

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the **2016** calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF CENTRAL CAROLINAS, INC.		D Employer identification number 56-0529948
	Doing business as		E Telephone number 704-372-7170
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	301 SOUTH BREVARD STREET		G Gross receipts \$ 30,622,909.
	City or town, state or province, country, and ZIP or foreign postal code CHARLOTTE, NC 28202		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: SEAN C. GARRETT SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. (see instructions)
J Website: ▶ WWW.UWCENTRALCAROLINAS.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1958	M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY (UWCC) WORKS TO CREATE LASTING CHANGE FOR THOSE MOST IN NEED THROUGH STRATEGIC		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	79
	6 Total number of volunteers (estimate if necessary)	6	15000
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	28,114,298.	28,635,782.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	276,785.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	327,696.	581,999.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	342,290.	140,238.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,784,284.	29,634,804.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	24,576,038.	25,813,159.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,280,459.	4,223,343.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,289,067.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,801,736.	2,083,848.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,658,233.	32,120,350.
19 Revenue less expenses. Subtract line 18 from line 12	-1,873,949.	-2,485,546.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	27,254,341.	25,768,614.
	22 Net assets or fund balances. Subtract line 21 from line 20	16,849,102.	16,893,473.
		10,405,239.	8,875,141.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	▶ SEAN C. GARRETT, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	AMANDA ADAMS				P00748038
Firm's name ▶ CHERRY BEKAERT LLP			Firm's EIN ▶ 56-0574444		
Firm's address ▶ 1111 METROPOLITAN AVE. STE. 1000 CHARLOTTE, NC 28204			Phone no. 704-377-1678		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY (UWCC) WORKS TO CREATE LASTING CHANGE FOR THOSE MOST IN NEED THROUGH STRATEGIC COMMUNITY PHILANTHROPY IN A FIVE-COUNTY REGION THAT INCLUDES ANSON, CABARRUS, MECKLENBURG, IREDELL, AND UNION COUNTIES AND IS HOME TO NEARLY 1.5 MILLION PEOPLE. UWCC FUNDING

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 18,616,752. including grants of \$ 17,652,005.) (Revenue \$) COMMUNITY INVESTMENT - THE COMMUNITY INVESTMENT PROCESS IS FOCUSED ON SUPPORTING A BROAD RANGE OF LOCAL HEALTH AND HUMAN SERVICE PROGRAMS TO HELP MEET IMPORTANT COMMUNITY NEEDS IN THREE FOCUS AREAS; CHILDREN AND YOUTH, HEALTH AND MENTAL HEALTH, AND HOUSING AND STABILITY. THESE PROGRAMS FOCUS ON BOTH THE SHORT-TERM AND LONG-TERM NEEDS OF INDIVIDUALS AND FAMILIES IN COMMUNITIES SERVED BY UWCC. THROUGH THIS ANNUAL PROCESS, UWCC ALLOCATES FUNDING TO 78 HEALTH AND HUMAN SERVICE ORGANIZATIONS. THESE AGENCIES OPERATE IN ANSON, CABARRUS, MECKLENBURG, IREDELL, AND UNION COUNTIES. IN THE AREA OF HOUSING & FINANCIAL STABILITY, UWCC HELPS POEPL E OVERCOME SHORT-TERM CRISES AND ACHIEVE LONG- TERM STABILITY. IT DOES THIS BY FUNDING AGENCIES THAT: (1) PROVIDE HOUSING, INCLUDING EMERGENCY

4b (Code:) (Expenses \$ 8,161,154. including grants of \$ 8,161,154.) (Revenue \$ 234,113.) 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.

4c (Code:) (Expenses \$ 579,670. including grants of \$) (Revenue \$ 42,672.) VOLUNTEERISM - UWCC EXPANDED ITS VOLUNTEER RESOURCES THIS YEAR BY ACQUIRING HANDS ON CHARLOTTE TO CREATE ONE UNIFIED RESOURCE FOR VOLUNTEERS AND TO INCREASE OPPORTUNITY COMMUNITYWIDE FOR VOLUNTEER ENGAGEMENT AT BOTH THE CORPORATE AND INDIVIDUAL LEVEL. HANDS ON CHARLOTTE IS NOW THE VOLUNTEER ARM OF UWCC. FOUNDED IN 1991, HANDS ON CHARLOTTE IS A CHARTER MEMBER OF THE HANDS ON NETWORK, AN ENTERPRISE OF POINTS OF LIGHT. WITH A MISSION TO INSPIRE, EQUIP AND MOBILIZE A DIVERSE CORPS OF VOLUNTEERS TO STRENGTHEN OUR COMMUNITY, HANDS ON CHARLOTTE OFFERS A WIDE RANGE OF ONE-TIME OR RECURRING VOLUNTEER SERVICE PROJECTS RIGHT WHERE THE NEEDS ARE BEING SERVED DAILY. HANDS ON CHARLOTTE ENGAGES APPROXIMATELY 15,000 VOLUNTEERS PER YEAR FOR AN APPROXIMATE 35,000 HOURS SERVED. VOLUNTEER GROUPS RANGE IN SIZE FROM 5

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

4e Total program service expenses 27,584,393.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

Input box for Schedule O response

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for backup withholding (1a-1c), employee reporting (2a-2b), unrelated business income (3a-3b), foreign accounts (4a-4b), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), donor advised funds (8-9), and 501(c)(7), (12), (11), (12a), (29) organizations (10-14b).

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **J. WILFRED NEAL - 704-371-6279**
301 SOUTH BREVARD STREET, CHARLOTTE, NC 28202

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EILEEN F. LITTLE BOARD CHAIR 2017, BOARD VICE-CHAIR A	3.00	X		X				0.	0.	0.
(2) WESLEY M. BECKNER BOARD VICE-CHAIR 2017, CAMPAIGN CHAI	3.00	X		X				0.	0.	0.
(3) JEFFREY S. LEDFORD FINANCE COMMITTEE CHAIR AND TREASURE	3.00	X		X				0.	0.	0.
(4) SCOTT P. VAUGHN ETHICS COMMITTEE CHAIR & SECRETARY &	3.00	X		X				0.	0.	0.
(5) R. MATTOX SNOW, III FINANCE COMMITTEE CHAIR & TREASURER	3.00	X		X				0.	0.	0.
(6) JOHN M. PAPADOPULOS DIRECTOR 2017, BOARD CHAIR 2016	3.00	X		X				0.	0.	0.
(7) WILLIAM E. ACKERMAN III DIRECTOR	1.50	X						0.	0.	0.
(8) DANIEL J. BIRACH DIRECTOR	1.50	X						0.	0.	0.
(9) JEFFREY L. BURGESS AUDIT COMMITTEE CHAIR	3.00	X						0.	0.	0.
(10) JAN M. CLEVINGER DIRECTOR	1.50	X						0.	0.	0.
(11) MALCOMB D. COLEY CAMPAIGN CHAIR 2017, CAMPAIGN VICE-C	3.00 1.00	X						0.	0.	0.
(12) DENA R. DIORIO DIRECTOR	1.50	X						0.	0.	0.
(13) NANCY L. FEY-YENSAN DIRECTOR	1.50	X						0.	0.	0.
(14) MATTHEW J. KOSMICKI AUDIT COMMITTEE VICE-CHAIR	3.00	X						0.	0.	0.
(15) DONALD SCOTT KRULL DIRECTOR	1.50	X						0.	0.	0.
(16) MICHAEL A. LEWIS COMMUNITY INVESTMENT VICE CHAIR	2.00	X						0.	0.	0.
(17) ANIL T. MATAI COMMUNITY INVESTMENT CHAIR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) EDWARD P. OKEEFE DIRECTOR	1.50	X					0.	0.	0.	
(19) JANET C. PFEFFER DIRECTOR	1.50	X					0.	0.	0.	
(20) KEVIN D. PITTS DIRECTOR	1.50	X					0.	0.	0.	
(21) CHARLES ROSKOVICH, JR. DIRECTOR	1.50	X					0.	0.	0.	
(22) ANN E. WALL DIRECTOR	1.50	X					0.	0.	0.	
(23) CAROL P. LOWE FINANCE COMMITTEE VICE-CHAIR	3.00	X					0.	0.	0.	
(1) SEAN C. GARRETT PRESIDENT/EXECUTIVE DIRECTOR	50.00			X			177,334.	0.	18,813.	
(2) J. WILFRED NEAL CHIEF ADMINISTRATIVE & FINANCIAL OFF	50.00			X			137,679.	0.	20,113.	
(26) SHANNON YOUNG VP, DONOR RELATIONS	50.00				X		106,483.	0.	6,176.	
1b Sub-total							421,496.	0.	45,102.	
c Total from continuation sheets to Part VII, Section A							201,288.	0.	54,083.	
d Total (add lines 1b and 1c)							622,784.	0.	99,185.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 132,497.				
	b Membership dues	1b				
	c Fundraising events	1c 1,138,335.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 27,364,950.				
	g Noncash contributions included in lines 1a-1f: \$	163,238.				
	h Total. Add lines 1a-1f	▶ 28,635,782.				
Program Service Revenue	2 a NET ADMINISTRATIVE FEES	Business Code 900099	234,113.	234,113.		
	b VOLUNTEER SERVICES	900099	42,672.	42,672.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶ 276,785.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 337,037.			337,037.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real	140,238.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	140,238.			
	d Net rental income or (loss)	▶ 140,238.			140,238.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,000,000.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	755,038.			
		c Gain or (loss)	244,962.			
d Net gain or (loss)	▶ 244,962.			244,962.		
8 a Gross income from fundraising events (not including \$ 1,138,335. of contributions reported on line 1c). See Part IV, line 18	a	233,067.				
	b Less: direct expenses	233,067.				
	c Net income or (loss) from fundraising events	▶ 0.				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions.	▶	29,634,804.	276,785.	0.	722,237.	

