

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

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 \$ 33,726,494.
	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 H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: LAURA CLARK SAME AS C ABOVE		H(c) Group exemption number ▶	
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			
J Website: ▶ WWW.UWCENTRALCAROLINAS.ORG			
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 OF CENTRAL CAROLINAS (UWCC) FOCUSES ON SUPPORTING A BROAD RANGE OF LOCAL HEALTH AND HUMAN		
	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	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	83
	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 38	7b	32,025.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	26,676,927.	25,926,150.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	469,644.	407,041.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,140,506.	591,213.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	97,866.	54,373.
		37,384,943.	26,978,777.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,436,046.	24,548,630.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,777,713.	4,426,456.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,327,375.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,604,108.	2,982,752.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,817,867.	31,957,838.	
19 Revenue less expenses. Subtract line 18 from line 12	6,567,076.	-4,979,061.	
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)	32,072,772.	27,785,395.
	22 Net assets or fund balances. Subtract line 21 from line 20	16,080,050.	16,624,098.
		15,992,722.	11,161,297.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	WILFRED NEAL, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AMANDA ADAMS	Preparer's signature <i>Amanda Adams</i>	Date 2019.10.29 09:04:23 -04'00'	Check <input type="checkbox"/> if self-employed	PTIN P00748038
	Firm's name ▶ CHERRY BEKAERT LLP	Firm's EIN ▶ 56-0574444		Phone no. 704-377-1678	
Firm's address ▶ 1111 METROPOLITAN AVE. STE. 900		CHARLOTTE, NC 28204			

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 OF CENTRAL CAROLINAS WORKS TO CREATE LASTING CHANGE FOR THOSE MOST IN NEED THROUGH STRATEGIC COMMUNITY PHILANTHROPY IN A FIVE-COUNTY REGION THAT INCLUDES ANSON, CABARRUS, MECKLENBURG, IREDELL, AND UNION COUNTIES AND IS HOME TO NEARLY 1.5 MILLION PEOPLE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [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 \$ 16,560,163. including grants of \$ 15,048,439.) (Revenue \$) COMMUNITY INVESTMENT: THE COMMUNITY INVESTMENT PROCESS IS FOCUSED ON IMPROVING EDUCATION, HEALTH, AND FINANCIAL STABILITY TO BOOST ECONOMIC MOBILITY ACROSS THE REGION, WHILE ALSO HELPING PROVIDE A SAFETY NET FOR PEOPLE AND FAMILIES IN NEED. ANNUALLY, UWCC INVESTS IN MORE THAN 100 LOCAL NONPROFIT AGENCIES AND INITIATIVES THROUGH THE FUNDING PROVIDED BY GENEROUS CORPORATE AND INDIVIDUAL DONORS.

THE COMMUNITY INVESTMENT PROCESS INCLUDES THREE FUNDING STREAMS: UNITED NEIGHBORHOODS WORKS TO CHANGE THE ODDS FOR THOSE IN OUR MOST UNDER-RESOURCED NEIGHBORHOODS BY SUPPORTING COMMUNITY-DRIVEN HOLISTIC NEIGHBORHOOD TRANSFORMATION AND REVITALIZATION EFFORTS.

4b (Code:) (Expenses \$ 9,500,191. including grants of \$ 9,500,191.) (Revenue \$ 58,965.) DESIGNATIONS TO OTHER UNITED WAYS AND OTHER 501(C)(3) ORGANIZATIONS: DONORS MAY DIRECT THEIR CONTRIBUTIONS TO OUT OF AREA UNITED WAYS OR QUALIFIED TAX-EXEMPT ORGANIZATIONS THAT PROVIDE SERVICES IN THE AREAS OF HEALTH, HOUSING, AND CHILDREN AND YOUTH. THESE FUNDS ARE RAISED AND DISTRIBUTED BY OUR UNITED WAY OR PAID DIRECTLY TO THE ORGANIZATIONS.

4c (Code:) (Expenses \$ 1,080,033. including grants of \$) (Revenue \$ 348,076.) VOLUNTEERISM: HANDS ON CHARLOTTE - UNITED WAY'S HANDS ON CHARLOTTE IS ONE OF THE MANY WAYS UWCC BRINGS PEOPLE TOGETHER TO BUILD A STRONGER COMMUNITY. HANDS ON CHARLOTTE OFFERS FLEXIBLE VOLUNTEER OPPORTUNITIES FOR COMPANIES, INDIVIDUALS, AND FAMILIES. PROJECTS COVER UWCC'S FIVE-COUNTY FOOTPRINT AND RANGE FROM SORTING CLOTHES AND FOOD TO BUILDING A PLAYGROUND OR TUTORING. HANDS ON CHARLOTTE ENGAGED 15,614 VOLUNTEERS IN 2018 BENEFITING 244 COMMUNITY ORGANIZATIONS. THOSE VOLUNTEERS SERVED A TOTAL OF 55,802 HOURS. IN ADDITION, UWCC ENGAGES VOLUNTEERS THROUGH BOARD/COMMITTEE AND COMMUNITY INVESTMENT VOLUNTEER OPPORTUNITIES.

TUTOR CHARLOTTE - UWCC, IN PARTNERSHIP WITH READ CHARLOTTE, LED THE

4d Other program services (Describe in Schedule O.) (Expenses \$ 287,374. including grants of \$) (Revenue \$)

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

Part IV Checklist of Required Schedules

	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
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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

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 25		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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 (1024 or 1024-A 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) MALCOMB D. COLEY BOARD CHAIR	3.00	X		X			0.	0.	0.	
(2) SCOTT P. VAUGHN BOARD VICE CHAIR	3.00	X		X			0.	0.	0.	
(3) JEFFREY S. LEDFORD FINANCE COMMITTEE CHAIR AND TREASURE	3.00	X		X			0.	0.	0.	
(4) JANET C. PFEFFER ETHICS COMMITTEE CHAIR & SECRETARY	1.50	X		X			0.	0.	0.	
(5) C. DEE ODELL FINANCE COMMITTEE VICE CHAIR	1.50	X					0.	0.	0.	
(6) CAROL P. LOWE FINANCE COMMITTEE VICE-CHAIR	3.00	X					0.	0.	0.	
(7) R. CHANDLER ROOT CAMPAIGN CABINET CHAIR	1.50	X					0.	0.	0.	
(8) GEORGE W. BECKWITH CAMPAIGN CABINET VICE CHAIR	1.50	X					0.	0.	0.	
(9) JEFFREY L. BURGESS AUDIT COMMITTEE CHAIR	3.00	X					0.	0.	0.	
(10) RONALD E. MESSENGER II AUDIT COMMITTEE VICE CHAIR	3.00	X					0.	0.	0.	
(11) MATTHEW J. KOSMICKI AUDIT COMMITTEE VICE-CHAIR	3.00	X					0.	0.	0.	
(12) BETH DIGGS DIRECTOR	1.50	X					0.	0.	0.	
(13) BRIAN FLOYD DIRECTOR	1.50	X					0.	0.	0.	
(14) CARI P. BOYCE DIRECTOR	1.50	X					0.	0.	0.	
(15) CRANDALL C. BOWLES DIRECTOR	1.50	X					0.	0.	0.	
(16) DANIEL J. BIRACH DIRECTOR	1.50	X					0.	0.	0.	
(17) DAVID G. LEITCH DIRECTOR	1.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) DENA R. DIORIO DIRECTOR	1.50	X						0.	0.	0.
(19) DENISE WHITE DIRECTOR	1.50	X						0.	0.	0.
(20) DONALD SCOTT KRULL DIRECTOR	1.50	X						0.	0.	0.
(21) DR. JEAN A. WRIGHT DIRECTOR	1.50	X						0.	0.	0.
(22) EILEEN F. LITTLE DIRECTOR	3.00	X						0.	0.	0.
(23) ERIC A. LIVINGSTON DIRECTOR	1.50	X						0.	0.	0.
(24) JAN M. CLEVINGER DIRECTOR	1.50	X						0.	0.	0.
(25) JOHN M. PAPADOPULOS DIRECTOR	1.50	X						0.	0.	0.
(26) KEVIN D. PITTS DIRECTOR	1.50	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								815,430.	0.	115,648.
d Total (add lines 1b and 1c)								815,430.	0.	115,648.

