 246 COUNTRY CLUB DRIVE NE CONCORD, NC 28025	56-1320818	501(C)3	57,949				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CABARRUS MEALS ON WHEELS INC 1701 SOUTH MAIN STREET KANNAPOLIS, NC 28081	56-1172942	501(C)3	14,764				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CAMINO COMMUNITY DEVELOPMENT CORPORATION INC 133 STETSON DR CHARLOTTE, NC 28262	56-2015959	501(C)3	20,240				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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CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 28027	56-0935064	501(C)3	5,375				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
CARE RING INC 601 E 5TH STREET SUITE 140 CHARLOTTE, NC 28202	56-0621073	501(C)3	599,763				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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CAROLINA RAPTOR CENTER INC 6000 SAMPLE DR HUNTERSVILLE, NC 28078	56-1349170	501(C)3	12,798				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CATAWBA LANDS CONSERVANCY 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	58-1969605	501(C)3	8,510				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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CATHOLIC CHARITIES DIOCESE OF CHARLOTTE 1123 S CHURCH STREET CHARLOTTE, NC 28203	56-1058954	501(C)3	6,507				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	67,916				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHARLOTTE CENTER FOR LEGAL ADVOCACY 1431 ELIZABETH AVENUE CHARLOTTE, NC 28204	56-1202940	501(C)3	224,287				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHARLOTTE CENTER FOR URBAN MINISTRY INC 945 NORTH COLLEGE STREET CHARLOTTE, NC 28206	56-1837620	501(C)3	9,365				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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CHARLOTTE COMMUNITY HEALTH CLINIC 8401 MEDICAL PLAZA DRIVE SUITE 300 CHARLOTTE, NC 28262	56-2274174	501(C)3	324,784				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL ROAD CHARLOTTE, NC 28226	56-0623935	501(C)3	19,660				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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CHARLOTTE FAMILY HOUSING INC 300 HAWTHORNE LANE CHARLOTTE, NC 28204	58-1599120	501(C)3	306,244				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHARLOTTE LAB SCHOOL INC 301 E 9TH STREET CHARLOTTE, NC 28203	47-1006252	501(C)3	5,240				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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CHARLOTTE LATIN SCHOOLS 9502 PROVIDENCE ROAD CHARLOTTE, NC 28277	56-0944449	501(C)3	27,595				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
CHARLOTTE MECKLENBURG LIBRARY FOUNDATION 220 NORTH TRYON STREET CHARLOTTE, NC 28202	46-1172548	501(C)3	12,390				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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

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CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	56-0571223	501(C)3	20,806				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CHARLOTTE RESCUE MISSION ENDOWMENT 907 W 1ST STREET CHARLOTTE, NC 28202	47-2414761	501(C)3	9,480				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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CHARLOTTE SPEECH AND HEARING CENTER INC 741 KENILWORTH AVENUE SUITE 100 CHARLOTTE, NC 28204	56-0892041	501(C)3	503,682				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHARLOTTE SYMPHONY ORCHESTRA SOCIETY INC 128 S TRYON ST STE 350 CHARLOTTE, NC 28202	56-6011568	501(C)3	8,424				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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CHILD CARE RESOURCES INC 4600 PARK ROAD SUITE 400 CHARLOTTE, NC 28209	56-1316030	501(C)3	686,906				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHURCH AT CHARLOTTE 2500 CARMEL RD CHARLOTTE, NC 28226	56-1062884	501(C)3	5,040				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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