Part IX Statement of Functional Expenses

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

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

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

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,095,058.	1	4,583,314.
	2 Savings and temporary cash investments	3,169,430.	2	2,400,522.
	3 Pledges and grants receivable, net	8,212,663.	3	7,052,240.
	4 Accounts receivable, net	138,375.	4	27,207.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,428.	9	53,962.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,444,255.		
	b Less: accumulated depreciation	10b 4,088,603.	313,869.	10c 355,652.
	11 Investments - publicly traded securities	8,105,572.	11	7,825,624.
	12 Investments - other securities. See Part IV, line 11	5,209,946.	12	3,464,173.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	5,920.
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,254,341.	16	25,768,614.	
Liabilities	17 Accounts payable and accrued expenses	609,756.	17	321,995.
	18 Grants payable	14,716,674.	18	15,105,944.
	19 Deferred revenue		19	197,620.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,522,672.	25	1,267,914.
	26 Total liabilities. Add lines 17 through 25	16,849,102.	26	16,893,473.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	9,012,935.	27	7,337,109.
	28 Temporarily restricted net assets	547,805.	28	686,886.
	29 Permanently restricted net assets	844,499.	29	851,146.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,405,239.	33	8,875,141.	
34 Total liabilities and net assets/fund balances	27,254,341.	34	25,768,614.	

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
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?		X
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		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27862115.	27437127.	28424738.	28114302.	28635782.	140474064
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	27862115.	27437127.	28424738.	28114302.	28635782.	140474064
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						833,980.
6 Public support. Subtract line 5 from line 4.						139640084

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	27862115.	27437127.	28424738.	28114302.	28635782.	140474064
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	221,617.	343,234.	512,375.	411,889.	477,275.	1966390.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			352,461.	258,097.		610,558.
11 Total support. Add lines 7 through 10						143051012
12 Gross receipts from related activities, etc. (see instructions)					12	794,650.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	97.62 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	97.50 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

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

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number

56-0529948

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
--	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 780,127.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
--	---

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Name of the organization UNITED WAY OF CENTRAL CAROLINAS, INC. Employer identification number 56-0529948

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d for total number, acreage, and modified easements, and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and assets for financial gain.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 70.97 %
 - b Permanent endowment 24.46 %
 - c Temporarily restricted endowment 4.57 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) POOLED FUNDS HELD BY		
(B) UNITED WAY LEGACY		
(C) FOUNDATION	3,464,173.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,464,173.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO DESIGNATED AGENCIES	857,163.
(3) CAMPAIGNS PROCESSED FOR OTHERS,	
(4) NET	410,751.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,267,914.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

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.

PART X, LINE 2:

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

Part XIII Supplemental Information *(continued)*

RETURN. THE ORGANIZATION'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION TAKEN THAT IS BENEFICIAL TO THE ORGANIZATION, INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS "MORE LIKELY THAN NOT" (MORE THAN A 50% LIKELIHOOD) THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO A TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH POSITIONS AS OF JUNE 30, 2017 AND 2016 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		HI TECH SHOOTOUT GOL (event type)	INGERSOLL RAND GOLF TO (event type)	NONE (total number)	
Revenue	1	Gross receipts	1,116,350.	255,052.	1,371,402.
	2	Less: Contributions	933,353.	204,982.	1,138,335.
	3	Gross income (line 1 minus line 2)	182,997.	50,070.	233,067.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	72,341.	252.	72,593.
	6	Rent/facility costs	36,743.	40,081.	76,824.
	7	Food and beverages	54,968.		54,968.
	8	Entertainment			
	9	Other direct expenses	18,945.	9,737.	28,682.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			233,067.
11	Net income summary. Subtract line 10 from line 3, column (d)			0.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF CENTRAL CAROLINAS, INC.** Employer identification number **56-0529948**

