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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 **and ending** JUN 30, 2009

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

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

Doing Business As

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

City or town, state or country, and ZIP + 4
CHARLOTTE, NC 28202

D Employer identification number
56-0529948

E Telephone number
704-372-7170

G Gross receipts $ 32,101,911.

F Name and address of principal officer: JANE MCINTYRE
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UWCENTRALCAROLINAS.ORG

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ 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: TO IMPROVE LIVES IN OUR FIVE-COUNTY SERVICE REGION BY MOBILIZING THE CARING POWER OF	
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	48
	4	Number of independent voting members of the governing body (Part VI, line 1b)	48
	5	Total number of employees (Part V, line 2a)	144
	6	Total number of volunteers (estimate if necessary)	312
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	42,535,355.	27,440,289.
	9	Program service revenue (Part VIII, line 2g)	726,879.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,158,425.	72,058.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<358,342.>	549,974.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,062,317.	28,062,321.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,361,211.	21,097,343.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,862,480.	5,743,503.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,949,205.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,562,904.	2,946,398.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	41,786,595.	29,787,244.
	19	Revenue less expenses. Subtract line 18 from line 12	2,275,722.	<1,724,923.>

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	41,891,882.	30,517,184.
	21	Total liabilities (Part X, line 26)	24,322,189.	15,745,314.
	22	Net assets or fund balances. Subtract line 21 from line 20	17,569,693.	14,771,870.

SCANNED JUL 02 2010

RECEIVED MAY 15 2010 OGDEN, UT

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 5/12/10

▶ JANE MCINTYRE, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 04/27/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
CHERRY, BEKAERT & HOLLAND, L.L.P.
1111 METROPOLITAN AVENUE, SUITE 1000
CHARLOTTE, NC 28204

EIN ▶

Phone no ▶ 704-377-1678

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

9-10

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
UNITED WAY OF CENTRAL CAROLINAS, INC. PARTNERS WITH AGENCIES, NEIGHBORHOODS, VOLUNTEERS, DONORS AND LOCAL BUSINESSES TO IDENTIFY NEEDS AND INVEST COMMUNITY RESOURCES IN PROGRAMS THAT CREATE LASTING SOLUTIONS FOR THE CHARLOTTE REGION'S MOST PRESSING HUMAN SERVICE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 6,337,396. including grants of $ 5,513,245.) (Revenue $)
IMPROVE PEOPLE'S HEALTH BY FUNDING AGENCY PROGRAMS THAT PROVIDE MEDICAL TREATMENT AND MEDICINES FOR PEOPLE WHO ARE UNINSURED AND CANNOT AFFORD HEALTH CARE, PROVIDE COUNSELING FOR PEOPLE WHO COULD NOT OTHERWISE AFFORD IT, PROVIDE SHELTER AND COUNSELING TO VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT, PROVIDE HEALTH SERVICES AND CARE FOR SENIORS AND THE DISABLED, PROVIDE HEALTH SERVICES AND CARE FOR PEOPLE IN THE FINAL PHASE OF TERMINAL ILLNESSES, DELIVER MEALS TO THE HOMEBOUND, HELP PEOPLE RECOVER FROM ALCOHOL AND DRUG ADDICTION, ENSURE BABIES ARE BORN AT LOW RISK FOR PREVENTABLE HEALTH PROBLEMS, MAINTAIN ADEQUATE BLOOD SUPPLIES FOR THE COMMUNITY, HELP PEOPLE MANAGE THEIR CHRONIC DISEASES AND EDUCATE PEOPLE TO MAKE HEALTHY CHOICES.

4b (Code:) (Expenses $ 4,544,957. including grants of $ 3,953,905.) (Revenue $)
HELP CHILDREN, YOUTH AND ADULTS ACHIEVE THEIR POTENTIAL BY FUNDING AGENCY PROGRAMS THAT PREPARE YOUNG CHILDREN TO ENTER SCHOOL DEVELOPMENTALLY ON TRACK IN TERMS OF LITERACY AND SOCIAL, EMOTIONAL AND INTELLECTUAL SKILLS, IMPROVE THE ACADEMIC ACHIEVEMENT OF ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS WHO WERE AT RISK FOR SCHOOL FAILURE, HELP CHILDREN FOCUS ON THEIR EDUCATION, AVOID RISKY BEHAVIORS AND PARTICIPATE IN POSITIVE ACTIVITIES, ENSURE THAT CHILDREN WITH SPECIAL NEEDS OR DISABILITIES HAVE THE SERVICES THEY NEED, AND OFFER CLASSES WHERE INDIVIDUALS GAIN SKILLS TO FILL OUT JOB APPLICATIONS AND READ NOTES FROM THEIR CHILDREN'S TEACHERS.