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 **6**

	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 VII

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Contains entries for 40 individuals and a total row.

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 67,660.					
	b Membership dues	1b					
	c Fundraising events	1c 1,217,193.					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 24,641,297.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		25,926,150.				
	Program Service Revenue	2 a VOLUNTEER SERVICES	Business Code 900099	348,076.	348,076.		
b NET ADMINISTRATIVE FEES		900099	58,965.	58,965.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			407,041.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		591,213.			591,213.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	54,373.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	54,373.				
	d Net rental income or (loss)		54,373.			54,373.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	6,500,000.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	6,500,000.				
		c Gain or (loss)	0.				
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 1,217,193. of contributions reported on line 1c). See Part IV, line 18	a	247,717.				
		b Less: direct expenses	247,717.				
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			26,978,777.	407,041.	0.	645,586.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	24,548,630.	24,548,630.		
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	440,685.	102,725.	194,803.	143,157.
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	3,144,712.	1,142,442.	887,980.	1,114,290.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	124,387.	45,554.	38,409.	40,424.
9 Other employee benefits	441,194.	156,381.	141,968.	142,845.
10 Payroll taxes	275,478.	97,424.	79,092.	98,962.
11 Fees for services (non-employees):				
a Management				
b Legal	2,842.		2,842.	
c Accounting	59,850.		59,850.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,938.		15,938.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	510,952.	237,958.	174,552.	98,442.
12 Advertising and promotion				
13 Office expenses	145,046.	55,828.	31,157.	58,061.
14 Information technology				
15 Royalties				
16 Occupancy	924,638.	354,507.	285,615.	284,516.
17 Travel	17,293.	6,976.	4,111.	6,206.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	19,389.	7,821.	4,610.	6,958.
20 Interest				
21 Payments to affiliates	563,375.	213,216.	170,108.	180,051.
22 Depreciation, depletion, and amortization	23,860.	9,148.	7,370.	7,342.
23 Insurance	26,981.	7,614.	6,871.	12,496.
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	434,020.	361,339.	28,777.	43,904.
b BAD DEBTS (RECOVERIES)	127,670.	48,318.	38,549.	40,803.
c DUES & SUBSCRIPTIONS	21,955.	6,547.	7,516.	7,892.
d TAXES, LICENSES & FEES	6,221.	1,991.	1,517.	2,713.
e All other expenses	82,722.	23,342.	21,067.	38,313.
25 Total functional expenses. Add lines 1 through 24e	31,957,838.	27,427,761.	2,202,702.	2,327,375.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,956,711.	1	7,791,029.
	2 Savings and temporary cash investments	8,551,218.	2	2,716,393.
	3 Pledges and grants receivable, net	7,076,073.	3	6,582,510.
	4 Accounts receivable, net	93,832.	4	70,372.
	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	89,122.	9	194,125.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,636,666.		
	b Less: accumulated depreciation	10b 1,565,912.		
	11 Investments - publicly traded securities	8,214,656.	11	8,259,419.
	12 Investments - other securities. See Part IV, line 11	1,996,545.	12	2,100,793.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	32,072,772.	16	27,785,395.	
Liabilities	17 Accounts payable and accrued expenses	862,693.	17	612,810.
	18 Grants payable	13,516,993.	18	14,683,607.
	19 Deferred revenue	551,424.	19	316,284.
	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	1,148,940.	25	1,011,397.
	26 Total liabilities. Add lines 17 through 25	16,080,050.	26	16,624,098.
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	14,075,008.	27	8,354,265.
	28 Temporarily restricted net assets	1,066,568.	28	1,955,886.
	29 Permanently restricted net assets	851,146.	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	15,992,722.	33	11,161,297.	
34 Total liabilities and net assets/fund balances	32,072,772.	34	27,785,395.	

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

(Complete only if you checked the box on line 5, 7, 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28424738.	28114302.	28635782.	26676927.	25926150.	137777899
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	28424738.	28114302.	28635782.	26676927.	25926150.	137777899
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)						692,916.
6 Public support. Subtract line 5 from line 4.						137084983

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	28424738.	28114302.	28635782.	26676927.	25926150.	137777899
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	512,375.	411,889.	477,275.	457,711.	645,586.	2504836.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				358.		358.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						140283093
12 Gross receipts from related activities, etc. (see instructions)					12	1,764,028.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	97.72 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	97.38 %

16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

Name of organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
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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	<hr/> <hr/> <hr/>	\$ <u>743,189.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	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
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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
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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

(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

(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

(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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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

Part I 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.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for lines 2a-2d, and yes/no questions about monitoring 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.

Form with questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures, including dollar amounts for revenue and assets.

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	1,996,545.	3,464,173.	5,209,946.	5,308,439.	1,881,015.
b Contributions	1,375.	3,129.	22,275.	115,815.	3,376,377.
c Net investment earnings, gains, and losses	125,982.	299,802.	473,966.	-214,308.	51,047.
d Grants or scholarships		1,740,000.	2,200,000.		
e Other expenditures for facilities and programs					
f Administrative expenses	23,109.	30,559.	42,014.		
g End of year balance	2,100,793.	1,996,545.	3,464,173.	5,209,946.	5,308,439.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 49.48 %
 - b Permanent endowment 40.45 %
 - c Temporarily restricted endowment 10.07 %
- 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? | | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,000.		15,000.
b Buildings		796,549.	774,229.	22,320.
c Leasehold improvements				
d Equipment		825,117.	791,683.	33,434.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				70,754.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) POOLED FUNDS HELD BY		
(B) UNITED WAY LEGACY		
(C) FOUNDATION	2,100,793.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,100,793.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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	690,786.
(3) CAMPAIGNS PROCESSED FOR OTHERS,	
(4) NET	317,671.
(5) SECURITY DEPOSITS	2,940.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,011,397.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	17,610,284.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	147,636.
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	147,636.
3	Subtract line 2e from line 1	3	17,462,648.
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	15,938.
b	Other (Describe in Part XIII.)	4b	9,500,191.
c	Add lines 4a and 4b	4c	9,516,129.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	26,978,777.

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

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

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

Part XIII Supplemental Information.

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

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

Part XIII Supplemental Information (continued)

THE ORGANIZATION FOLLOWS THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS BY PRESCRIBING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION TAKEN THAT IS BENEFICIAL TO THE ORGANIZATION, INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS "MORE LIKELY THAN NOT" (MORE THAN A 50% LIKELIHOOD) THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO A TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH POSITIONS AS OF JUNE 30, 2019 AND 2018 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	9,500,191.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	9,500,191.
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SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
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Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(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	1,195,500.	269,410.		1,464,910.
	2	Less: Contributions	999,149.	218,044.		1,217,193.
	3	Gross income (line 1 minus line 2)	196,351.	51,366.		247,717.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	78,830.	12,752.		91,582.
	6	Rent/facility costs	52,446.	11,390.		63,836.
	7	Food and beverages	46,847.	25,362.		72,209.
	8	Entertainment		500.		500.
	9	Other direct expenses	18,229.	1,361.		19,590.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
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				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

Part IV Supplemental Information (continued)

Blank area for supplemental information with horizontal lines.

**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.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

UNITED WAY OF CENTRAL CAROLINAS, INC.