Part I General Information on Grants and Assistance

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

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

1 (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
SALVATION ARMY - CHARLOTTE, AREA COMMAND - 4015 STUART ANDREW BLVD. - CHARLOTTE, NC 28217-1542	58-0660607	501(C)3	1,662,015.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
YWCA CENTRAL CAROLINAS 3420 PARK ROAD CHARLOTTE, NC 28209-2008	56-0532139	501(C)3	893,164.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
33181 AMERICAN RED CROSS WESTERN NORTH CAROLINA CHAPTER - 2425 PARK ROAD - CHARLOTTE, NC 28203	53-0196605	501(C)3	788,728.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
SAFE ALLIANCE, INC. 601 E 5TH STREET, SUITE 400 CHARLOTTE, NC 28202	56-0529967	501(C)3	716,597.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COMMUNITIES IN SCHOOLS OF CHARLOTTE-MECKLENBURG, INC. - 601 E 5TH STREET, SUITE 300 - CHARLOTTE, NC 28202-3094	58-1661795	501(C)3	555,177.	81,619.	DONOR VALUATION	UNIFORMS	DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET CHARLOTTE, NC 28202-2606	56-1045299	501(C)3	578,962.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISIS ASSISTANCE MINISTRY (MECKLENBURG) - 500-A SPRATT STREET - CHARLOTTE, NC 28206	56-1416719	501(C)3	572,791.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
HOPE HAVEN, INC. 3815 NORTH TRYON STREET CHARLOTTE, NC 28206	58-1314284	501(C)3	522,419.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CARE RING, INC. 601 EAST 5TH STREET, SUITE 140 CHARLOTTE, NC 28202-3092	56-0621073	501(C)3	512,562.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHILD CARE RESOURCES INC. 4600 PARK ROAD, SUITE 400 CHARLOTTE, NC 28209	56-1316030	501(C)3	511,184.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
NC MEDASSIST 4428 TAGGART CREEK ROAD, SUITE 101 CHARLOTTE, NC 28208	56-2018957	501(C)3	445,593.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
MEN'S SHELTER OF CHARLOTTE, INC 1210 N TRYON STREET CHARLOTTE, NC 28206-3256	56-1474475	501(C)3	426,311.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHARLOTTE FAMILY HOUSING, INC. 300 HAWTHORNE LANE CHARLOTTE, NC 28204	58-1599120	501(C)3	404,601.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHARLOTTE SPEECH AND HEARING CENTER, INC - 741 KENILWORTH AVENUE, SUITE 100 - CHARLOTTE, NC 28204	56-0892041	501(C)3	356,882.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COMMUNITY LINK PROGRAMS OF TRAVELERS AID SOCIETY OF CENTRAL CAROLINAS, INC. - 601 E 5TH STREET, SUITE 220 - CHARLOTTE, NC	56-0530008	501(C)3	356,548.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADA JENKINS CENTER 212 GAMBLE STREET DAVIDSON, NC 28036	56-1927067	501(C)3	353,402.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
URBAN LEAGUE OF CENTRAL CAROLINAS, INC. - 740 W 5TH STREET - CHARLOTTE, NC 28202	56-1218704	501(C)3	349,910.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
A CHILD'S PLACE 601 E. 5TH STREET, SUITE 230 CHARLOTTE, NC 28202	58-1911741	501(C)3	265,178.	81,619.	DONOR VALUATION	UNIFORMS	DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COUNCIL FOR CHILDREN'S RIGHTS, INC. - 601 EAST 5TH STREET, SUITE 510 - CHARLOTTE, NC 28202	56-1325184	501(C)3	344,932.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
BIG BROTHERS BIG SISTERS OF GREATER CHARLOTTE - 3801 EAST INDEPENDENCE BOULEVARD - CHARLOTTE, NC 28205	56-2264009	501(C)3	324,439.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHARLOTTE COMMUNITY HEALTH CLINIC 8401 MEDICAL PLAZA DRIVE, SUITE 300 CHARLOTTE, NC 28262	56-2274174	501(C)3	291,346.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
GIRL SCOUTS, HORNETS' NEST COUNCIL 7007 IDLEWILD ROAD CHARLOTTE, NC 28212-5677	56-0563842	501(C)3	289,618.	0.			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 28211-4822	56-0674267	501(C)3	287,446.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	56-6047886	501(C)3	287,136.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORENCE CRITTENTON SERVICES, INC. 1300 BLYTHE BLVD CHARLOTTE, NC 28203	56-0577626	501(C)3	267,479.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
MECKLENBURG COUNTY COUNCIL - BOY SCOUTS OF AMERICA - 1410 EAST 7TH STREET - CHARLOTTE, NC 28204-2408	56-0529957	501(C)3	247,150.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
TEEN HEALTH CONNECTION, INC. 3541 RANDOLPH ROAD, SUITE 206 CHARLOTTE, NC 28211	56-1719715	501(C)3	220,034.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
METROLINA ASSOCIATION FOR THE BLIND, INC. - 704 LOUISE AVENUE - CHARLOTTE, NC 28204-2128	56-0529998	501(C)3	213,295.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
UNION COUNTY CRISIS ASSISTANCE MINISTRY, INC. - 1333 W ROOSEVELT BOULEVARD - MONROE, NC 28110	58-1631417	501(C)3	196,118.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
RACE MATTERS FOR JUVENILE JUSTICE C/O JUSTICES INITIATIVE - P. O. BOX 33545 - CHARLOTTE, NC 28233	16-1704986		195,270.	0.			PROGRAM OPERATING COSTS
RIGHT MOVES FOR YOUTH, INC. 2211 WEST MOREHEAD STREET, SUITE 10 CHARLOTTE, NC 28208	56-1834718	501(C)3	190,811.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
GOODWILL INDUSTRIES OF THE SOUTHERN PIEDMONT, INC. - 5301 WILKINSON BOULEVARD - CHARLOTTE, NC 28208	56-0844639	501(C)3	188,848.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
UNITED WAY OF YORK COUNTY, SC 226 NORTH PARK DRIVE SUITE 100 ROCK HILL, SC 29730	57-0360058	501(C)3	172,740.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL SERVICES OF SOUTHERN PIEDMONT, INC - 1431 ELIZABETH AVENUE - CHARLOTTE, NC 28204-2506	56-1202940	501(C)3	172,733.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
TURNING POINT, INC. PO BOX 952 MONROE, NC 28111-0952	58-1698701	501(C)3	157,699.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
THE RELATIVES, INC. 119 EAST 8TH STREET CHARLOTTE, NC 28202	56-1082022	501(C)3	144,516.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
THE ARC OF UNION/CABARRUS, INC. 1653-C CAMPUS PARK DR MONROE, NC 28112	56-1677521	501(C)3	141,112.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
THE CENTER FOR COMMUNITY TRANSITIONS - 2226 NORTH DAVIDSON STREET - CHARLOTTE, NC 28205	51-0185383	501(C)3	138,248.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
BOYS AND GIRLS CLUB OF CABARRUS COUNTY, INC. - 247 SPRING STREET NW - CONCORD, NC 28025	56-0577630	501(C)3	133,577.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COMMUNITY HEALTH SERVICES OF UNION COUNTY, INC. - 1338 EAST SUNSET DRIVE, SUITE C - MONROE, NC 28112	46-0495947	501(C)3	128,041.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
MOORESVILLE AREA CHRISTIAN MISSION, INC. - 266 NORTH BROAD STREET - MOORESVILLE, NC 28115	56-0667685	501(C)3	110,151.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
UNION COUNTY COMMUNITY SHELTER 311 EAST JEFFERSON STREET MONROE, NC 28112	58-2121860	501(C)3	106,568.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOVE INC OF MECKLENBURG COUNTY 2304 THE PLAZA, SUITE 300 CHARLOTTE, NC 28205	56-1741006	501(C)3	104,912.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
KINDERMOURN, INC. 1320 HARDING PLACE CHARLOTTE, NC 28204-2922	56-1221194	501(C)3	104,359.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
RAIN, INC. 601 E 5TH STREET, SUITE 470 CHARLOTTE, NC 28202	56-1825247	501(C)3	104,022.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COUNCIL ON AGING IN UNION COUNTY, INC. - 1401 SKYWAY DR - MONROE, NC 28110	56-1081558	501(C)3	100,749.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COMMUNITY FREE CLINIC, INC. 528-A LAKE CONCORD ROAD CONCORD, NC 28025-2926	58-2131301	501(C)3	98,079.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
UNITED WAY OF GASTON COUNTY INC PO BOX 2597 GASTONIA, NC 28053-2597	56-0653356	501(C)3	95,663.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
ARTHRITIS PATIENT SERVICES 9815 DAVID TAYLOR DRIVE CHARLOTTE, NC 28262	58-1940978	501(C)3	95,623.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
LEGAL AID OF NORTH CAROLINA, INC. 1431 ELIZABETH AVENUE CHARLOTTE, NC 28204	31-1784161	501(C)3	95,326.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CENTRAL NC COUNCIL, BOY SCOUTS OF AMERICA - 2500 ABLEMARLE ROAD - ALBEMARLE, NC 28001	56-0532132	501(C)3	95,203.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF LINCOLN COUNTY, INC. PO BOX 234 LINCOLNTON, NC 28093-0234	23-7125926	501(C)3	93,436.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