4c (Code:) (Expenses $ 5,192,787. including grants of $ 4,490,954.) (Revenue $)
PROMOTE FINANCIAL STABILITY AND INDEPENDENCE THROUGH FUNDING AGENCY PROGRAMS THAT PROVIDE A SAFETY NET OF SERVICES TO HELP PEOPLE IN CRISIS, PROVIDE SHELTER AND TRANSITIONAL HOUSING FOR THE HOMELESS AND HELPING HARD WORKING PEOPLE OBTAIN THEIR FIRST HOMES, HELP PEOPLE WHO LOST THEIR JOBS THROUGH JOB CENTERS AND TRAINING PROGRAMS, HELP INDIVIDUALS AND FAMILIES AVOID EVICTION AND FORECLOSURE, LEARN HOW TO REPAIR BAD CREDIT AND TO SAVE FOR THEIR EDUCATION, A HOME OR RETIREMENT, PROVIDE RIDES TO DOCTOR APPOINTMENTS OR TO THE PHARMACY FOR PEOPLE WHO HAVE NO MEANS OF TRANSPORTATION, HELP PEOPLE SECURE THE SOCIAL SECURITY DISABILITY OR MEDICARE COVERAGE DUE TO THEM, AND HELP EX-OFFENDERS TO AVOID REPEATING PAST MISTAKES.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 8,179,341. including grants of $ 7,139,239.) (Revenue $)

4e **Total program service expenses ▶ $** 24,254,481. *(Must equal Part IX, Line 25, column (B).)*

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	18		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
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	144		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
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)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		6a		X
6a	Did the organization solicit any contributions that were not tax deductible?		6b		
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 provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	X	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter: N/A				
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: N/A				
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 N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a 48		
b	Enter the number of voting members that are independent	1b 48		
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?	2		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?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	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?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NC

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply.

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

SHELLEY WHITE - 704-371-6214

301 SOUTH BREVARD STREET, CHARLOTTE, NC 28202

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
PENNY J ADAMS MEMBER	1.00	X						0.	0.	0.
DR NINI BAUTISTA, RB MEMBER	1.00	X						0.	0.	0.
JOHN R BELK MEMBER	1.00	X						0.	0.	0.
IRVIN H BISNOV VICE CHAIR - AUDIT CMTE	2.50	X						0.	0.	0.
CHARLES BOWMAN MEMBER	3.00	X						0.	0.	0.
KENNETH BRAXTON CHAIR - AUDIT CMTE	2.50	X						0.	0.	0.
ANITA BROWN MEMBER	1.50	X						0.	0.	0.
CHARLES BROWN MEMBER	1.00	X						0.	0.	0.
KEN CAULDER CHAIR - ANSON COUNTY	3.00	X						0.	0.	0.
ANN CAULKINS MEMBER	1.00	X						0.	0.	0.
JOHN C CHEN MEMBER	1.00	X						0.	0.	0.
CHARLES COBB MEMBER	1.00	X						0.	0.	0.
RONALD M COFIELD MEMBER	1.00	X						0.	0.	0.
GRACIE P COLEMAN CHAIR, HUMAN RESOURCE CM	2.00	X						0.	0.	0.
MORRISION G CREECH TREASURER, MEMBER FINANC	2.50	X		X				0.	0.	0.
EDWARD L CURRAN MEMBER	5.00	X						0.	0.	0.
FLOYD DAVIS CHAIR, COUNCIL OF EXEC	3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
GRAHAM W DENTON MEMBER	3.00	X						0.	0.	0.
BARBARA J DESOER MEMBER	1.00	X						0.	0.	0.
THOMAS P DILLON LIFE DIRECTOR	0.00	X						0.	0.	0.
PHILIP L DUBOIS MEMBER	1.00	X						0.	0.	0.
DAVID J DZURICKY ASST TREAS/VICE CHAIR, F	2.00	X		X				0.	0.	0.
THOMAS J EBERLE, JR CHAIR, IT COMMITTEE	1.50	X						0.	0.	0.
MASON D ELLERBE MEMBER	1.00	X						0.	0.	0.
ANDREW M ELLIOTT CHAIR, COMM BLDG/INVEST	2.00	X						0.	0.	0.
CARLOS E EVANS CHAIR	5.00	X		X				0.	0.	0.
MALCOLM E EVERETT, III INTERIM PRES THRU 5/31/0	60.00	X		X				78,461.	0.	0.
1b Total ▶								1,166,696.	0.	<618,970.>