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CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 28208	03-0455618	501(C)3	43,107				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
COLTRANE LIFE CENTER INC 321 CORBAN AVENUE SOUTH EAST CONCORD, NC 28025	56-1222998	501(C)3	28,297				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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COMMON WEALTH ASSOCIATES INC 5301 WILKINSON BOULEVARD ROAD CHARLOTTE, NC 28208	30-0842673	501(C)3	23,060				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COMMUNITIES IN SCHOOLS OF CHARLOTTE-MECKLENBURG INC 601 EAST 5TH STREET SUITE 300 CHARLOTTE, NC 28202	58-1661795	501(C)3	665,857				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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COMMUNITIES IN SCHOOLS OF NORTH CAROLINA 222 NORTH PERSON STREET SUITE 203 RALEIGH, NC 27601	56-1677831	501(C)3	44,635				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COMMUNITY FREE CLINIC INC 528 LAKE CONCORD ROAD NORTH EAST UNIT A CONCORD, NC 28025	58-2131301	501(C)3	101,761				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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COMMUNITY HEALTH SERVICES OF UNION COUNTY INC 1338-C EAST SUNSET DRIVE MONROE, NC 28112	46-0495947	501(C)3	136,484				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COMMUNITY LINK PROGRAMS OF TRAVELERS AID SOCIETY OF CENTRAL CAROLINAS INC 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	56-0530008	501(C)3	473,357				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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COMMUNITY SHELTER OF UNION COUNTY 311 EAST JEFFERSON STREET MONROE, NC 28111	58-2121860	501(C)3	125,643				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	15,152				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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COUNCIL FOR CHILDREN'S RIGHTS INC 601 EAST 5TH STREET SUITE 510 CHARLOTTE, NC 28202	56-1325184	501(C)3	389,186				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COUNCIL ON AGING IN UNION COUNTY INC 1401 SKYWAY DRIVE MONROE, NC 28110	56-1081558	501(C)3	58,885				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	513,775				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CROSSROADS CORPORATION FOR AFFORDABLE HOUSING AND COMMUNITY DEVELOPMENT 3623 LATROBE AVENUE SUITE 208 CHARLOTTE, NC 28211	26-2787742	501(C)3	150,440				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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CVAN WOMEN'S PROGRAM PO BOX 1749 CONCORD, NC 28026	57-0749038	501(C)3	53,965				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CYSTIC FIBROSIS FOUNDATION CAROLINAS CHAPTER 4600 PARK ROAD SUITE 100 CHARLOTTE, NC 28209	13-1930701	501(C)3	5,882				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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DAVIDSONCORNELIUS CHILD DEVELOPMENT CENTER 242 GAMBLE STREET DAVIDSON, NC 28036	56-0891613	501(C)3	34,002				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
DISABILITY RIGHTS AND RESOURCES 5801 EXECUTIVE CENTER DRIVE SUITE 101 CHARLOTTE, NC 28212	56-1268845	501(C)3	53,808				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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DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON ROAD CHARLOTTE, NC 28217	56-2170625	501(C)3	5,105				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
E2D INC 18605 NORTHLINE DRIVE SUITE A1 CORNELIUS, NC 28031	46-5008759	501(C)3	55,150				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ESTHER HOUSE OF STANLY COUNTY 313 NORTH 2ND STREET ALBEMARLE, NC 28001	46-1652623	501(C)3	38,260				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
EXCHANGE SCAN 207 WALNUT STREET STATESVILLE, NC 28687	56-1758810	501(C)3	34,338				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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FAMILIES FIRST IN CABARRUS COUNTY INC 985 CENTRAL DRIVE NW CONCORD, NC 28027	47-1302015	501(C)3	34,065				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
FEED MY LAMBS 2209 US-74 WADESBORO, NC 28170	56-2158694	501(C)3	22,733				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIFTH STREET MINISTRIES (DIAKONOS) 1421 5TH STREET STATESVILLE, NC 28687	58-1821225	501(C)3	41,473				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
FLORENCE CRITTENTON SERVICES INC 1300 BLYTHE BOULEVARD CHARLOTTE, NC 28203	56-0577626	501(C)3	153,019				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FOREST HILL CHURCH 7224 PARK RD CHARLOTTE, NC 28210	56-0754698	501(C)3	9,120				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
FOUNDATION FOR THE CAROLINAS 220 N TRYON STREET CHARLOTTE, NC 28202	56-6047886	501(C)3	11,283				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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FREEDOM SCHOOL PARTNERS 1030 AROSA AVENUE CHARLOTTE, NC 28203	56-2169158	501(C)3	41,716				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT, PROGRAM OPERATING COST
FRIENDS OF OFCB PO BOX 34563 CHARLOTTE, NC 28234	27-3064948	501(C)3	5,400				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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GIRL SCOUTS HORNETS' NEST COUNCIL 7007 IDLEWILD ROAD CHARLOTTE, NC 28212	56-0563842	501(C)3	156,002				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	207,800				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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GRACE-MAR SERVICES INC PO BOX 480323 CHARLOTTE, NC 28269	80-0235887	501(C)3	45,000				PROGRAM OPERATING COST
GREENLIGHT FUND INC 200 CLARENDON STREET 44TH FLOOR BOSTON, MA 02118	20-0407083	501(C)3	25,000				PROGRAM OPERATING COST