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 criteria used to award the grants or assistance?
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 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 non-cash assistance
33181 AMERICAN RED CROSS WESTERN NORTH CAROLINA CHAPTER - 2425 PARK ROAD - CHARLOTTE, NC 28203	53-0196605	501(C)3	281,361.	0.		
A CHILD'S PLACE 601 E. 5TH ST., SUITE 230 CHARLOTTE, NC 28202	58-1911741	501(C)3	151,256.	0.		
ACADEMIC LEARNING CENTER, INC. 988 LEE-ANN DR NE CONCORD, NC 28025	56-1963975	501(C)3	46,780.	0.		
ACRES OF HOPE INTERNATIONAL PO BOX 5313 MOORESVILLE, NC 28117	82-1855837	501(C)3	5,380.	0.		
ADA JENKINS CENTER 212 GAMBLE ST DAVIDSON, NC 28036	56-1927067	501(C)3	354,148.	0.		
ALEXANDER YOUTH NETWORK 6220 THERMAL RD CHARLOTTE, NC 28211	56-0554413	501(C)3	18,914.	0.		

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

LHA For Paperwork Reduction Act Notice, see the Instructions for 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
AMERICAN CANCER SOCIETY INC., CHARLOTTE CHAPTER - 1901 BRUNSWICK AVENUE, SUITE 100 - CHARLOTTE, NC 28207	13-1788491	501(C)3	6,041.	0.		
AMERICAN HEART ASSOCIATION INC., CHARLOTTE CHAPTER - 128 S TRYON ST, SUITE 1588 - CHARLOTTE, NC 28202	13-5613797	501(C)3	6,852.	0.		
ANSON COUNTY PARTNERSHIP FOR CHILDREN - 117 SOUTH GREENE STREET - WADESBORO, NC 28170	56-1987729	501(C)3	8,400.	0.		
ARTHRITIS PATIENT SERVICES 5801 EXECUTIVE CENTER DRIVE #101 CHARLOTTE, NC 28212	58-1940978	501(C)3	6,339.	0.		
ARTS & SCIENCE COUNCIL CHARLOTTE MECKLENBURG INC. - 227 WEST TRADE STREET, SUITE 250 - CHARLOTTE, NC 28202	56-0693436	501(C)3	105,707.	0.		
ASPIRE COMMUNITY CAPITAL 6406 BEECHER DRIVE CHARLOTTE, NC 28215	47-1562918	501(C)3	50,000.	0.		
ATRIUM HEALTH FOUNDATION INC. P.O. BOX 32861 CHARLOTTE, NC 28232	56-6060481	501(C)3	5,296.	0.		
AUGUSTINE LITERACY PROJECT (ST. PETER'S EPISCOPAL CHURCH) - 115 WEST 7TH STREET - CHARLOTTE, NC 28202	83-0822641	501(C)3	23,025.	0.		
BETHLEHEM CENTER OF CHARLOTTE INC. 2702 NORFOLK AVENUE CHARLOTTE, NC 28203	56-0543244	501(C)3	42,040.	0.		

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
BIG BROTHERS BIG SISTERS OF GREATER CHARLOTTE - 3801 EAST INDEPENDENCE BOULEVARD - CHARLOTTE, NC 28205	56-2264009	501(C)3	291,566.	0.		
BOYS AND GIRLS CLUB OF CABARRUS COUNTY, INC. - 247 SPRING STREET NW - CONCORD, NC 28025	56-0577630	501(C)3	149,026.	0.		
BROOKHILL COMMUNITY RESOURCE CENTER - 2516 S. TRYON ST. - CHARLOTTE, NC 28203	56-2256591	501(C)3	25,000.	0.		
BROOKSTONE SCHOOLS OF MECKLENBURG COUNTY - PO BOX 667890 - CHARLOTTE, NC 28266	56-2221108	501(C)3	6,000.	0.		
CABARRUS COOPERATIVE CHRISTIAN MINISTRY FOUNDATION - 246 COUNTRY CLUB DRIVE NE - CONCORD, NC 28025	56-1320818	501(C)3	57,949.	0.		
CABARRUS MEALS ON WHEELS, INC. 1701 SOUTH MAIN STREET KANNAPOLIS, NC 28081	56-1172942	501(C)3	14,764.	0.		
CAMINO COMMUNITY DEVELOPMENT CORPORATION INC. - 133 STETSON DR. - CHARLOTTE, NC 28262	56-2015959	501(C)3	20,240.	0.		
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 28027	56-0935064	501(C)3	5,375.	0.		
CARE RING, INC. 601 E 5TH STREET, SUITE 140 CHARLOTTE, NC 28202	56-0621073	501(C)3	599,763.	0.		

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
CAROLINA RAPTOR CENTER INC 6000 SAMPLE DR HUNTERSVILLE, NC 28078	56-1349170	501(C)3	12,798.	0.		
CATAWBA LANDS CONSERVANCY 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	58-1969605	501(C)3	8,510.	0.		
CATHOLIC CHARITIES DIOCESE OF CHARLOTTE - 1123 S CHURCH STREET - CHARLOTTE, NC 28203	56-1058954	501(C)3	6,507.	0.		
CENTRAL NC COUNCIL, BOY SCOUTS OF AMERICA - 2500 ABLEMARLE ROAD - ALBEMARLE, NC 28001	56-0532132	501(C)3	67,916.	0.		
CHARLOTTE CENTER FOR LEGAL ADVOCACY - 1431 ELIZABETH AVENUE - CHARLOTTE, NC 28204	56-1202940	501(C)3	224,287.	0.		
CHARLOTTE CENTER FOR URBAN MINISTRY, INC. - 945 NORTH COLLEGE STREET - CHARLOTTE, NC 28206	56-1837620	501(C)3	9,365.	0.		
CHARLOTTE COMMUNITY HEALTH CLINIC 8401 MEDICAL PLAZA DRIVE SUITE 300 CHARLOTTE, NC 28262	56-2274174	501(C)3	324,784.	0.		
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL ROAD CHARLOTTE, NC 28226	56-0623935	501(C)3	19,660.	0.		
CHARLOTTE FAMILY HOUSING, INC. 300 HAWTHORNE LANE CHARLOTTE, NC 28204	58-1599120	501(C)3	306,244.	0.		

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
CHARLOTTE LAB SCHOOL INC. 301 E. 9TH STREET CHARLOTTE, NC 28203	47-1006252	501(C)3	5,240.	0.		
CHARLOTTE LATIN SCHOOLS 9502 PROVIDENCE ROAD CHARLOTTE, NC 28277	56-0944449	501(C)3	27,595.	0.		
CHARLOTTE MECKLENBURG LIBRARY FOUNDATION - 220 NORTH TRYON STREET - CHARLOTTE, NC 28202	46-1172548	501(C)3	12,390.	0.		
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	56-0571223	501(C)3	20,806.	0.		
CHARLOTTE RESCUE MISSION ENDOWMENT 907 W. 1ST STREET CHARLOTTE, NC 28202	47-2414761	501(C)3	9,480.	0.		
CHARLOTTE SPEECH AND HEARING CENTER, INC - 741 KENILWORTH AVENUE, SUITE 100 - CHARLOTTE, NC 28204	56-0892041	501(C)3	503,682.	0.		
CHARLOTTE SYMPHONY ORCHESTRA SOCIETY INC. - 128 S TRYON ST., STE 350 - CHARLOTTE, NC 28202	56-6011568	501(C)3	8,424.	0.		
CHILD CARE RESOURCES INC. 4600 PARK ROAD SUITE 400 CHARLOTTE, NC 28209	56-1316030	501(C)3	686,906.	0.		
CHURCH AT CHARLOTTE 2500 CARMEL RD CHARLOTTE, NC 28226	56-1062884	501(C)3	5,040.	0.		