2 Total number of individuals (including those in 1a) who received more than $100,000 in 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? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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 NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 242,697.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 27197592.				
	g Noncash contributions included in lines 1a-1f $ 125,704.					
	h **Total.** Add lines 1a-1f	▶	27440289.			
Program Service Revenue		Business Code				
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	322,167.			322,167.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6 a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	3789481.				
	b Less: cost or other basis and sales expenses	4039590.				
	c Gain or (loss)	<250109.>				
	d Net gain or (loss)	▶	<250,109.>			<250,109.>
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	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	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11 a OTHER INCOME	900099	956,634.	956,634.		
	b ADMINISTRATIVE SERVICE	900099	831,419.	831,419.		
	c PENSION LOSS AND PRIOR	900099	<1238079.>			<1238079.>
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	549,974.			
	12 **Total Revenue** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	28062321.	1,788,053.	0.	<1166021.>

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	21,097,343.	21,097,343.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	806,791.	123,654.	428,718.	254,419.
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	4,379,314.	1,541,256.	1,311,892.	1,526,166.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	72,999.	10,190.	45,192.	17,617.
9 Other employee benefits	68,663.	190,971.	<332,280.>	209,972.
10 Payroll taxes	415,736.	133,463.	139,535.	142,738.
11 Fees for services (non-employees):				
a Management				
b Legal	238,484.	48,117.	164,075.	26,292.
c Accounting	89,029.	5,886.	75,277.	7,866.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	230,024.	89,963.	120,063.	19,998.
12 Advertising and promotion				
13 Office expenses	355,410.	103,478.	67,730.	184,202.
14 Information technology				
15 Royalties				
16 Occupancy	547,527.	210,776.	157,078.	179,673.
17 Travel	54,860.	20,279.	2,599.	31,982.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	378,044.	132,259.	128,803.	116,982.
22 Depreciation, depletion, and amortization	296,439.	93,131.	111,042.	92,266.
23 Insurance	19,945.	6,252.	7,501.	6,192.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAD DEBTS	409,109.	305,417.	48,193.	55,499.
b DUES & SUBSCRIPTIONS	161,601.	49,998.	53,735.	57,868.
c VOLUNTEER EXPENSE & EVE	101,694.	86,630.	3,031.	12,033.
d TAXES, LICENSES & FEES	47,554.	3,531.	40,477.	3,546.
e				
f All other expenses	16,678.	1,887.	10,897.	3,894.
25 Total functional expenses. Add lines 1 through 24f	29,787,244.	24,254,481.	2,583,558.	2,949,205.
26 Joint Costs Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		11,809,575.	1	13,093,334.
	2	Savings and temporary cash investments		215,281.	2	240,751.
	3	Pledges and grants receivable, net		17,581,400.	3	8,640,804.
	4	Accounts receivable, net		82,068.	4	15,229.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		51,150.	9	24,667.
	10a	Land, buildings, and equipment: cost basis	10a 4,339,286.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 3,476,119.	1,076,186.	10c	863,167.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		8,854,986.	12	7,639,232.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,221,236.	15	0.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		41,891,882.	16	30,517,184.
Liabilities	17	Accounts payable and accrued expenses		1,438,435.	17	415,047.
	18	Grants payable		599,500.	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	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			24	
	25	Other liabilities. Complete Part X of Schedule D		22,284,254.	25	15,330,267.
	26	**Total liabilities.** Add lines 17 through 25		24,322,189.	26	15,745,314.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		15,701,095.	27	13,900,055.
	28	Temporarily restricted net assets		1,747,891.	28	751,108.
	29	Permanently restricted net assets		120,707.	29	120,707.
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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		17,569,693.	33	14,771,870.
	34	Total liabilities and net assets/fund balances		41,891,882.	34	30,517,184.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 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?	2c	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