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HABITAT FOR HUMANITY CABARRUS COUNTY 8 CHURCH STREET SUITE 101 CONCORD, NC 28025	56-1678395	501(C)3	48,840				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
HABITAT FOR HUMANITY OF CHARLOTTE INC PO BOX 220287 CHARLOTTE, NC 28222	56-1366233	501(C)3	26,939				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT



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HEALTHQUEST OF UNION COUNTY 415 EAST FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)3	24,522				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
HEALTHREACH COMMUNITY CLINIC 400 EAST STATEVILLE AVENUE SUITE 300 MOORESVILLE, NC 28115	20-1020941	501(C)3	81,020				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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HEART MATH TUTORING INC 1100 S MINT STREET 208 CHARLOTTE, NC 28203	46-4366030	501(C)3	20,475				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
HIDDEN VALLEY COMMUNITY DEVELOPMENT CORPORATION 3815 N TRYON ST CHARLOTTE, NC 28206	56-1862380	501(C)3	9,880				PROGRAM OPERATING COST

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HOLLA 207 WHEELER STREET WADESBORO, NC 28170	51-0562858	501(C)3	14,963				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
HOPE HAVEN INC 3815 NORTH TRYON STREET CHARLOTTE, NC 28206	58-1314284	501(C)3	334,993				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOSPICE & PALLIATIVE CARE CHARLOTTE REGION 7845 LITTLE AVENUE CHARLOTTE, NC 28226	56-1219017	501(C)3	5,964				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
HOSPICE OF CABARRUS COUNTY INC 5003 HOSPICE LANE KANNAPOLIS, NC 28081	58-1584842	501(C)3	18,326				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 CLEVELAND COUNTY INC 951 WENDOVER HEIGHTS DRIVE SHELBY, NC 28150	56-1452373	501(C)3	6,122				DONOR DESIGNATED FOR GENERAL SUPPORT
HOSPICE OF GASTON COUNTY INC 258 E GARRISON BOULEVARD GASTONIA, NC 28054	58-1341530	501(C)3	5,681				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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HUMAN COALITION 1505 E 4TH ST CHARLOTTE, NC 28204	26-4099950	501(C)3	16,500				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 28203	58-1342479	501(C)3	19,803				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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JAMIE KIMBLE FOUNDATION FOR COURAGE 1850 E THIRD STREET SUITE 110 CHARLOTTE, NC 28204	47-4875177	501(C)3	5,536				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
JDRF INTERNATIONAL WESTERN NC CHAPTER 205 REGENCY EXECUTIVE PARK DRIVE SUITE 102 CHARLOTTE, NC 28217	23-1907729	501(C)3	17,885				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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JUNIOR ACHIEVEMENT OF CENTRAL CAROLINAS INC 201 S TRYON ST STE LL100 CHARLOTTE, NC 28202	56-0672085	501(C)3	9,591				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
KINDERMOURN INC 1320 HARDING PLACE CHARLOTTE, NC 28204	56-1221194	501(C)3	109,205				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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LAKE NORMAN COMMUNITY HEALTH CLINIC 14230 HUNTERS ROAD HUNTERSVILLE, NC 28078	04-3723062	501(C)3	51,025				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
LAKEWOOD NEIGHBORHOOD ALLIANCE 330 LAKEWOOD AVE CHARLOTTE, NC 28208	38-4015347	501(C)3	18,000				PROGRAM OPERATING COST