THE LEARNING COLLABORATIVE 3045 N DAVIDSON STREET CHARLOTTE, NC 28204	56-1668333	501(C)3	92,701.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
SALVATION ARMY CABARRUS 216 PATTERSON AVENUE, SE CONCORD, NC 28025-0511	58-0660607	501(C)3	91,939.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
DISABILITY RIGHTS AND RESOURCES 5801 EXECUTIVE CENTER DRIVE, SUITE CHARLOTTE, NC 28212	56-1268845	501(C)3	90,889.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
OUR TOWNS HABITAT FOR HUMANITY 20310 N. MAIN STREET CORNELIUS, NC 28031	56-1733643	501(C)3	88,320.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
LATIN AMERICAN COALITION 4938 CENTRAL AVENUE, SUITE 101 CHARLOTTE, NC 28205-6878	58-1945776	501(C)3	83,750.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CABARRUS MEALS ON WHEELS, INC. 1701 SOUTH MAIN STREET KANNAPOLIS, NC 28081	56-1172942	501(C)3	81,873.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
UNION-ANSON COUNTY HABITAT FOR HUMANITY, INC. - 2520 WEST ROOSEVELT BOULEVARD - MONROE, NC 28110	56-1704668	501(C)3	81,387.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
ESTHER HOUSE OF STANLY COUNTY PO BOX 734 ALBEMARLE, NC 28002	46-1652623	501(C)3	80,292.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANNON MEMORIAL YMCA 101 YMCA DRIVE KANNAPOLIS, NC 28082	58-1574620	501(C)3	78,730.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
THE ARC OF MECKLENBURG COUNTY, INC. - 3900 PARK ROAD, SUITE C - CHARLOTTE, NC 28209	56-0662725	501(C)3	76,941.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COLTRANE L.I.F.E. CENTER, INC. 321 CORBAN AVENUE SE CONCORD, NC 28025-2710	56-1222998	501(C)3	70,564.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CVAN WOMEN'S PROGRAM PO BOX 1749 CONCORD, NC 28026-1749	57-0749038	501(C)3	64,874.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
FIFTH STREET MINISTRIES (DIAKONOS) 1421 5TH STREET STATESVILLE, NC 28687	58-1821225	501(C)3	51,161.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
SANDRA AND LEON LEVINE JEWISH COMMUNITY CENTER - 5007 PROVIDENCE ROAD - CHARLOTTE, NC 28226-5849	56-1100696	501(C)3	49,766.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
SECOND HARVEST FOOD BANK OF METROLINA - 500-B SPRATT STREET - CHARLOTTE, NC 28206	56-1352593	501(C)3	45,220.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
HABITAT FOR HUMANITY CABARRUS COUNTY - 8 CHURCH STREET SE - CONCORD, NC 28025	56-1678395	501(C)3	44,667.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
LITERACY COUNCIL OF UNION COUNTY 216 NORTH HAYNE STREET MONROE, NC 28112	56-2145552	501(C)3	44,167.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF FORSYTH COUNTY INC 301 NORTH MAIN STREET, SUITE 1700 WINSTON SALEM, NC 27101	23-7357234	501(C)3	40,813.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
HOSPICE OF CABARRUS COUNTY, INC. 5003 HOSPICE LANE KANNAPOLIS, NC 28081	58-1584842	501(C)3	40,158.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
ACADEMIC LEARNING CENTER, INC. 2353 CONCORD LAKE ROAD CONCORD, NC 28025	56-1963975	501(C)3	39,931.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COMMUNITIES IN SCHOOLS OF NORTH CAROLINA - 222 N. PERSON STREET, SUITE 203 - RALEIGH, NC 27601	56-1677831	501(C)3	38,626.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVENUE CHARLOTTE, NC 28203-5556	58-1342479	501(C)3	38,220.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE - 207 WALNUT STREET - STATESVILLE, NC 28687	56-1758810	501(C)3	37,208.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
ROWAN COUNTY UNITED WAY, INC. 1930 JAKE ALEXANDER BVD. W, STE B SALISBURY, NC 28147-1186	56-0642828	501(C)3	35,738.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CHRIST EPISCOPAL CHURCH 1412 PROVIDENCE ROAD CHARLOTTE, NC 28207	56-0623933	501(C)3	35,412.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
LIFESPAN, INC. 143 IREDELL AVENUE TROUTMAN, NC 28166	56-1142969	501(C)3	30,785.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JDRF INTERNATIONAL ATTN: WESTERN NC CHAPTER - 205 REGENCY EXECUTIVE PARK DRIVE, SUITE 102 - CHARLOTTE, NC 28217	23-1907729	501(C)3	30,740.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
PIEDMONT MEDIATION CENTER 410 EAST FRONT STREET STATESVILLE, NC 28677	56-1547747	501(C)4	30,000.	0.			PROGRAM OPERATING COSTS
IREDELL COUNCIL ON AGING, INC. 202 NORTH CHURCH STREET MOORESVILLE, NC 28115	23-7322660	501(C)3	29,916.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHILDREN'S HOPE ALLIANCE 156 FRAZIER LOOP STATESVILLE, NC 28677	56-0529993	501(C)3	28,772.	0.			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	28,198.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
ARTS & SCIENCE COUNCIL CHARLOTTE MECKLENBURG, INC. - 227 WEST TRADE STREET, SUITE 250 - CHARLOTTE, NC 28202-1675	56-0693436	501(C)3	28,147.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CROSSROADS CORPORATION FOR AFFORDABLE HOUSING & COMMUNITY DEVELOPMENT INC. - 3623 LATROBE DRIVE, SUITE 208 - CHARLOTTE, NC	26-2787742	501(C)3	27,434.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT, PROGRAM OPERATING COST
JUNIOR ACHIEVEMENT OF THE CENTRAL CAROLINAS INC - 201 S TRYON STREET, SUITE LL100 - CHARLOTTE, NC 28202	56-0672085	501(C)3	25,283.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
CAMINO COMMUNITY DEVELOPMENT CORPORATION INC. - 133 STETSON DRIVE - CHARLOTTE, NC 28262	56-2015959	501(C)3	25,000.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY STARTUP LABS, INC. 9319 ROBERT D. SNYDER RD., SUITE 25 CHARLOTTE, NC 28223	45-5028985	501(C)3	25,000.	0.			PROGRAM OPERATING COSTS
SOUTHSIDE RIDES FOUNDATION 2221 HOPE STREET WINSTON SALEM, NC 27107	20-2790909	501(C)3	25,000.	0.			PROGRAM OPERATING COSTS
WEST BOULVEARD NEIGHBORHOOD COALITION - P.O. BOX 669755 - CHARLOTTE, NC 28266-9577	30-0401238	501(C)3	25,000.	0.			PROGRAM OPERATING COSTS
YOUNG BLACK MALES LEADERSHIP ALLIANCE - 10130 MALLARD CREEK ROAD, SUITE 300 - CHARLOTTE, NC 28262	26-2984776	501(C)3	25,000.	0.			PROGRAM OPERATING COSTS
HOSPICE OF IREDELL COUNTY, INC. 2347 SIMONTON RD. STATESVILLE, NC 28625	56-1376577	501(C)3	24,951.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
FEED MY LAMBS 500 E CASWELL ST WADESBORO, NC 28170	56-2158694	501(C)3	24,608.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
THE QC FAMILY TREE INC. DBA THE THIRD PLACE - 2910 PARKWAY AVENUE - CHARLOTTE, NC 28208	20-4091165	501(C)3	24,000.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF LANCASTER COUNTY INC 109 SOUTH WYLIE STREET LANCASTER, SC 29720	57-0564440	501(C)3	23,222.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CHARLOTTE RESCUE MISSION 907 W FIRST ST CHARLOTTE, NC 28233-3000	56-0571223	501(C)3	23,002.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CLEVELAND COUNTY NC, INC. - 132 W GRAHAM ST - SHELBY, NC 28150	56-6030073	501(C)3	22,706.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF THE GREATER TRIANGLE INC - 2400 PERIMETER PARK DRIVE SUITE 150 - MORRISVILLE, NC 27560	56-1949103	501(C)3	22,291.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
PROVIDENCE DAY SCHOOL 5800 SARDIS ROAD CHARLOTTE, NC 28270-5366	56-0952382	501(C)3	21,626.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CLASSROOM CENTRAL, INC 2116 WILKINSON BLVD CHARLOTTE, NC 28208	03-0455618	501(C)3	18,603.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
SALVATION ARMY OF STATESVILLE 1361 CALDWELL STREET STATESVILLE, NC 28677	58-0660607	501(C)3	18,560.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
MECKLENBURG COUNTY YOUTH COALITION C/O JUSTICES INITIATIVE - P. O. BOX 33545 - CHARLOTTE, NC 28233	16-1704986		18,137.	0.			PROGRAM OPERATING COSTS
CALVARY CHURCH 5801 PINEVILLE-MATTHEWS ROAD CHARLOTTE, NC 28226-3432	56-1990275	501(C)3	17,040.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CATHOLIC CHARITIES DIOCESE OF CHARLOTTE - 1123 S CHURCH STREET - CHARLOTTE, NC 28203	56-1058954	501(C)3	16,841.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
HABITAT FOR HUMANITY CHARLOTTE 3815 LATROBE DRIVE CHARLOTTE, NC 28211	56-1366233	501(C)3	16,626.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIREFIGHTER'S BURNED CHILDREN FUND INC - 1215 SOUTH BLVD - CHARLOTTE, NC 28203	56-1649992	501(C)3	15,903.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF IREDELL COUNTY 305 NORTH CENTER STREET STATESVILLE, NC 28687	56-0792674	501(C)3	15,327.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
ST. MATTHEWS CATHOLIC CHURCH 8015 BALLANTYNE COMMONS PARKWAY CHARLOTTE, NC 28277	56-1532841	501(C)3	15,084.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