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
CLASSROOM CENTRAL, INC 2116 WILKINSON BLVD. CHARLOTTE, NC 28208	03-0455618	501(C)3	43,107.	0.		
COLTRANE L.I.F.E. CENTER, INC. 321 CORBAN AVENUE SOUTH EAST CONCORD, NC 28025	56-1222998	501(C)3	28,297.	0.		
COMMON WEALTH ASSOCIATES, INC. 5301 WILKINSON BOULEVARD ROAD CHARLOTTE, NC 28208	30-0842673	501(C)3	23,060.	0.		
COMMUNITIES IN SCHOOLS OF CHARLOTTE-MECKLENBURG, INC. - 601 EAST 5TH STREET SUITE 300 - CHARLOTTE, NC 28202	58-1661795	501(C)3	665,857.	0.		
COMMUNITIES IN SCHOOLS OF NORTH CAROLINA - 222 NORTH PERSON STREET SUITE 203 - RALEIGH, NC 27601	56-1677831	501(C)3	44,635.	0.		
COMMUNITY FREE CLINIC, INC. 528 LAKE CONCORD ROAD NORTH EAST U CONCORD, NC 28025	58-2131301	501(C)3	101,761.	0.		
COMMUNITY HEALTH SERVICES OF UNION COUNTY, INC. - 1338-C EAST SUNSET DRIVE - MONROE, NC 28112	46-0495947	501(C)3	136,484.	0.		
COMMUNITY LINK PROGRAMS OF TRAVELERS AID SOCIETY OF CENTRAL CAROLINAS, INC. - 601 EAST 5TH STREET SUITE 220 - CHARLOTTE, NC	56-0530008	501(C)3	473,357.	0.		
COMMUNITY SHELTER OF UNION COUNTY 311 EAST JEFFERSON STREET MONROE, NC 28111	58-2121860	501(C)3	125,643.	0.		

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
COPS & BARBERS, INC. 3720 N. TRYON STREET, SUITE 102 CHARLOTTE, NC 28206	82-3268245	501(C)3	15,152.	0.		
COUNCIL FOR CHILDREN'S RIGHTS, INC. - 601 EAST 5TH STREET SUITE 510 - CHARLOTTE, NC 28202	56-1325184	501(C)3	389,186.	0.		
COUNCIL ON AGING IN UNION COUNTY, INC. - 1401 SKYWAY DRIVE - MONROE, NC 28110	56-1081558	501(C)3	58,885.	0.		
CRISIS ASSISTANCE MINISTRY (MECKLENBURG) - 500-A SPRATT STREET - CHARLOTTE, NC 28206	56-1416719	501(C)3	513,775.	0.		
CROSSROADS CORPORATION FOR AFFORDABLE HOUSING AND COMMUNITY DEVELOPMENT - 3623 LATROBE AVENUE SUITE 208 - CHARLOTTE, NC 28211	26-2787742	501(C)3	150,440.	0.		
CVAN WOMEN'S PROGRAM PO BOX 1749 CONCORD, NC 28026	57-0749038	501(C)3	53,965.	0.		
CYSTIC FIBROSIS FOUNDATION, CAROLINAS CHAPTER - 4600 PARK ROAD, SUITE 100 - CHARLOTTE, NC 28209	13-1930701	501(C)3	5,882.	0.		
DAVIDSON/CORNELIUS CHILD DEVELOPMENT CENTER - 242 GAMBLE STREET - DAVIDSON, NC 28036	56-0891613	501(C)3	34,002.	0.		
DISABILITY RIGHTS AND RESOURCES 5801 EXECUTIVE CENTER DRIVE SUITE 1 CHARLOTTE, NC 28212	56-1268845	501(C)3	53,808.	0.		

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
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON ROAD CHARLOTTE, NC 28217	56-2170625	501(C)3	5,105.	0.		
E2D, INC. 18605 NORTHLINE DRIVE SUITE A1 CORNELIUS, NC 28031	46-5008759	501(C)3	55,150.	0.		
ESTHER HOUSE OF STANLY COUNTY 313 NORTH 2ND STREET ALBEMARLE, NC 28001	46-1652623	501(C)3	38,260.	0.		
EXCHANGE SCAN 207 WALNUT STREET STATESVILLE, NC 28687	56-1758810	501(C)3	34,338.	0.		
FAMILIES FIRST IN CABARRUS COUNTY, INC. - 985 CENTRAL DRIVE NW - CONCORD, NC 28027	47-1302015	501(C)3	34,065.	0.		
FEED MY LAMBS 2209 US-74 WADESBORO, NC 28170	56-2158694	501(C)3	22,733.	0.		
FIFTH STREET MINISTRIES (DIAKONOS) 1421 5TH STREET STATESVILLE, NC 28687	58-1821225	501(C)3	41,473.	0.		
FLORENCE CRITTENTON SERVICES, INC. 1300 BLYTHE BOULEVARD CHARLOTTE, NC 28203	56-0577626	501(C)3	153,019.	0.		
FOREST HILL CHURCH 7224 PARK RD CHARLOTTE, NC 28210	56-0754698	501(C)3	9,120.	0.		

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
FOUNDATION FOR THE CAROLINAS 220 N TRYON STREET CHARLOTTE, NC 28202	56-6047886	501(C)3	11,283.	0.		
FREEDOM SCHOOL PARTNERS 1030 AROSA AVENUE CHARLOTTE, NC 28203	56-2169158	501(C)3	41,716.	0.		
FRIENDS OF OFCB PO BOX 34563 CHARLOTTE, NC 28234	27-3064948	501(C)3	5,400.	0.		
GIRL SCOUTS, HORNETS' NEST COUNCIL 7007 IDLEWILD ROAD CHARLOTTE, NC 28212	56-0563842	501(C)3	156,002.	0.		
GOODWILL INDUSTRIES OF THE SOUTHERN PIEDMONT, INC. - 5301 WILKINSON BOULEVARD - CHARLOTTE, NC 28208	56-0844639	501(C)3	207,800.	0.		
GRACE-MAR SERVICES, INC. PO BOX 480323 CHARLOTTE, NC 28269	80-0235887	501(C)3	45,000.	0.		
GREENLIGHT FUND INC 200 CLARENDON STREET, 44TH FLOOR BOSTON, MA 02118	20-0407083	501(C)3	25,000.	0.		
HABITAT FOR HUMANITY CABARRUS COUNTY - 8 CHURCH STREET SUITE 101 - CONCORD, NC 28025	56-1678395	501(C)3	48,840.	0.		
HABITAT FOR HUMANITY OF CHARLOTTE INC. - PO BOX 220287 - CHARLOTTE, NC 28222	56-1366233	501(C)3	26,939.	0.		

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
HEALTHQUEST OF UNION COUNTY 415 EAST FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)3	24,522.	0.		
HEALTHREACH COMMUNITY CLINIC 400 EAST STATEVILLE AVENUE SUITE 30 MOORESVILLE, NC 28115	20-1020941	501(C)3	81,020.	0.		
HEART MATH TUTORING, INC. 1100 S. MINT STREET #208 CHARLOTTE, NC 28203	46-4366030	501(C)3	20,475.	0.		
HIDDEN VALLEY COMMUNITY DEVELOPMENT CORPORATION - 3815 N. TRYON ST. - CHARLOTTE, NC 28206	56-1862380	501(C)3	9,880.	0.		
HOLLA! 207 WHEELER STREET WADESBORO, NC 28170	51-0562858	501(C)3	14,963.	0.		
HOPE HAVEN, INC. 3815 NORTH TRYON STREET CHARLOTTE, NC 28206	58-1314284	501(C)3	334,993.	0.		
HOSPICE & PALLIATIVE CARE CHARLOTTE REGION - 7845 LITTLE AVENUE - CHARLOTTE, NC 28226	56-1219017	501(C)3	5,964.	0.		
HOSPICE OF CABARRUS COUNTY, INC. 5003 HOSPICE LANE KANNAPOLIS, NC 28081	58-1584842	501(C)3	18,326.	0.		
HOSPICE OF CLEVELAND COUNTY, INC. 951 WENDOVER HEIGHTS DRIVE SHELBY, NC 28150	56-1452373	501(C)3	6,122.	0.		