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LATIN AMERICAN COALITION 4938 CENTRAL AVENUE SUITE 100 CHARLOTTE, NC 28205	58-1945776	501(C)3	205,336				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
LEGAL AID OF NORTH CAROLINA INC 1431 ELIZABETH AVENUE CHARLOTTE, NC 28204	31-1784161	501(C)3	128,017				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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LEVINE JEWISH COMMUNITY CENTER INC 5007 PROVIDENCE ROAD CHARLOTTE, NC 28226	56-1100696	501(C)3	23,558				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
LILY PAD HAVEN INC 5009 BEATTIES FORD RD STE 107-356 CHARLOTTE, NC 28216	45-3036117	501(C)3	5,300				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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LOAVES AND FISHES INC 648 GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	56-1398498	501(C)3	9,729				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	42,504				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	5,383				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
MECKLENBURG COUNTY COUNCIL - BOY SCOUTS OF AMERICA 1410 EAST 7TH STREET CHARLOTTE, NC 28204	56-0529957	501(C)3	115,628				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	423,953				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	335,700				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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METROLINA REGIONAL SCHOLARS ACADEMY INC 5225 - 77 CENTER DRIVE CHARLOTTE, NC 28217	56-2153618	501(C)3	12,982				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
MIRAVIA INC 3737 WEONA AVE CHARLOTTE, NC 28209	56-1866587	501(C)3	6,169				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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MISTY MEADOWS MITEY RIDERS INC 455 PROVIDENCE RD S WAXHAW, NC 28173	56-2045099	501(C)3	16,835				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
MOORESVILLE AREA CHRISTIAN MISSION INC 266 NORTH BROAD STREET CHARLOTTE, NC 28115	56-0667685	501(C)3	92,180				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST



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NC MEDASSIST 4428 TAGGART CREEK ROAD SUITE 101 CHARLOTTE, NC 28208	56-2018957	501(C)3	511,158				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
NORTH CAROLINA WILDLIFE FEDERATION 1346 ST JULIEN ST CHARLOTTE, NC 28205	56-1564376	501(C)3	30,000				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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NORTH END COMMUNITY COALITION 1833 STROUD PARK CT CHARLOTTE, NC 28206	81-2943846	501(C)3	17,310				PROGRAM OPERATING COST
ON MY GENIUS CAMPAIGN 2614 WOODSORREL LANE SUITE B 115 CHARLOTTE, NC 28213	81-1281603	501(C)3	60,000				PROGRAM OPERATING COST