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.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

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 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 the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27361692.	28909693.	29847527.	42535355.	27777244.	156431511
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 - 3	27361692.	28909693.	29847527.	42535355.	27777244.	156431511
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)						1126021.
6 **Public Support.** Subtract line 5 from line 4						155305490

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	27361692.	28909693.	29847527.	42535355.	27777244.	156431511
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	250,287.	602,897.	845,664.	850,897.	357,457.	2907202.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				<358,342.	≪281,445.	≪639,787.>
11 **Total support.** Add lines 7 through 10						158698926
12 Gross receipts from related activities, etc. (see instructions)					12	3,855,116.

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 2008 (line 6, column (f) divided by line 11, column (f))	14	97.86 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	97.22 %

16a **33 1/3% support test - 2008.** 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 - 2007.** 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 - 2008.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** 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 IV 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 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 ▶ ☐

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate contributions to (during year)	0.	
3	Aggregate grants from (during year)	0.	
4	Aggregate value at end of year	3,277.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? [X] Yes [ ] No

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

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

- [ ] Preservation of land for public use (e.g., recreation or pleasure)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of an historically important land area
- [ ] Preservation of certified historic structure

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's 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 XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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	877,210.				
b	Contributions	70,587.				
c	Investment earnings or losses	<166,634.>				
d	Grants or scholarships	154,072.				
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	627,091.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 81.35 %
b Permanent endowment ▶ 18.65 %
c Term endowment ▶ _____ %

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	3a(i) X	
(ii)	related organizations	3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		225,925.		225,925.
b Buildings		2,537,493.	2,144,385.	393,108.
c Leasehold improvements				
d Equipment		1,575,868.	1,331,734.	244,134.
e Other				
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)*			▶	863,167.

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
MUTUAL FUNDS	5,512,483.	END-OF-YEAR MARKET VALUE
US T-BILLS	1,499,655.	END-OF-YEAR MARKET VALUE
POOLED FUNDS HELD BY UNITED WAY LEGACY FOUNDATION	627,094.	END-OF-YEAR MARKET VALUE
Total. (Col (b) should equal Form 990, Part X, col (B) line 12) ▶	7,639,232.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
ALLOCATIONS PAYABLE TO MEMBER AGENCIES	11,976,000.
DUE TO DESIGNATED AGENCIES	1,840,380.
CAMPAIGNS PROCESSED FOR OTHERS, NET	463,699.
PENSION LIABILITY	1,050,188.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	15,330,267.

In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

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

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: THE PURPOSE OF THE ORGANIZATION'S ENDOWMENT IS TO PROVIDE INCOME TO SUPPORT GENERAL OPERATIONS SO THAT MORE OF THE DOLLARS RAISED DURING THE ANNUAL CAMPAIGN CAN BE USED FOR PROGRAM SERVICES.

PART X: IN JULY 2006, FINANCIAL ACCOUNTING STANDARDS BOARD INTERPRETATION ("FIN") NO. 48, ACCOUNTING FOR UNCERTAINTY INCOME TAXES, WAS ISSUED AND INTERPRETS SFAS STATEMENT NO. 109, ACCOUNTING FOR INCOME TAXES. FIN NO. 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME

Part XIV Supplemental Information *(continued)*

TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS IN ACCORDANCE WITH SFAS NO. 109 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. FIN NO. 48 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. FASB STAFF POSITION ("FSP FIN") NO 48-3 DEFERS THE EFFECTIVE DATE OF FIN NO. 48 FOR CERTAIN NON-PUBLIC ENTERPRISES UNTIL FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008. THE ORGANIZATION HAS ELECTED TO DEFER THE APPLICATION OF FIN NO. 48 IN ACCORDANCE WITH FSP FIN NO. 48-3. DURING THE DEFERRAL PERIOD OF THE APPLICATION OF FIN NO. 48 THE ORGANIZATION WILL CONTINUE TO EVALUATE WHETHER UNCERTAIN TAX POSITIONS EXIST UTILIZING THE UNDERLYING PRINCIPALS OF SFAS NO. 109. AT THIS TIME, THE ORGANIZATION DOES NOT EXPECT THE IMPACT OF FIN NO. 48 TO BE MATERIAL TO ITS FINANCIAL STATEMENTS.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2008