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
HOSPICE OF GASTON COUNTY INC 258 E GARRISON BOULEVARD GASTONIA, NC 28054	58-1341530	501(C)3	5,681.	0.		
HUMAN COALITION 1505 E 4TH ST. CHARLOTTE, NC 28204	26-4099950	501(C)3	16,500.	0.		
HUMANE SOCIETY OF CHARLOTTE INC. 2700 TOOMEY AVE CHARLOTTE, NC 28203	58-1342479	501(C)3	19,803.	0.		
JAMIE KIMBLE FOUNDATION FOR COURAGE - 1850 E. THIRD STREET, SUITE 110 - CHARLOTTE, NC 28204	47-4875177	501(C)3	5,536.	0.		
JDRF INTERNATIONAL, WESTERN NC CHAPTER - 205 REGENCY EXECUTIVE PARK DRIVE, SUITE 102 - CHARLOTTE, NC 28217	23-1907729	501(C)3	17,885.	0.		
JUNIOR ACHIEVEMENT OF CENTRAL CAROLINAS INC. - 201 S TRYON ST, STE LL100 - CHARLOTTE, NC 28202	56-0672085	501(C)3	9,591.	0.		
KINDERMOURN, INC. 1320 HARDING PLACE CHARLOTTE, NC 28204	56-1221194	501(C)3	109,205.	0.		
LAKE NORMAN COMMUNITY HEALTH CLINIC - 14230 HUNTERS ROAD - HUNTERSVILLE, NC 28078	04-3723062	501(C)3	51,025.	0.		
LAKEWOOD NEIGHBORHOOD ALLIANCE 330 LAKEWOOD AVE. CHARLOTTE, NC 28208	38-4015347	501(C)3	18,000.	0.		

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
LATIN AMERICAN COALITION 4938 CENTRAL AVENUE SUITE 100 CHARLOTTE, NC 28205	58-1945776	501(C)3	205,336.	0.		
LEGAL AID OF NORTH CAROLINA, INC. 1431 ELIZABETH AVENUE CHARLOTTE, NC 28204	31-1784161	501(C)3	128,017.	0.		
LEVINE JEWISH COMMUNITY CENTER, INC. - 5007 PROVIDENCE ROAD - CHARLOTTE, NC 28226	56-1100696	501(C)3	23,558.	0.		
LILY PAD HAVEN INC. 5009 BEATTIES FORD RD STE 107-356 CHARLOTTE, NC 28216	45-3036117	501(C)3	5,300.	0.		
LOAVES AND FISHES, INC. 648 GRIFFITH ROAD, SUITE B CHARLOTTE, NC 28217	56-1398498	501(C)3	9,729.	0.		
LOGAN COMMUNITY DAY CARE ASSOCIATION, INC. - 204 BOOKER DRIVE SW - CONCORD, NC 28025	23-7210127	501(C)3	42,504.	0.		
LOVE INC OF MECKLENBURG COUNTY 2304 THE PLAZA, SUITE 300 CHARLOTTE, NC 28205	56-1741006	501(C)3	5,383.	0.		
MECKLENBURG COUNTY COUNCIL - BOY SCOUTS OF AMERICA - 1410 EAST 7TH STREET - CHARLOTTE, NC 28204	56-0529957	501(C)3	115,628.	0.		
MEN'S SHELTER OF CHARLOTTE, INC 1210 N TRYON STREET CHARLOTTE, NC 28206	56-1474475	501(C)3	423,953.	0.		

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
MENTAL HEALTH AMERICA OF CENTRAL CAROLINAS, INC. - 3701 LATROBE DRIVE SUITE 140 - CHARLOTTE, NC 28211	56-0674267	501(C)3	335,700.	0.		
METROLINA REGIONAL SCHOLARS ACADEMY INC. - 5225 - 77 CENTER DRIVE - CHARLOTTE, NC 28217	56-2153618	501(C)3	12,982.	0.		
MIRAVIA INC 3737 WEONA AVE CHARLOTTE, NC 28209	56-1866587	501(C)3	6,169.	0.		
MISTY MEADOWS MITEY RIDERS INC. 455 PROVIDENCE RD S WAXHAW, NC 28173	56-2045099	501(C)3	16,835.	0.		
MOORESVILLE AREA CHRISTIAN MISSION, INC. - 266 NORTH BROAD STREET - CHARLOTTE, NC 28115	56-0667685	501(C)3	92,180.	0.		
NC MEDASSIST 4428 TAGGART CREEK ROAD, SUITE 101 CHARLOTTE, NC 28208	56-2018957	501(C)3	511,158.	0.		
NORTH CAROLINA WILDLIFE FEDERATION 1346 ST JULIEN ST CHARLOTTE, NC 28205	56-1564376	501(C)3	30,000.	0.		
NORTH END COMMUNITY COALITION 1833 STROUD PARK CT. CHARLOTTE, NC 28206	81-2943846	501(C)3	17,310.	0.		
ON MY GENIUS CAMPAIGN 2614 WOODSORREL LANE, SUITE B 115 CHARLOTTE, NC 28213	81-1281603	501(C)3	60,000.	0.		

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
OPERA CAROLINA 1600 ELIZABETH AVE CHARLOTTE, NC 28204	56-6019660	501(C)3	11,350.	0.		
OUR TOWNS HABITAT FOR HUMANITY 20310 N. MAIN STREET CORNELIUS, NC 28031	56-1733643	501(C)3	108,231.	0.		
PROJECT INASMUCH - LAURINBURG, NC 12560 TURNPIKE ROAD LAURINBURG, NC 28352	45-4249770	501(C)3	10,000.	0.		
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 28270	56-0952382	501(C)3	32,237.	0.		
RACE MATTERS FOR JUVENILE JUSTICE 832 E. 4TH STREET, SUITE 3520 CHARLOTTE, NC 28202	16-1704986	501(C)3	25,000.	0.		
RAIN, INC. 601 E 5TH STREET, SUITE 470 CHARLOTTE, NC 28202	56-1825247	501(C)3	125,575.	0.		
REFUGEE SUPPORT SERVICES OF THE CAROLINAS INC. - 8911 ALPINE CIRCLE - CHARLOTTE, NC 28270	20-5972063	501(C)3	25,000.	0.		
RENAISSANCE WEST COMMUNITY INITIATIVE - 3610 NOBLES AVENUE - CHARLOTTE, NC 28208	27-1396021	501(C)3	253,573.	0.		
RIGHT MOVES FOR YOUTH, INC. 2211 WEST MOREHEAD STREET SUITE 102 CHARLOTTE, NC 28208	56-1834718	501(C)3	186,294.	0.		

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
RONALD MCDONALD HOUSE OF CHARLOTTE INC. - 1613 E. MOREHEAD ST. - CHARLOTTE, NC 28207	20-4671570	501(C)3	5,312.	0.		
ROWAN COUNTY UNITED WAY, INC. 1930 JAKE ALEXANDER BVD. W, STE B SALISBURY, NC 28147	56-0642828	501(C)3	11,197.	0.		
SAFE ALLIANCE, INC. 601 EAST 5TH STREET SUITE 400 CHARLOTTE, NC 28202	56-0529967	501(C)3	698,139.	0.		
SALVATION ARMY - CHARLOTTE, AREA COMMAND - 4015 STUART ANDREW BOULEVARD ROAD - CHARLOTTE, NC 28217	58-0660607	501(C)3	1,284,820.	0.		
SALVATION ARMY CABARRUS 216 PATTERSON AVENUE, SE CONCORD, NC 28025	58-0660607	501(C)3	53,198.	0.		
SECOND HARVEST FOOD BANK OF METROLINA - 500 SPRATT ST., STE B - CHARLOTTE, NC 28206	56-1352593	501(C)3	41,309.	0.		
SILENT IMAGES INC. PO BOX 667 MATTHEWS, NC 28106	33-1164224	501(C)3	30,050.	0.		
SMITHVILLE COMMUNITY COALITION PO BOX 1206 CORNELIUS, NC 28031	46-1055584	501(C)3	25,000.	0.		
SOUTHSIDE RIDES FOUNDATION 2846 FREEDOM DRIVE CHARLOTTE, NC 28208	20-2790909	501(C)3	10,500.	0.		