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OPERA CAROLINA 1600 ELIZABETH AVE CHARLOTTE, NC 28204	56-6019660	501(C)3	11,350				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
OUR TOWNS HABITAT FOR HUMANITY 20310 N MAIN STREET CORNELIUS, NC 28031	56-1733643	501(C)3	108,231				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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PROJECT INASMUCH - LAURINBURG NC 12560 TURNPIKE ROAD LAURINBURG, NC 28352	45-4249770	501(C)3	10,000				DONOR DESIGNATED FOR GENERAL SUPPORT
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 28270	56-0952382	501(C)3	32,237				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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RACE MATTERS FOR JUVENILE JUSTICE 832 E 4TH STREET SUITE 3520 CHARLOTTE, NC 28202	16-1704986	501(C)3	25,000				PROGRAM OPERATING COST
RAIN INC 601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	56-1825247	501(C)3	125,575				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REFUGEE SUPPORT SERVICES OF THE CAROLINAS INC 8911 ALPINE CIRCLE CHARLOTTE, NC 28270	20-5972063	501(C)3	25,000				PROGRAM OPERATING COST
RENAISSANCE WEST COMMUNITY INITIATIVE 3610 NOBLES AVENUE CHARLOTTE, NC 28208	27-1396021	501(C)3	253,573				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RIGHT MOVES FOR YOUTH INC 2211 WEST MOREHEAD STREET SUITE 102 CHARLOTTE, NC 28208	56-1834718	501(C)3	186,294				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
RONALD MCDONALD HOUSE OF CHARLOTTE INC 1613 E MOREHEAD ST CHARLOTTE, NC 28207	20-4671570	501(C)3	5,312				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROWAN COUNTY UNITED WAY INC 1930 JAKE ALEXANDER BVD W STE B SALISBURY, NC 28147	56-0642828	501(C)3	11,197				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
SAFE ALLIANCE INC 601 EAST 5TH STREET SUITE 400 CHARLOTTE, NC 28202	56-0529967	501(C)3	698,139				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY - CHARLOTTE AREA COMMAND 4015 STUART ANDREW BOULEVARD ROAD CHARLOTTE, NC 28217	58-0660607	501(C)3	1,284,820				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
SALVATION ARMY CABARRUS 216 PATTERSON AVENUE SE CONCORD, NC 28025	58-0660607	501(C)3	53,198				DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SECOND HARVEST FOOD BANK OF METROLINA 500 SPRATT ST STE B CHARLOTTE, NC 28206	56-1352593	501(C)3	41,309				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT, PROGRAM OPERATING COST
SILENT IMAGES INC PO BOX 667 MATTHEWS, NC 28106	33-1164224	501(C)3	30,050				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SMITHVILLE COMMUNITY COALITION PO BOX 1206 CORNELIUS, NC 28031	46-1055584	501(C)3	25,000				PROGRAM OPERATING COST
SOUTHSIDE RIDES FOUNDATION 2846 FREEDOM DRIVE CHARLOTTE, NC 28208	20-2790909	501(C)3	10,500				PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	35-1044585	501(C)3	14,946				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
ST MATTHEW'S CATHOLIC CHURCH 8015 BALLANTYNE COMMONS PARKWAY CHARLOTTE, NC 28277	56-1532841	501(C)3	8,280				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER FOUNDATION 2316 RANDOLPH RD CHARLOTTE, NC 28207	75-2854959	501(C)3	5,375				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
TEEN HEALTH CONNECTION INC 3541 RANDOLPH ROAD CHARLOTTE, NC 28211	56-1719715	501(C)3	252,925				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ARC OF UNIONCABARRUS INC 1653-C CAMPUS PARK DRIVE MONROE, NC 28112	56-1677521	501(C)3	104,897				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
THE BULB 2410A DISTRIBUTION STREET CHARLOTTE, NC 28203	56-1201496	501(C)3	51,000				PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE CENTER FOR COMMUNITY TRANSITIONS 2226 NORTH DAVIDSON STREET CHARLOTTE, NC 28205	51-0185383	501(C)3	197,487				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
THE LEARNING COLLABORATIVE 3241 SAM DRENAN ROAD CHARLOTTE, NC 28205	56-1668333	501(C)3	122,920				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE MEDICAL FOUNDATION OF NORTH CAROLINA INC 123 WEST FRANKLIN STREET SUITE 510 CHAPEL HILL, NC 27516	56-6057494	501(C)3	15,600				DONOR DESIGNATED FOR GENERAL SUPPORT
THE RELATIVES INC 119 EAST 8TH STREET CHARLOTTE, NC 28202	56-1082022	501(C)3	141,904				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THOMPSON CHILD & FAMILY FOCUS 6800 SAINT PETERS LANE MATTHEWS, NC 28105	56-0547460	501(C)3	79,550				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