Open to Public Inspection

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

Employer identification number
56-0529948

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) 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	(h) Purpose of grant or assistance
2XSALT, INC. 1515 MOCKINGBIRD LANE CHARLOTTE, NC 28209	43-2023021	501(C)(3)	5,280.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
2XSALT, INC. 1516 MOCKINGBIRD LANE CHARLOTTE, NC 28209	43-2023022	501(C)(3)	600.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
A BETTER WORLD 4527 FREEDOM DRIVE CHARLOTTE, NC 28208	56-2238007	501(C)(3)	3,520.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
A BETTER WORLD 4527 FREEDOM DRIVE CHARLOTTE, NC 28208	56-2238007	501(C)(3)	4,000.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
A CHILD'S PLACE 601 E. 5TH STREET CHARLOTTE, NC 28202	58-1911741	501(C)(3)	101,694.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
A CHILD'S PLACE 601 E. 5TH STREET CHARLOTTE, NC 28202	58-1911741	501(C)(3)	46,124.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations ▶ 286.

3 Enter total number of other organizations ▶ 0.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: AGENCIES RECEIVING DISCRETIONARY FUNDING FROM UNITED WAY OF CENTRAL CAROLINAS UNDERGO INTENSIVE PRE-SCREENING BEFORE BEING AWARDED FUNDING. SUCH SCREENING INCLUDES:

-AN APPLICATION PROCESS THAT INCLUDES EXPLANATION OF THE PROPOSED USE OF THE FUNDING

-FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES

-VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT.

-VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501 (C)(3) NONPROFIT

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

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

Employer identification number
56-0529948

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADEMIC LEARNING CENTER, INC. 2353 CONCORD LAKE RD, SUITE 160 CONCORD, NC 28025	56-1963975	501(C)(3)	9,311.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ACADEMIC LEARNING CENTER, INC. 2353 CONCORD LAKE RD, SUITE 160 CONCORD, NC 28025	56-1963975	501(C)(3)	500.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
ADA JENKINS CENTER 212 GAMBLE STREET DAVIDSON, NC 28036	56-1927067	501(C)(3)	40,870.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ADA JENKINS CENTER 212 GAMBLE STREET DAVIDSON, NC 28036	56-1927067	501(C)(3)	9,018.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
AGA KHAN FOUNDATION USA 1825 K. STREET, N.W., SUITE 901 WASHINGTON, DC 20006		501(C)(3)	10,000.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
ALEXANDER YOUTH NETWORK 6220 THERMAL RD. CHARLOTTE, NC 28211	56-0554413	501(C)(3)	8,800.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ALEXANDER YOUTH NETWORK 6220 THERMAL RD. CHARLOTTE, NC 28211	56-0554413	501(C)(3)	9,874.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
ALLEGRO FOUNDATION 3121 PROVIDENCE ROAD CHARLOTTE, NC 28211	20-0221482	501(C)(3)	950.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____

3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
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Name of the organization
UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number
56-0529948

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEGRO FOUNDATION 3121 PROVIDENCE ROAD CHARLOTTE, NC 28211	20-0221482	501(C)(3)	11,349.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
AMERICAN CANCER SOCIETY CHARLOTTE OFFICE - 6000 FAIRVIEW ROAD, SUITE 200 - CHARLOTTE, NC 28210	58-0659875	501(C)(3)	11,742.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN CANCER SOCIETY CHARLOTTE OFFICE - 6000 FAIRVIEW ROAD, SUITE 200 - CHARLOTTE, NC 28210	58-0659875	501(C)(3)	18,506.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
AMERICAN DIABETES ASSOCIATION 222 S CHURCH STREET, SUITE 336M CHARLOTTE, NC 28202	13-1623888	501(C)(3)	2,187.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN DIABETES ASSOCIATION 222 S CHURCH STREET, SUITE 336M CHARLOTTE, NC 28202	13-1623888	501(C)(3)	17,017.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
AMERICAN HEART ASSOCIATION, CHARLOTTE - 222 S CHURCH STREET, SUITE 303 - CHARLOTTE, NC 28202	13-5613797	501(C)(3)	6,871.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN HEART ASSOCIATION, CHARLOTTE - 222 S CHURCH STREET, SUITE 303 - CHARLOTTE, NC 28202	13-5613797	501(C)(3)	14,645.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
AMERICAN RED CROSS 2025 E STREET, NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	4,572.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