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
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	35-1044585	501(C)3	14,946.	0.		
ST. MATTHEW'S CATHOLIC CHURCH 8015 BALLANTYNE COMMONS PARKWAY CHARLOTTE, NC 28277	56-1532841	501(C)3	8,280.	0.		
SUSAN G KOMEN BREAST CANCER FOUNDATION - 2316 RANDOLPH RD. - CHARLOTTE, NC 28207	75-2854959	501(C)3	5,375.	0.		
TEEN HEALTH CONNECTION, INC. 3541 RANDOLPH ROAD CHARLOTTE, NC 28211	56-1719715	501(C)3	252,925.	0.		
THE ARC OF UNION/CABARRUS, INC. 1653-C CAMPUS PARK DRIVE MONROE, NC 28112	56-1677521	501(C)3	104,897.	0.		
THE BULB 2410A DISTRIBUTION STREET CHARLOTTE, NC 28203	56-1201496	501(C)3	51,000.	0.		
THE CENTER FOR COMMUNITY TRANSITIONS - 2226 NORTH DAVIDSON STREET - CHARLOTTE, NC 28205	51-0185383	501(C)3	197,487.	0.		
THE LEARNING COLLABORATIVE 3241 SAM DRENAN ROAD CHARLOTTE, NC 28205	56-1668333	501(C)3	122,920.	0.		
THE MEDICAL FOUNDATION OF NORTH CAROLINA INC. - 123 WEST FRANKLIN STREET, SUITE 510 - CHAPEL HILL, NC 27516	56-6057494	501(C)3	15,600.	0.		

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
THE RELATIVES, INC. 119 EAST 8TH STREET CHARLOTTE, NC 28202	56-1082022	501(C)3	141,904.	0.		
THOMPSON CHILD & FAMILY FOCUS 6800 SAINT PETER'S LANE MATTHEWS, NC 28105	56-0547460	501(C)3	79,550.	0.		
TIME OUT YOUTH 2320 NORTH DAVIDSON STREET CHARLOTTE, NC 28205	56-1755564	501(C)3	5,758.	0.		
TURNING POINT, INC. PO BOX 952 MONROE, NC 28111	58-1698701	501(C)3	175,871.	0.		
UMAR SERVICES, INC. 5350 77 CENTER DRIVE, SUITE 201 CHARLOTTE, NC 28217	56-1381671	501(C)3	6,047.	0.		
UNION COUNTY CRISIS ASSISTANCE MINISTRY, INC. - 1333 WEST ROOSEVELT BOULEVARD - MONROE, NC 28110	58-1631417	501(C)3	167,308.	0.		
UNION-ANSON COUNTY HABITAT FOR HUMANITY, INC. - 2520 WEST ROOSEVELT BOULEVARD - MONROE, NC 28110	56-1704668	501(C)3	54,409.	0.		
UNITED JEWISH CHARITIES OF GREATER CHARLOTTE INC. - 5007 PROVIDENCE RD - CHARLOTTE, NC 28226	56-1951745	501(C)3	8,244.	0.		
UNITED WAY OF ANDERSON COUNTY 201 S MURRAY AVENUE, SUITE 200 ANDERSON, SC 29622	57-0510602	501(C)3	10,000.	0.		

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
UNITED WAY OF CLEVELAND COUNTY NC, INC. - 132 W GRAHAM STREET - SHELBY, NC 28150	56-6030073	501(C)3	10,527.	0.		
UNITED WAY OF FORSYTH COUNTY INC 301 NORTH MAIN STREET, SUITE 1700 WINSTON SALEM, NC 27101	23-7357234	501(C)3	24,068.	0.		
UNITED WAY OF GASTON COUNTY INC PO BOX 2597 GASTONIA, NC 28053	56-0653356	501(C)3	33,335.	0.		
UNITED WAY OF GREATER GREENSBORO INC NC - 1500 YANCEYVILLE STREET - GREENSBORO, NC 27405	56-0668555	501(C)3	10,564.	0.		
UNITED WAY OF LANCASTER COUNTY INC 109 SOUTH WYLIE STREET LANCASTER, SC 29720	57-0564440	501(C)3	8,449.	0.		
UNITED WAY OF LINCOLN COUNTY, INC. 211 W. WATER ST. EXT. LINCOLNTON, NC 28092	23-7125926	501(C)3	9,847.	0.		
UNITED WAY OF ROANOKE VALLEY, INC. 325 CAMPBELL AVENUE SW ROANOKE, VA 24016	54-0535302	501(C)3	12,220.	0.		
UNITED WAY OF STANLY COUNTY, INC. PO BOX 1178 ALBEMARLE, NC 28002	56-0841588	501(C)3	6,113.	0.		
UNITED WAY OF THE GREATER TRIANGLE INC - 800 PARK OFFICES DRIVE, SUITE 204 - DURHAM, NC 27709	56-1949103	501(C)3	5,252.	0.		

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
UNITED WAY OF THE MIDLANDS (SC) 1818 BLANDING STREET COLUMBIA, SC 29201	57-0314396	501(C)3	6,658.	0.		
UNITED WAY OF YORK COUNTY, SC PO BOX 925 ROCK HILL, SC 29731	57-0360058	501(C)3	56,556.	0.		
UNIVERSITY RADIO FOUNDATION INC. 8801 J M KEYNES DR STE 91 CHARLOTTE, NC 28262	56-1803808	501(C)3	9,178.	0.		
URBAN LEAGUE OF CENTRAL CAROLINAS, INC. - PO BOX 34686 - CHARLOTTE, NC 28234	56-1218704	501(C)3	310,850.	0.		
WEDGEWOOD CHURCH 4800 WEDGEWOOD DR. CHARLOTTE, NC 28210	56-6022062	501(C)3	13,200.	0.		
WEST BOULEVARD NEIGHBORHOOD COALITION - 4032 BROADVIEW DRIVE - CHARLOTTE, NC 28217	30-0401238	501(C)3	17,310.	0.		
WEST SIDE COMMUNITY LAND TRUST 2910 PARKWAY AVENUE CHARLOTTE, NC 28208	82-1143067	501(C)3	25,000.	0.		
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)3	9,357.	0.		
YMCA OF GREATER CHARLOTTE 500 EAST MOREHEAD STREET CHARLOTTE, NC 28202	56-1045299	501(C)3	340,466.	0.		

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
YOUNG BLACK LEADERSHIP ALLIANCE 416 MCCULLOUGH DRIVE, SUITE 215 CHARLOTTE, NC 28262	26-2984776	501(C)3	14,700.	0.		
YWCA CENTRAL CAROLINAS 3420 PARK ROAD CHARLOTTE, NC 28209	56-0532139	501(C)3	834,286.	0.		
STILETTO BOSS UNIVERSITY 10518 ENGLISH SETTER WAY CHARLOTTE, NC 28269	82-1467018	501(C)3	25,000.	0.		