PROFOUND GENTLEMAN 7715 KREFELD GLEN DRIVE, APT 511 CHARLOTTE, NC 28227	47-2225983	501(C)3	15,000.	0.			PROGRAM OPERATING COSTS
WEST SIDE COMMUNITY LAND TRUST 2910 PARKWAY AVENUE CHARLOTTE, NC 28208	82-1143067	501(C)3	15,000.	0.			PROGRAM OPERATING COSTS
HOLLA! 207 WHEELER STREET WADESBORO, NC 28170	51-0562858	501(C)3	14,421.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COSTS
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL ROAD CHARLOTTE, NC 28226-5012	56-0623935	501(C)3	13,676.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
SUSAN G. KOMEN BREAST CANCER FOUNDATION - 2316 RANDOLPH ROAD - CHARLOTTE, NC 28207	75-2854959	501(C)3	13,611.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
REFUGEE SUPPORT SERVICES OF THE CAROLINAS INC - P.O BOX 220224 - CHARLOTTE, NC 28226	20-5972063	501(C)3	13,360.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT, PROGRAM OPERATING COST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LIGHT FACTORY 1817 CENTRAL AVE, C-200 CHARLOTTE, NC 28205	51-0185359	501(C)3	13,300.	0.			PROGRAM OPERATING COSTS
AMERICAN CANCER SOCIETY CHARLOTTE OFFICE - 1901 BRUNSWICK AVENUE, SUITE 100 - CHARLOTTE, NC 28207	13-1788491	501(C)3	13,239.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CATAWBA COUNTY UNITED WAY PO BOX 2425 HICKORY, NC 28603-2425	56-0774714	501(C)3	12,821.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF STANLY COUNTY, INC. PO BOX 1178 ALBEMARLE, NC 28002-1178	56-0841588	501(C)3	12,748.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CAROLINA RAPTOR CENTER INC 6000 SAMPLE DR HUNTERSVILLE, NC 28078	56-1349170	501(C)3	12,060.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
UNITED WAY OF THE CAPE FEAR AREA 5919 OLEANDER DRIVE, SUITE 115 WILMINGTON, NC 28403	56-0529949	501(C)3	11,929.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
TIME OUT YOUTH 1900 THE PLAZA CHARLOTTE, NC 28205	56-1755564	501(C)3	11,438.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
LOAVES AND FISHES, INC. 3200 PARK ROAD CHARLOTTE, NC 28209	56-1398498	501(C)3	11,335.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
MIRAVIA, INC. 3737 WEONA AVENUE CHARLOTTE, NC 28209	56-1866587	501(C)3	11,199.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)3	10,888.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
WEDGEWOOD CHURCH 4800 WEDGEWOOD DR CHARLOTTE, NC 28210	56-6022062	501(C)3	10,512.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
ROMAN CATHOLIC DIOCESE OF CHARLOTTE NC - 1123 S CHURCH STREET - CHARLOTTE, NC 28203-4003	56-1000633	501(C)3	10,117.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
MISTY MEADOWS MITEY RIDERS, INC. 455 PROVIDENCE ROAD S WEDDINGTON, NC 28173	56-2045099	501(C)3	10,050.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
AMERICAN HEART ASSOCIATION, CHARLOTTE - 128 S TRYON ST, SUITE 1588 - CHARLOTTE, NC 28202	13-5613797	501(C)3	10,014.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
EPISCOPAL DIOCESE OF NORTH CAROLINA (ST. PETER'S EPISCOPAL CHURCH) - 115 W 7TH ST - CHARLOTTE, NC 28202-2127	56-0588469	501(C)3	10,000.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
JUSTICE INITIATIVES P. O. BOX 33545 CHARLOTTE, NC 28233	16-1704986	501(C)3	10,000.	0.			PROGRAM OPERATING COSTS
NORTH END COMMUNITY COALITION C/O UNITED WAY OF CENTRAL CAROLINAS - 1833 STROUD PARK COURT - CHARLOTTE, NC 28206	81-2943846		10,000.	0.			PROGRAM OPERATING COSTS
ALZHEIMER'S ASSOCIATION WESTERN CAROLINA CHAPTER - 4600 PARK ROAD, SUITE 250 - CHARLOTTE, NC 28215	56-1440727	501(C)3	9,928.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202-1429	31-0537502	501(C)3	9,785.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CAROLINAS HEALTHCARE FOUNDATION, INC. - PO BOX 32861 - CHARLOTTE, NC 28232	56-6060481	501(C)3	9,732.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
HIGH COUNTRY UNITED WAY (NC) PO BOX 247 BOONE, NC 28607	56-1218079	501(C)3	9,622.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
CHARLOTTE LATIN SCHOOL 9502 PROVIDENCE ROAD CHARLOTTE, NC 28277-8695	56-0944449	501(C)3	9,525.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
HOSPICE OF GASTON COUNTY INC 258 E GARRISON BOULEVARD GASTONIA, NC 28054	58-1341530	501(C)3	8,859.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
ALEXANDER YOUTH NETWORK 6220 THERMAL RD. CHARLOTTE, NC 28211	56-0554413	501(C)3	8,615.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
RONALD MCDONALD HOUSE OF CHARLOTTE INC - 1613 E. MOREHEAD ST. - CHARLOTTE, NC 28207	20-4671570	501(C)3	8,346.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
UNITED WAY OF RUTHERFORD COUNTY INC (NC) - PO BOX 823 - SPINDALE, NC 28160-0823	56-1030597	501(C)3	8,335.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
GENERAL COUNCIL ON FINANCE & ADMINS OF THE UNITED METHODIST CHURCH (MATTHEWS PRE - 801 SOUTH TRADE STREET - MATTHEWS, NC 28105	31-1813333	501(C)3	8,261.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDEPENDENCE HILL BAPTIST CHURCH 10220 INDEPENDENCE HILL ROAD HUNTERSVILLE, NC 28078	56-1692726	501(C)3	8,016.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
UNITED WAY OF GREENVILLE COUNTY INCORPORATED - 105 EDINBURGH CT. - GREENVILLE, SC 29607	57-0362066	501(C)3	7,959.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
ELEVATION CHURCH 11416 E INDEPENDENCE BLVD STE N MATTHEWS, NC 28105-4947	06-1741162	501(C)3	7,750.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
HOSPICE & PALLIATIVE CARE CHARLOTTE REGION - P. O. BOX 471579 - CHARLOTTE, NC 28247	56-1219017	501(C)3	7,697.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED JEWISH CHARITIES OF GREATER CHARLOTTE, INC. - 5007 PROVIDENCE ROAD, SUITE 101 - CHARLOTTE, NC 28226	56-1951745	501(C)3	7,650.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
ANSON COUNTY PARTNERSHIP FOR CHILDREN - 117 SOUTH GREEN STREET - WADESBORO, NC 28170-2782	56-1987729	501(C)3	7,471.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
PREGNANCY RESOURCE CENTER OF CHARLOTTE, - 1505 EAST 4TH STREET - CHARLOTTE, NC 28204	56-1340549	501(C)3	7,431.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
METROLINA CHRISTIAN ACADEMY 732 FAIRVIEW-INDIAN TRAIL RD INDIAN TRAIL, NC 28079	56-1381354	501(C)3	7,380.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
CHARLOTTE CENTER FOR URBAN MINISTRY, INC - 945 NORTH COLLEGE STREET - CHARLOTTE, NC 28206	56-1837620	501(C)3	7,269.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANSON DOMESTIC VIOLENCE COALITION, INC. - 304 E. WADE STREET - WADESBORO, NC 28170	56-2080678	501(C)3	7,091.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
THOMPSON CHILD & FAMILY FOCUS 6800 ST. PETER'S LANE MATTHEWS, NC 28105	56-0547460	501(C)3	7,031.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
EXCEPTIONAL FOUNDATION OF CHARLOTTE - PO BOX 11467 - CHARLOTTE, NC 28220	47-4543180	501(C)3	6,321.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
ST. MARGARET'S EPISCOPAL CHURCH 8515 REA ROAD WAXHAW, NC 28173	56-1402132	501(C)3	6,192.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
UNITED WAY OF GREATER HIGH POINT, INC. - 201 CHURCH AVENUE - HIGH POINT, NC 27262-4805	56-0547486	501(C)3	5,986.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
WWP INC 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)3	5,620.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
UNITED WAY OF GREATER GREENSBORO INC NC - 1500 YANCEYVILLE STREET - GREENSBORO, NC 27405	56-0668555	501(C)3	5,455.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
PRESBYTERIAN CHURCH USA (MATTHEWS PRESBYTERIAN CHURCH) - 207 WEST JOHN STREET - MATTHEWS, NC 28106	23-6393377	501(C)3	5,227.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
NATIONAL KIDNEY FOUNDATION, INC. 4819 PARK RD., SUITE C CHARLOTTE, NC 28209	13-1673104	501(C)3	5,188.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESBYTERIAN HOSPITAL FOUNDATION PO BOX 33549 CHARLOTTE, NC 28233-3549	58-1413074	501(C)3	5,040.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
GOOD FELLOWS CLUB INC 700 PARKWOOD AVE CHARLOTTE, NC 28205-2655	56-6047625	501(C)3	5,008.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
MILLIONS MORE MOVEMENT - CHARLOTTE, INC. DBA THE GREATER CHARLOTTE AREA LOC - P.O. BOX 26396 - CHARLOTTE, NC 28221-6396	20-2783756	501(C)3	5,000.	0.			PROGRAM OPERATING COSTS
SILENT IMAGES INC. P.O. BOX 667 MATTHEWS, NC 28106	33-1164224	501(C)3	5,000.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
TRANSCEND CHARLOTTE, INC. 7610 KING RICHARD COURT CHARLOTTE, NC 28227	47-4610791	501(C)3	5,000.	0.			PROGRAM OPERATING COSTS