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

Employer identification number
56-0529948

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - UNION CNTY CHAPTER - 608 E FRANKLIN ST - MONROE, NC 28112-5702	56-0583146	501(C)(3)	27,913.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS - UNION CNTY CHAPTER - 608 E FRANKLIN ST - MONROE, NC 28112-5702	56-0583146	501(C)(3)	2,531.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
AMERICAN RED CROSS, CABARRUS COUNTY - 167 UNION ST S - CONCORD, NC 28025	56-0689835	501(C)(3)	15,912.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS, CABARRUS COUNTY - 167 UNION ST S - CONCORD, NC 28025	56-0689835	501(C)(3)	2,310.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
AMERICAN RED CROSS, GREATER CAROLINAS - 2425 PARK ROAD - CHARLOTTE, NC 28203	53-1814940	501(C)(3)	111,550.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS, GREATER CAROLINAS - 2425 PARK ROAD - CHARLOTTE, NC 28203	53-1814940	501(C)(3)	45,136.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY, VA 20151	54-1517707	501(C)(3)	5,642.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ANIMAL CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE LARKSPUR, CA 94939	94-3193389	501(C)(3)	13,491.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

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

Employer identification number
56-0529948

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHRITIS FOUNDATION, INC. 4530 PARK RD., SUITE 230 CHARLOTTE, NC 28209	56-0692283	501(C)(3)	1,760.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ARTHRITIS FOUNDATION, INC. 4530 PARK RD., SUITE 230 CHARLOTTE, NC 28209	56-0692283	501(C)(3)	3,263.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
ARTHRITIS PATIENT SERVICES 500 E MOREHEAD STREET, SUITE 320 CHARLOTTE, NC 28202	58-1940978	501(C)(3)	6,460.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ARTHRITIS PATIENT SERVICES 500 E MOREHEAD STREET, SUITE 320 CHARLOTTE, NC 28202	58-1940978	501(C)(3)	519.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
BAPTIST PEACE FELLOWSHIP-NC 4800 WEDGEWOOD DRIVE CHARLOTTE, NC 28210		501(C)(3)	5,040.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
BARIUM SPRINGS HOME FOR CHILDREN, PO BOX 1 BARIUM SPRINGS, NC 28010	56-0529993	501(C)(3)	5,022.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BARIUM SPRINGS HOME FOR CHILDREN, PO BOX 1 BARIUM SPRINGS, NC 28010	56-0529993	501(C)(3)	1,622.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
BETHESDA PROJECT 1630 SOUTH STREET PHILADELPHIA, PA 19146	23-2209338	501(C)(3)	5,720.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

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

Employer identification number
56-0529948

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF GREATER CHARLOTTE - 3801 E. INDEPENDENCE BOULEVARD - CHARLOTTE, NC 28205	56-2264009	501(C)(3)	47,949.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF GREATER CHARLOTTE - 3801 E. INDEPENDENCE BOULEVARD - CHARLOTTE, NC 28205	56-2264009	501(C)(3)	26,116.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
BOYS AND GIRLS CLUB OF CABARRUS COUNTY, INC - 247 SPRING STREET NW - CONCORD, NC 28026	56-0577630	501(C)(3)	17,831.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BOYS AND GIRLS CLUB OF CABARRUS COUNTY, INC - 247 SPRING STREET NW - CONCORD, NC 28026	56-0577630	501(C)(3)	4,906.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
BRIDGE JOBS PROGRAM, INC. 2732 ROZZELLES FERRY ROAD, UNIT B CHARLOTTE, NC 28208	56-1544390	501(C)(3)	3,573.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BRIDGE JOBS PROGRAM, INC. 2732 ROZZELLES FERRY ROAD, UNIT B CHARLOTTE, NC 28208	56-1544390	501(C)(3)	1,764.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CABARRUS MEALS ON WHEELS 1701 S. MAIN STREET KANNAPOLIS, NC 28081	56-1172942	501(C)(3)	28,565.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CABARRUS MEALS ON WHEELS 1701 S. MAIN STREET KANNAPOLIS, NC 28081	56-1172942	501(C)(3)	7,295.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
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UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number
56-0529948