TIME OUT YOUTH 2320 NORTH DAVIDSON STREET CHARLOTTE, NC 28205	56-1755564	501(C)3	5,758				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TURNING POINT INC PO BOX 952 MONROE, NC 28111	58-1698701	501(C)3	175,871				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
UMAR SERVICES INC 5350 77 CENTER DRIVE SUITE 201 CHARLOTTE, NC 28217	56-1381671	501(C)3	6,047				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNION COUNTY CRISIS ASSISTANCE MINISTRY INC 1333 WEST ROOSEVELT BOULEVARD MONROE, NC 28110	58-1631417	501(C)3	167,308				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
UNION-ANSON COUNTY HABITAT FOR HUMANITY INC 2520 WEST ROOSEVELT BOULEVARD MONROE, NC 28110	56-1704668	501(C)3	54,409				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED JEWISH CHARITIES OF GREATER CHARLOTTE INC 5007 PROVIDENCE RD CHARLOTTE, NC 28226	56-1951745	501(C)3	8,244				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
UNITED WAY OF ANDERSON COUNTY 201 S MURRAY AVENUE SUITE 200 ANDERSON, SC 29622	57-0510602	501(C)3	10,000				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF CLEVELAND COUNTY NC INC 132 W GRAHAM STREET SHELBY, NC 28150	56-6030073	501(C)3	10,527				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF FORSYTH COUNTY INC 301 NORTH MAIN STREET SUITE 1700 WINSTON SALEM, NC 27101	23-7357234	501(C)3	24,068				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF GASTON COUNTY INC PO BOX 2597 GASTONIA, NC 28053	56-0653356	501(C)3	33,335				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF GREATER GREENSBORO INC NC 1500 YANCEYVILLE STREET GREENSBORO, NC 27405	56-0668555	501(C)3	10,564				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF LANCASTER COUNTY INC 109 SOUTH WYLIE STREET LANCASTER, SC 29720	57-0564440	501(C)3	8,449				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF LINCOLN COUNTY INC 211 W WATER ST EXT LINCOLNTON, NC 28092	23-7125926	501(C)3	9,847				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF ROANOKE VALLEY INC 325 CAMPBELL AVENUE SW ROANOKE, VA 24016	54-0535302	501(C)3	12,220				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF STANLY COUNTY INC PO BOX 1178 ALBEMARLE, NC 28002	56-0841588	501(C)3	6,113				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF THE GREATER TRIANGLE INC 800 PARK OFFICES DRIVE SUITE 204 DURHAM, NC 27709	56-1949103	501(C)3	5,252				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
UNITED WAY OF THE MIDLANDS (SC) 1818 BLANDING STREET COLUMBIA, SC 29201	57-0314396	501(C)3	6,658				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 PO BOX 925 ROCK HILL, SC 29731	57-0360058	501(C)3	56,556				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNIVERSITY RADIO FOUNDATION INC 8801 J M KEYNES DR STE 91 CHARLOTTE, NC 28262	56-1803808	501(C)3	9,178				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 PO BOX 34686 CHARLOTTE, NC 28234	56-1218704	501(C)3	310,850				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
WEDGEWOOD CHURCH 4800 WEDGEWOOD DR CHARLOTTE, NC 28210	56-6022062	501(C)3	13,200				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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WEST BOULEVARD NEIGHBORHOOD COALITION 4032 BROADVIEW DRIVE CHARLOTTE, NC 28217	30-0401238	501(C)3	17,310				PROGRAM OPERATING COST
WEST SIDE COMMUNITY LAND TRUST 2910 PARKWAY AVENUE CHARLOTTE, NC 28208	82-1143067	501(C)3	25,000				PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)3	9,357				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
YMCA OF GREATER CHARLOTTE 500 EAST MOREHEAD STREET CHARLOTTE, NC 28202	56-1045299	501(C)3	340,466				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUNG BLACK LEADERSHIP ALLIANCE 416 MCCULLOUGH DRIVE SUITE 215 CHARLOTTE, NC 28262	26-2984776	501(C)3	14,700				DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT, PROGRAM OPERATING COST
YWCA CENTRAL CAROLINAS 3420 PARK ROAD CHARLOTTE, NC 28209	56-0532139	501(C)3	834,286				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STILETTO BOSS UNIVERSITY 10518 ENGLISH SETTER WAY CHARLOTTE, NC 28269	82-1467018	501(C)3	25,000				DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
UNITED WAY OF CENTRAL CAROLINAS INC