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

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

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
56-0529948

Part I 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 **1b**

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? **2**

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? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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 **7**

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

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

	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) 2018

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, 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) and

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
(1) LAURA CLARK PRESIDENT & CEO STARTING 9/7/18	(i)	152,353.	0.	100.	7,623.	13,456.	
	(ii)	0.	0.	0.	0.	0.	
(2) SEAN C. GARRETT PRESIDENT/ED THRU 9/7/18	(i)	152,459.	0.	79.	7,627.	14,284.	
	(ii)	0.	0.	0.	0.	0.	
(3) J. WILFRED NEAL CHIEF ADMINISTRATIVE & FINANCIAL OFF	(i)	145,315.	0.	782.	7,305.	9,199.	
	(ii)	0.	0.	0.	0.	0.	
	(i)						
	(ii)						
	(i)						
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	(i)						
	(ii)						

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number

56-0529948

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

SERVICE PROGRAMS TO HELP DRIVE ECONOMIC MOBILITY WITH A FOCUS ON

EDUCATION, HEALTH, FINANCIAL STABILITY AND BASIC NEEDS. OUR

TWO-GENERATION APPROACH SUPPORTS THE ENTIRE FAMILY BY INTENTIONALLY

FOCUSING ON THE NEEDS OF BOTH PARENT AND CHILD. UWCC ALLOCATES FUNDING

TO OVER 100 HEALTH AND HUMAN SERVICE ORGANIZATIONS IN ANSON, CABARRUS,

MECKLENBURG, IREDELL, AND UNION COUNTIES.

THE FUNDING IS ALLOCATED THROUGH THREE GRANT PROCESSES:

--IMPACT GRANTS SUPPORT AGENCIES ACROSS OUR FIVE-COUNTY REGION THAT

WORK COLLABORATIVELY TO PROVIDE COMPREHENSIVE AND COORDINATED SERVICES

THAT WILL IMPROVE ECONOMIC MOBILITY AND ACHIEVE RESULTS GREATER THAN

ANY SINGLE ORGANIZATION.

--UNITED NEIGHBORHOODS WORKS TO CHANGE THE ODDS FOR THOSE IN OUR MOST

UNDER-RESOURCED NEIGHBORHOODS BY SUPPORTING COMMUNITY-DRIVEN HOLISTIC

NEIGHBORHOOD TRANSFORMATION AND REVITALIZATION EFFORTS.

--UNITE CHARLOTTE SUPPORTS NEW AND GRASSROOTS ORGANIZATIONS THROUGH

GRANTS AND CAPACITY-BUILDING ACTIVITIES FOCUSED ON IMPROVING RACIAL

EQUITY AND INCREASING SOCIAL CAPITAL.

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

UWCC INVESTS \$26.4 MILLION ANNUALLY INTO THE COMMUNITY, WITH \$17.7

MILLION GOING TOWARD THE ORGANIZATION'S COMMUNITY IMPACT STRATEGY AND

\$8.7 MILLION IN DONOR-DIRECTED FUNDING. FOCUSING ON IMPROVING

EDUCATION, HEALTH, AND FINANCIAL STABILITY, UWCC'S IMPACT STRATEGY

WORKS TO BOOST ECONOMIC MOBILITY ACROSS THE REGION, WHILE ALSO HELPING

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PROVIDE A SAFETY NET FOR PEOPLE AND FAMILIES IN NEED.

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

UWCC LAUNCHED UNITED NEIGHBORHOODS IN SEPTEMBER 2017 WITH THE ANNOUNCEMENT OF A \$2.4 MILLION INVESTMENT OVER THREE YEARS INTO THE GRIER HEIGHTS AND RENAISSANCE NEIGHBORHOODS IN CHARLOTTE. THE INITIATIVE FOCUSES ON PARTNERSHIPS WITH RESIDENTS, COMMUNITY LEADERS, BUSINESSES, AND NONPROFITS, BACKED BY MULTI-YEAR FUNDING AND STAFF RESOURCES FROM UWCC. IN 2019, SIX "BUILDING BLOCK GRANTS" WERE AWARDED TO NEIGHBORHOODS INCLUDING BROOKHILL, HIDDEN VALLEY, LAKEWOOD, SMITHVILLE, WEST BOULEVARD CORRIDOR, AND THE NORTH END COMMUNITY COALITION. THESE GRANTS SUPPORT NEIGHBORHOODS IN THE EARLY STAGES OF COMPREHENSIVE REVITALIZATION. GRANTS WILL BUILD THE CAPACITY OF "COMMUNITY QUARTERBACK" ORGANIZATIONS, FUND COMMUNITY ENGAGEMENT ACTIVITIES AND COMPLETE RESIDENT-DRIVEN NEIGHBORHOOD PLANNING TO IDENTIFY NEEDS AND SOLUTIONS.

UNITE CHARLOTTE SUPPORTS NEW AND GRASSROOTS ORGANIZATIONS THROUGH GRANTS, AND CAPACITY-BUILDING ACTIVITIES FOCUSED ON IMPROVING RACIAL EQUITY AND INCREASING SOCIAL CAPITAL. THE EFFORT, LAUNCHED IN 2017, WAS A COLLABORATIVE EFFORT WITH OTHER LOCAL FUNDERS AND COMMUNITY LEADERS TO ADDRESS ISSUES THAT LEAD TO THE UNREST IN CHARLOTTE DURING THE FALL OF 2016. THROUGH THIS INITIATIVE, UWCC FUNDS SMALL AND/OR NEW ORGANIZATIONS AND OFFERS CAPACITY-BUILDING WORKSHOPS DESIGNED TO SUPPORT THEIR ORGANIZATIONAL GROWTH. IN JUNE 2019, UWCC ANNOUNCED THE THIRD ROUND OF UNITE CHARLOTTE FUNDING WITH A DISTRIBUTION OF \$300,000 IN GRANTS AND CAPACITY BUILDING INITIATIVES TO 15 NONPROFITS AND GRASSROOTS ORGANIZATIONS FOCUSED ON BUILDING RACIAL EQUITY AND SOCIAL

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CAPITAL IN MECKLENBURG COUNTY. THAT BRINGS THE TOTAL UNITE CHARLOTTE FUNDING TO NEARLY \$1.2 MILLION SINCE ITS LAUNCH IN LATE 2016 IN RESPONSE TO THE CIVIC UNREST IN CHARLOTTE.

IMPACT GRANTS SUPPORT AGENCIES ACROSS OUR FIVE-COUNTY REGION THAT WORK COLLABORATIVELY TO PROVIDE COMPREHENSIVE AND COORDINATED SERVICES THAT WILL IMPROVE ECONOMIC MOBILITY AND ACHIEVE RESULTS GREATER THAN ANY SINGLE ORGANIZATION. UWCC SHIFTED ITS COMMUNITY IMPACT STRATEGY TWO YEARS AGO AND CONTINUES TO IMPLEMENT STRATEGIES INFORMED BY THE CHARLOTTE-MECKLENBURG OPPORTUNITY TASK FORCE REPORT. UNITED WAY FOCUSES ON IMPROVING ECONOMIC MOBILITY THROUGH EDUCATION, HEALTH, AND FINANCIAL STABILITY WHILE SIMULTANEOUSLY FOCUSING ON BUILDING STRONGER NEIGHBORHOODS, INCREASING RACIAL EQUITY, AND IMPROVING THE SYSTEMS THAT SERVE OUR CHILDREN AND FAMILIES.

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

EFFORT TO CONNECT VOLUNTEERS WITH TUTORING OPPORTUNITIES IN SCHOOLS IN OUR REGION. OVER THE COURSE OF THE PAST TWO YEARS, 625 READING MENTORS READ WEEKLY WITH 715 KINDERGARTEN AND FIRST-GRADE STUDENTS IN 39 CLASSROOMS IN NINE CHARLOTTE MECKLENBURG SCHOOLS, TOTALING 6,230 VOLUNTEER HOURS OF READING WITH YOUNG CHILDREN. TUTOR CHARLOTTE LEVERAGES UWCC'S EXTENSIVE CORPORATE RELATIONSHIPS TO HELP PROMOTE POSITIVE CHILD AND YOUTH DEVELOPMENT.