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

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

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

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

Part IV Supplemental Information

-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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number
56-0529948

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SEAN C. GARRETT PRESIDENT/EXECUTIVE DIRECTOR	(i)	177,234.	0.	100.	9,202.	9,611.	196,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) J. WILFRED NEAL CHIEF ADMINISTRATIVE & FINANCIAL OFF	(i)	137,087.	0.	592.	7,113.	13,000.	157,792.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

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

Name of the organization

UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number

56-0529948

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>SCHOOL UNIFORM</u>)	X	3,764	163,238	DONOR VALUATION
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number

56-0529948

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY PHILANTHROPY IN A FIVE-COUNTY REGION THAT INCLUDES ANSON,

CABARRUS, MECKLENBURG, IREDELL, AND UNION COUNTIES AND IS HOME TO

NEARLY 1.5 MILLION PEOPLE. UWCC FUNDING SUPPORTS NEARLY 80 HEALTH AND

HUMAN SERVICE AGENCIES IN OUR COMMUNITY. FUNDED PROGRAMS CREATE

PATHWAYS TO ECONOMIC MOBILITY BY ADDRESSING THE MYRIAD ISSUES THAT

CONTRIBUTE TO INTERGENERATIONAL POVERTY; SERVICES INCLUDE FINANCIAL

ASSISTANCE, JOB AND CAREER TRAINING, HEALTH AND MENTAL HEALTH CARE,

HOUSING AND SHELTER, AND HIGH-QUALITY EDUCATION OPPORTUNITIES THAT

BEGIN AT BIRTH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORTS NEARLY 80 HEALTH AND HUMAN SERVICE AGENCIES IN OUR COMMUNITY.

FUNDED PROGRAMS CREATE PATHWAYS TO ECONOMIC MOBILITY BY ADDRESSING THE

MYRIAD ISSUES THAT CONTRIBUTE TO INTERGENERATIONAL POVERTY; SERVICES

INCLUDE FINANCIAL ASSISTANCE, JOB AND CAREER TRAINING, HEALTH AND

MENTAL HEALTH CARE, HOUSING AND SHELTER, AND HIGH-QUALITY EDUCATION

OPPORTUNITIES THAT BEGIN AT BIRTH.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SHELTER, RAPID REHOUSING, AND TRANSITIONAL HOUSING FOR THE HOMELESS;

(2) PROVIDE SHORT-TERM CRISIS SERVICES THAT PROVIDE FOOD, CLOTHING AND

PREVENT EVICTION/FORECLOSURE AND UTILITIES DISCONNECTION; (3) PROVIDE

WORKFORCE DEVELOPMENT AND JOB TRAINING TO THE UNEMPLOYED AND

UNDEREMPLOYED AND (4) PROVIDE FINANCIAL STABILITY SERVICES TO HELP

INDIVIDUALS LEARN HOW TO ELIMINATE DEBT, PROVIDE FOR BASIC NEEDS,

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number

56-0529948

REPAIR BAD CREDIT AND SAVE FOR THEIR EDUCATION, A HOME OR RETIREMENT.

IN THE AREA OF HEALTH & MENTAL HEALTH, UWCC HELPS PEOPLE REMOVE BARRIERS AND GAIN ACCESS TO HEALTH & MENTAL HEALTH SERVICES. IT DOES THIS BY FUNDING AGENCY PROGRAMS THAT: (1) PROVIDE HEALTHCARE ACCESS FOR THE UNINSURED AND PEOPLE WITH LOW INCOMES; (2) PROVIDE COUNSELING AND MENTAL HEALTH SERVICES FOR PEOPLE WHO COULD OTHERWISE NOT AFFORD IT; (3) OFFER SAFETY AND WELLNESS PROGRAMS TO EDUCATE PEOPLE TO MAKE HEALTHY CHOICES AND (4) PROVIDE SERVICES FOR THE AGING AND DISABLED.