Employer identification number  
56-0529948

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</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>	<b>1b</b>									
<p><b>2</b> 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>	<b>2</b>									
<p><b>3</b> 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%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	No								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> 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><b>a</b> The organization?</p>	<b>5a</b>	No								
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5b</b>	No								
<p><b>6</b> 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><b>a</b> The organization?</p>	<b>6a</b>	No								
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6b</b>	No								
<p><b>7</b> 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>	<b>7</b>	No								
<p><b>8</b> 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>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									





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

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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.

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

**Supplemental Information to Form 990 or 990-EZ**  
Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

Department of the Treasury  
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	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 100 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**

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

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO ANNUALLY DISCLOSE ANY CONFLICT OF INTEREST AND SIGN A CONFLICT OF INTEREST STATEMENT THIS IS DONE AT THE FIRST BOARD MEETING OF THE YEAR THE EXECUTIVE ASSISTANT TO THE EXECUTIVE DIRECTOR ENSURES THAT EACH BOARD MEMBER SUBMITS THE FORM AND REPORTS CONFLICTS OF INTEREST TO THE EXECUTIVE DIRECTOR IN THE EVENT OF A CONFLICT DURING THE YEAR, THAT BOARD MEMBER WILL RECUSE HIMSELF/HERSELF FROM ANY DISCUSSION OR VOTE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 C ONFLICT OF INTEREST POLICY AND BYLAWS ARE AVAILABLE UPON REQUEST

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 UWCC MAXIMIZES 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 UNITED WAY OF CENTRAL CAROLINAS' BOARD OF DIRECTORS APPROVE GRANT AWARDS AND AGREEMENTS AGENCIES ARE NOTIFIED OF AWARDS IN FY19, UNITED WAY'S BOARD OF DIRECTORS VOTED TO MOVE FROM A FISCAL YEAR GRANT CYCLE TO A CALENDAR YEAR GRANT CYCLE TO EFFECT THIS CHANGE, UNITED WAY FUNDED A ONE-TIME, 18 MONTH GRANT PERIOD BEGINNING JULY 1, 2019 AND CONCLUDING DECEMBER 31, 2020 IN FUTURE YEARS, THE IMPACT GRANTS, UNITED NEIGHBORHOODS AND UNITE CHARLOTTE GRANT CYCLES WILL BEGIN JANUARY 1 AND CONCLUDE DECEMBER 31</p> <p>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 AGENCY STAFF AND THE BOARD OF DIRECTORS' FINANCE COMMITTEE 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 93% OF CHILDREN ENROLLED IN EARLY CARE AND EDUCATION PROGRAMS ENTER KINDERGARTEN PREPARED TO LEARN 94% OF STUDENTS IN UNITED WAY PARTNER PROGRAMS WERE ENGAGED IN A MENTORING/TUTORING RELATIONSHIP WITH A CARING ADULT 83% OF CLIENTS IN UNITED WAY PARTNER PROGRAMS HAVE IMPROVED THEIR HEALTH 69% OF PARTICIPANTS HAVE MOVED INTO SAFE, AFFORDABLE HOUSING OVER 38,000 INDIVIDUALS OR FAMILIES RECEIVED DIRECT FINANCIAL ASSISTANCE TO PREVENT LOSS OF HOUSING</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
OVERHEAD RATIO	MANAGEMENT CALCULATES THE OVERHEAD RATE IN ACCORDANCE WITH THE UNITED WAY WORLDWIDE FUNCTIONAL EXPENSES AND OVERHEAD REPORTING STANDARDS AS FOLLOWS PART IX, LINE 25, COLUMN C, MANAGEMENT AND GENERAL EXPENSES 2,202,702 PART IX, LINE 25, COLUMN D, FUNDRAISING EXPENSE 2,327,375 TOTAL OVERHEAD 4,530,077 TOTAL REVENUE PER 990 26,978,777 OVERHEAD RATIO 16.8%