OTHER VOLUNTEER ACTIVITIES - UNITED WAY OF CENTRAL CAROLINAS ALSO ENGAGES VOLUNTEERS THROUGH BOARD/COMMITTEE AND COMMUNITY INVESTMENT VOLUNTEER OPPORTUNITIES.

Name of the organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

2-1-1:

NC 2-1-1 IS A SERVICE PROVIDED BY THE UNITED WAY OF NORTH CAROLINA. NC 2-1-1 IS NORTH CAROLINA'S RESOURCE FOR FREE INFORMATION AND REFERRAL SERVICES REGARDING HEALTH AND HUMAN SERVICES AND RESOURCES. NC 2-1-1 HAS A DATABASE OF OVER 19,000 RESOURCES, INCLUDING FOOD PANTRIES, HOMELESS SHELTERS, UTILITY AND RENT ASSISTANCE FUNDS, HEALTH CLINICS, PRESCRIPTIONS ASSISTANCE PROGRAMS, COUNSELING, AND SUBSTANCE ABUSE SERVICES, CHILDCARE RESOURCES, SENIOR RESOURCES, RESOURCES FOR PERSONS WITH DISABILITIES, AND MUCH MORE. NC 2-1-1 CAN BE ACCESSED BY CALLING 2-1-1 OR GOING TO WWW.NC211.ORG. FOR FISCAL YEAR 2019, UNITED WAY 2-1-1 RECEIVED 29,064 CALLS AND IDENTIFIED 27,320 NEEDS FROM INDIVIDUALS IN THE FIVE-COUNTY SERVICE AREA COVERED BY UWCC. IN OCTOBER 2017, HOMELESS SERVICE PROVIDERS, THE CITY OF CHARLOTTE, MECKLENBURG COUNTY AND UNITED WAY OF CENTRAL CAROLINAS INITIATED A MORE EFFICIENT WAY TO SERVE THE HOMELESS BY INCORPORATING OUR REGION'S NC 2-1-1 SERVICES WITH MECKLENBURG COUNTY'S COORDINATED ENTRY. COORDINATED ENTRY IS A PORTAL OR ENTRY PROCESS THAT AIMS TO CONNECT INDIVIDUALS AND FAMILIES WHO ARE LITERALLY HOMELESS OR THOSE AT IMMINENT RISK OF BECOMING HOMELESS TO SHELTER AND HOUSING RESOURCES IN THE CHARLOTTE-MECKLENBURG AREA. BY CONNECTING 2-1-1'S SINGLE, FULL-SERVICE PLATFORM WITH THE COORDINATED ENTRY PROCESS, THOSE IN NEED OF HOUSING ASSISTANCE WILL NOW BE ABLE TO GET HELP MORE QUICKLY AND ARE POINTED TO THE RIGHT RESOURCES IN A STANDARD AND CONSISTENT MANNER.

EXPENSES \$ 287,374. 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

Name of the organization

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56-0529948

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.

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 XII, LINE 2C

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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: UWCC MAXIMIZES EVERY CENT THAT
DONORS ENTRUST WITH US BY DIRECTING IT TOWARD CRITICAL PROGRAMS THAT
FIGHT FOR THE EDUCATION, HEALTH AND FINANCIAL STABILITY OF EVERY PERSON
ACROSS OUR FIVE-COUNTY REGION: ANSON, CABARRUS, MECKLENBURG, UNION AND
MOORESVILLE/ LAKE NORMAN. UNITED WAY OF CENTRAL CAROLINAS' BOARD OF
DIRECTORS APPROVE GRANT AWARDS AND AGREEMENTS. AGENCIES ARE NOTIFIED OF
AWARDS.

IN FY19, UNITED WAY'S BOARD OF DIRECTORS VOTED TO MOVE FROM A FISCAL
YEAR GRANT CYCLE TO A CALENDAR YEAR GRANT CYCLE. TO EFFECT THIS CHANGE,
UNITED WAY FUNDED A ONE-TIME, 18 MONTH GRANT PERIOD BEGINNING JULY 1,
2019 AND CONCLUDING DECEMBER 31, 2020. IN FUTURE YEARS, THE IMPACT
GRANTS, UNITED NEIGHBORHOODS AND UNITE CHARLOTTE GRANT CYCLES WILL
BEGIN JANUARY 1 AND CONCLUDE DECEMBER 31. IN ORDER FOR A PARTNER AGENCY
TO BE ELIGIBLE TO RECEIVE FUNDS ALLOCATED BY UWCC, THEY MUST SUBMIT
APPLICATIONS THAT INCLUDE GOALS, STRATEGIES, AND OUTCOMES THAT ARE
LINKED TO UWCC'S IMPACT STRATEGY. THE PROPOSED ACTIVITIES AND TARGET
OUTCOMES MUST BE SPECIFIC, MEASURABLE, ATTAINABLE, REALISTIC, TIMELY,
AND UNAMBIGUOUS. AGENCIES SUBMIT ANNUAL REPORTS ON PROGRAM OUTCOMES.
THROUGH THIS DISCIPLINE, AGENCIES CONTINUALLY IMPROVE THEIR PROGRAMS,
MAKING MEASURABLE AND LASTING CHANGE IN THE LIVES OF THE PEOPLE THEY
ARE SERVING. IN ADDITION, EACH ORGANIZATION IS REQUIRED TO COMPLY WITH

Name of the organization UNITED WAY OF CENTRAL CAROLINAS, INC.	Employer identification number 56-0529948
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AN ANNUAL FINANCIAL CERTIFICATION PROCESS THAT IS CONDUCTED BY UWCC AND VOLUNTEER AUDITORS. THIS CERTIFICATION INVOLVES OBTAINING CURRENT FINANCIAL AND GOVERNANCE INFORMATION, AS WELL AS A THOROUGH REVIEW OF THIS INFORMATION BY AGENCY STAFF AND THE BOARD OF DIRECTORS' FINANCE COMMITTEE.

RESULTS FROM AGENCY PROGRAMS FUNDED BY UWCC:

PROGRAMS MUST HAVE GOALS THAT ARE CLEARLY LINKED TO SPECIFIC GOALS OF THE FOUR FOCUS AREAS LINKED TO IMPROVING ECONOMIC MOBILITY. THROUGH THIS DISCIPLINE, AGENCIES CONTINUALLY IMPROVE THEIR PROGRAMS, MAKING MEASURABLE AND LASTING CHANGE IN THE LIVES OF THE PEOPLE THEY ARE HELPING. CONSIDER THESE OUTCOMES FROM INVESTMENTS IN AGENCY PROGRAMS:

93% OF CHILDREN ENROLLED IN EARLY CARE AND EDUCATION PROGRAMS ENTER KINDERGARTEN PREPARED TO LEARN.

94% OF STUDENTS IN UNITED WAY PARTNER PROGRAMS WERE ENGAGED IN A MENTORING/TUTORING RELATIONSHIP WITH A CARING ADULT.

83% OF CLIENTS IN UNITED WAY PARTNER PROGRAMS HAVE IMPROVED THEIR HEALTH .

69% OF PARTICIPANTS HAVE MOVED INTO SAFE, AFFORDABLE HOUSING.

OVER 38,000 INDIVIDUALS OR FAMILIES RECEIVED DIRECT FINANCIAL ASSISTANCE TO PREVENT LOSS OF HOUSING.

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

Name of the organization

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2,202,702

PART IX, LINE 25, COLUMN D, FUNDRAISING EXPENSE

2,327,375

TOTAL OVERHEAD

4,530,077

TOTAL REVENUE PER 990

26,978,777

OVERHEAD RATIO

16.8%