IN THE AREA OF CHILDREN & YOUTH, UWCC HELPS PREPARE CHILDREN FOR SCHOOL AND SUPPORTS ACADEMIC SUCCESS THROUGH POSITIVE YOUTH DEVELOPMENT PROGRAMS. IT DOES THIS BY FUNDING AGENCY PROGRAMS THAT (1) PREPARE YOUNG CHILDREN TO ENTER SCHOOL DEVELOPMENTALLY ON TRACK THROUGH EARLY CHILD CARE AND KINDERGARTEN READINESS PROGRAMS; (2) SUPPORT ACADEMIC ACHIEVEMENT AMONG ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS; AND (3) HELP CHILDREN AVOID RISKY BEHAVIORS AND PARTICIPATE IN POSITIVE AFTER SCHOOL, SUMMER, AND OTHER ACTIVITIES.

IN ADDITION, THE UWCC COMMUNITY INVESTMENT TEAM LEADS AND SUPPORTS A VARIETY OF COMMUNITY EFFORTS TO IMPROVE THE SYSTEMS THAT SERVE CHILDREN AND FAMILIES. EXAMPLES INCLUDE:

- COORDINATED ENTRY - UWCC, ALONG WITH OTHER COMMUNITY PARTNERS SUCH AS THE CITY OF CHARLOTTE, MECKLENBURG COUNTY, AND THE FOUNDATION FOR THE CAROLINAS, CONTINUES TO LEAD EFFORTS TO ENSURE PEOPLE EXPERIENCING HOMELESSNESS (OR ARE ABOUT TO BECOME HOMELESS) ARE CONNECTED TO HOUSING AND SUPPORT SERVICES AS EFFICIENTLY AS POSSIBLE. THE GOAL OF THIS EFFORT IS TO ENSURE THOSE WHO ARE EXPERIENCING HOMELESSNESS ARE CONNECTED TO THE MOST APPROPRIATE SERVICES AVAILABLE AND TO REDUCE THE

Name of the organization

UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number

56-0529948

LENGTH OF TIME AN INDIVIDUAL OR FAMILY EXPERIENCES HOMELESSNESS. IN ADDITION, IMPROVEMENTS MADE TO THIS SYSTEM THIS YEAR WILL YIELD VALUABLE DATA ABOUT THE BARRIERS TO FINDING AND HOUSING IN OUR COMMUNITY.

- TUTOR CHARLOTTE - UWCC, IN PARTNERSHIP WITH READ CHARLOTTE, HAS LAUNCHED AN EFFORT TO CONNECT VOLUNTEERS WITH TUTORING OPPORTUNITIES IN SCHOOLS IN OUR REGION. THIS RESEARCH-INFORMED EFFORT IS EXPECTED TO IMPROVE 3RD GRADE READING SCORES AND SUPPORT OVERALL POSITIVE CHILD AND YOUTH DEVELOPMENT. THE PROGRAM, IN ITS PILOT PHASE, WILL LEVERAGE UWCC'S EXTENSIVE CORPORATE RELATIONSHIPS TO IDENTIFY VOLUNTEERS WHO AGREE TO READ TO CHILDREN FOR 1 HOUR A WEEK OVER THE COURSE OF A SCHOOL YEAR.

- UNITE CHARLOTTE - UWCC LAUNCHED UNITE CHARLOTTE THIS YEAR WHICH IS DESIGNED TO IMPROVE RACIAL EQUITY AND PROMOTE SOCIAL JUSTICE. THE EFFORT WAS A COLLABORATIVE EFFORT WITH OTHER LOCAL FUNDERS AND COMMUNITY LEADERS TO ADDRESS ISSUES THAT LEAD TO THE UNREST IN CHARLOTTE DURING THE FALL OF 2016. THROUGH THIS INITIATIVE, UWCC SUPPORTED 20 SMALL AND/OR NEW ORGANIZATIONS THAT ARE WORKING TO STRENGTHEN COMMUNITY ENGAGEMENT, INCREASE SOCIAL CAPITAL, AND ADDRESS ISSUES RELATED TO RACIAL DISPARITIES. AS PART OF THIS EFFORT, UWCC ALSO LAUNCHED A CAPACITY-BUILDING SERIES DESIGNED TO SUPPORT THESE SMALL AND/OR NEW NON-PROFITS IN THEIR ORGANIZATIONAL GROWTH.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: TO MORE THAN 1,200. IN ADDITION, UNITED WAY OF CENTRAL CAROLINAS ENGAGES VOLUNTEERS THROUGH BOARD/COMMITTEE AND COMMUNITY INVESTMENT VOLUNTEER OPPORTUNITIES.

Name of the organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
---	--

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

UNITED WAY 211:

UNITED WAY 211 IS A STATEWIDE INFORMATION AND REFERRAL SERVICE THAT RECEIVES SIGNIFICANT SUPPORT FROM UNITED WAY OF CENTRAL CAROLINAS. BY DIALING 211 OR LOGGING ONTO WWW.NC211.ORG, ANYONE CAN GET IN TOUCH WITH A TRAINED SPECIALIST WHO CAN ASSESS THEIR NEEDS AND REFER THEM TO AN APPROPRIATE COMMUNITY-BASED PROGRAM OR SERVICE. UNITED WAY 211 IS FREE AND CONFIDENTIAL, AVAILABLE 24 HOURS A DAY, AVAILABLE IN MANY LANGUAGES, AND STAFFED BY CERTIFIED SPECIALISTS. THOSE IN NEED CAN RECEIVE IMMEDIATE ASSISTANCE IN MANY WAYS:

- FOOD AND FAMILY NEEDS - FOOD BANKS, CLOTHING CLOSETS AND CHILD CARE

- HOUSING - LOCATE SHELTERS; FIND RENTAL/MORTGAGE ASSISTANCE AND HOME BUYING INFORMATION

- EMPLOYMENT - JOB TRAINING OPPORTUNITIES, TRANSPORTATION ASSISTANCE AND EDUCATION PROGRAMS

- COUNSELING - FIND CRISIS INTERVENTION SERVICES

- HEALTH CARE - HEALTH INSURANCE PROGRAMS, COMMUNITY HEALTH CLINICS AND OTHER PROGRAMS

FOR FISCAL YEAR 2017, UNITED WAY 2-1-1 RECEIVED 9,485 CALLS FROM THE FIVE-COUNTY SERVICE AREA COVERED BY UNITED WAY OF CENTRAL CAROLINAS. EXPENSES \$ 226,817. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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.

Name of the organization

UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number

56-0529948

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO ANNUALLY DISCLOSE ANY CONFLICT OF INTEREST AND SIGN A CONFLICT OF INTEREST STATEMENT. THIS IS DONE AT THE FIRST BOARD MEETING OF THE YEAR. THE EXECUTIVE ASSISTANT TO THE EXECUTIVE DIRECTOR ENSURES THAT EACH BOARD MEMBER SUBMITS THE FORM AND REPORTS CONFLICTS OF INTEREST TO THE EXECUTIVE DIRECTOR. IN THE EVENT OF A CONFLICT DURING THE YEAR, THAT BOARD MEMBER WILL RECUSE HIMSELF/HERSELF FROM ANY DISCUSSION OR VOTE.

FORM 990, PART VI, SECTION B, LINE 15:

WITH REGARD TO ALL OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION, A SEARCH FIRM WAS NOT USED IN EACH INSTANCE AT THE TIME OF THEIR HIRE. HOWEVER, SALARIES HAVE BEEN DETERMINED WITH REFERENCE TO NATIONAL AND REGIONAL SALARY SURVEYS FOR BOTH NON-PROFIT AND FOR-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND SCOPE. BASED ON THOSE SURVEYS, A RANGE OF SALARIES WAS DETERMINED FOR EACH LEVEL OF RESPONSIBILITY. WITHIN THAT RANGE, MERIT INCREASES HAVE BEEN PROVIDED FROM TIME TO TIME AS WARRANTED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE CONFLICT OF INTEREST POLICY AND BYLAWS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

HANDS ON CHARLOTTE GAIN ON ACQUISITION

78,492.

FORM 990, PART XII, LINE 2C

Name of the organization

UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number

56-0529948

THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE ANNUAL
AUDIT AND THE SELECTION OF INDEPENDENT ACCOUNTANTS. THE AUDIT
COMMITTEE REVIEWS AND APPROVES THE AUDITED FINANCIAL STATEMENTS.

FORM 990, ADDITIONAL INFORMATION

THE COMMUNITY INVESTMENT PROCESS: TRAINED DONOR VOLUNTEERS REPRESENT
THE COMMUNITY IN FUNDING DECISIONS

THE COMMUNITY INVESTMENT PROCESS IS FOCUSED ON SUPPORTING A BROAD RANGE
OF LOCAL HEALTH AND HUMAN SERVICE PROGRAMS TO HELP MEET IMPORTANT
COMMUNITY NEEDS IN THREE FOCUS AREAS; CHILDREN AND YOUTH, HEALTH AND
MENTAL HEALTH, AND HOUSING AND STABILITY. THESE PROGRAMS FOCUS ON BOTH
THE SHORT-TERM AND LONG-TERM NEEDS OF INDIVIDUALS AND FAMILIES IN
COMMUNITIES SERVED BY UNITED WAY OF CENTRAL CAROLINAS, INC. THROUGH
THIS ANNUAL PROCESS, UWCC ALLOCATES FUNDING TO 78 HEALTH AND HUMAN
SERVICE ORGANIZATIONS. THESE AGENCIES OPERATE IN ANSON, CABARRUS,
MECKLENBURG, IREDELL, AND UNION COUNTIES.

THIS YEAR, ALLOCATIONS TO UWCC AGENCIES WERE DETERMINED BY 139
VOLUNTEERS. THESE VOLUNTEERS ENGAGE IN A VARIETY OF ACTIVITIES DURING
THE COMMUNITY INVESTMENT PROCESS, INCLUDING TRAINING AND FUNDING
COUNCIL MEETINGS, BEFORE THEY ULTIMATELY MAKE FUNDING RECOMMENDATIONS.
THE VOLUNTEERS ALSO CONSIDER SUCH THINGS AS REDUCTIONS IN PUBLIC
FUNDING, CHANGES IN THE WAY SERVICES ARE PROVIDED, THE LOSS OF OTHER
SERVICES IN THE CONTINUUM THAT MAY INHIBIT PROGRAM SUCCESS, AND
SIGNIFICANT CHANGES IN DESIGNATIONS THAT INDIVIDUAL AGENCIES RECEIVED
IN THEIR FUNDING DECISIONS. BASED ON THIS INPUT, THE VOLUNTEER BOARD OF

Name of the organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
---	--

DIRECTORS (THE "BOARD") APPROVES THE FINAL ALLOCATIONS TO PARTNER AGENCIES IN JUNE OF EACH YEAR AND AS A RESULT, THE ORGANIZATION RECORDS THE ENTIRE AMOUNT AS A LIABILITY AND EXPENSE AT THAT TIME. IN ORDER FOR A PARTNER AGENCY TO BE ELIGIBLE TO RECEIVE FUNDS ALLOCATED BY UWCC, THEY MUST SUBMIT APPLICATIONS THAT INCLUDE GOALS, STRATEGIES, AND OUTCOMES THAT ARE LINKED TO UWCC'S FOCUS AREAS. AGENCY OUTCOMES MUST BE LINKED TO SPECIFIC UWCC FOCUS AREAS AND AGENCIES MUST IDENTIFY AND TRACK OUTCOMES THAT ARE SPECIFIC, MEASURABLE, ATTAINABLE, REALISTIC, TIMELY, AND UNAMBIGUOUS. AGENCIES MAKE ANNUAL PROGRESS REPORTS ON PROGRAM OUTCOMES. THROUGH THIS DISCIPLINE, AGENCIES CONTINUALLY IMPROVE THEIR PROGRAMS, MAKING MEASURABLE AND LASTING CHANGE IN THE LIVES OF THE PEOPLE THEY ARE SERVING. IN ADDITION, EACH ORGANIZATION IS REQUIRED TO COMPLY WITH AN ANNUAL FINANCIAL CERTIFICATION PROCESS THAT IS CONDUCTED BY THE FINANCE DEPARTMENT OF UWCC. THIS CERTIFICATION INVOLVES OBTAINING CURRENT FINANCIAL AND GOVERNANCE INFORMATION, AS WELL AS A THOROUGH REVIEW OF THIS INFORMATION BY QUALIFIED FINANCIAL VOLUNTEERS.

RESULTS FROM AGENCY PROGRAMS FUNDED BY UNITED WAY OF CENTRAL CAROLINAS PROGRAMS MUST HAVE GOALS THAT ARE CLEARLY LINKED TO SPECIFIC GOALS OF THE THREE FOCUS AREAS. AGENCIES MUST IDENTIFY AND TRACK OUTCOMES THAT ARE SPECIFIC, MEASURABLE, ATTAINABLE, REALISTIC, TIME BOUND AND UNAMBIGUOUS. AGENCIES MAKE ANNUAL PROGRESS REPORTS ON PROGRAM OUTCOMES.

THROUGH THIS DISCIPLINE, AGENCIES CONTINUALLY IMPROVE THEIR PROGRAMS, MAKING MEASURABLE AND LASTING CHANGE IN THE LIVES OF THE PEOPLE THEY ARE HELPING. CONSIDER THESE OUTCOMES FROM INVESTMENTS IN AGENCY

Name of the organization

UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number

56-0529948

PROGRAMS :

- 88% OF STUDENTS IN UNITED WAY PARTNER PROGRAMS HAVE IMPROVED OR
REMAINED STABLE IN READING

- 97% OF STUDENTS IN UNITED WAY PARTNER PROGRAMS WERE ENGAGED IN A
MENTORING/TUTORING RELATIONSHIP WITH A CARING ADULT

- 78% OF CLIENTS IN UNITED WAY PARTNER PROGRAMS HAVE IMPROVED THEIR
HEALTH

- 61% OF PARTICIPANTS HAVE MOVED INTO SAFE, AFFORDABLE HOUSING
OVER 35,000 INDIVIDUALS OR FAMILIES RECEIVED DIRECT FINANCIAL
ASSISTANCE TO PREVENT LOSS OF HOUSING

OVERHEAD RATIO

MANAGEMENT CALCULATES THE OVERHEAD RATE IN ACCORDANCE WITH THE UNITED
WAY WORLDWIDE FUNCTIONAL EXPENSES AND OVERHEAD REPORTING STANDARDS AS
FOLLOWS :

PART IX, LINE 25, COLUMN C, MANAGEMENT AND GENERAL EXPENSES

2,246,890

PART IX, LINE 25, COLUMN D, FUNDRAISING EXPENSE

2,289,067

TOTAL OVERHEAD

4,535,957

TOTAL REVENUE PER 990

29,634,804

OVERHEAD RATIO

15.3%

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **UNITED WAY OF CENTRAL CAROLINAS, INC.** Employer identification number **56-0529948**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED WAY LEGACY FOUNDATION, INC - 56-2277050, 220 N TRYON STREET, CHARLOTTE, NC 28202	HEALTH AND HUMAN SERVICES	NORTH CAROLINA	501(C)(3)	LINE 12A, I	UNITED WAY OF CENTRAL CAROLINAS		X

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

Schedule R (Form 990) 2016

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

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

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

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

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY LEGACY FOUNDATION, INC	S	2,200,000.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