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALVARY CHURCH-NC CHARLOTTE 5801 PINEVILLE-MATTHEWS ROAD CHARLOTTE, NC 28226		501(C)(3)	19,218.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CANCERCURE OF AMERICA - CARE, UNDERSTAND, RESEARCH & END - 1100 LARKSPUR LANDING CIRCLE SUITE #340 - LARKSPUR, CA 94939	81-0648432	501(C)(3)	24,752.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CANNON MEMORIAL YMCA 101 YMCA DRIVE KANNAPOLIS, NC 28082	58-1574620	501(C)(3)	5,678.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CANNON MEMORIAL YMCA 101 YMCA DRIVE KANNAPOLIS, NC 28082	58-1574620	501(C)(3)	2,799.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CARING HOUSE, INC. 2625 PICKETT RD DURHAM, NC 27705	56-1647154	501(C)(3)	4,400.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CARING HOUSE, INC. 2625 PICKETT RD DURHAM, NC 27705	56-1647154	501(C)(3)	30,000.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CAROLINA COMMUNITY CARE, INC. 2275 INDIA HOOK ROAD ROCK HILL, SC 29732	57-0761549	501(C)(3)	4,188.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CAROLINA COMMUNITY CARE, INC. 2275 INDIA HOOK ROAD ROCK HILL, SC 29732	57-0761549	501(C)(3)	2,911.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
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SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No 1545-0047
2008
Open to Public Inspection

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

Employer identification number
56-0529948

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CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	56-1349170	501(C)(3)	2,200.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	56-1349170	501(C)(3)	13,190.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CATAWBA COUNTY UNITED WAY PO BOX 2425 HICKORY, NC 28603-2425	56-0774714	501(C)(3)	3,561.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CATAWBA COUNTY UNITED WAY PO BOX 2425 HICKORY, NC 28603-2425	56-0774714	501(C)(3)	17,764.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CATHOLIC SOCIAL SERVICES OF THE DIOCESE OF CHARLOTTE,NC, INC - 1123 S CHURCH STREET - CHARLOTTE, NC 28203	56-1058954	501(C)(3)	3,639.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC SOCIAL SERVICES OF THE DIOCESE OF CHARLOTTE, NC, INC - 1123 S CHURCH STREET - CHARLOTTE, NC 28203	56-1058954	501(C)(3)	14,963.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CENTRAL NC COUNCIL,BOY SCOUTS OF AMERICA - 2500 ABLEMARLE ROAD - ALBEMARLE, NC 28001	56-0532132	501(C)(3)	29,459.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CENTRAL NC COUNCIL,BOY SCOUTS OF AMERICA - 2500 ABLEMARLE ROAD - ALBEMARLE, NC 28001	56-0532132	501(C)(3)	5,825.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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CENTRAL UNITED METHODIST CHURCH OF MONROE - 801 S HAYNE ST - MONROE, NC 28112		501(C)(3)	5,445.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CHARLOTTE CENTER FOR URBAN MINISTRY, INC - 945 NORTH COLLEGE STREET - CHARLOTTE, NC 28206	56-1837620	501(C)(3)	2,254.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHARLOTTE CENTER FOR URBAN MINISTRY, INC - 945 NORTH COLLEGE STREET - CHARLOTTE, NC 28206	56-1837620	501(C)(3)	5,330.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CHARLOTTE CHRISTIAN SCHOOL 7301 SARDIS ROAD CHARLOTTE, NC 28270-6063	56-0750913	501(C)(3)	880.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHARLOTTE CHRISTIAN SCHOOL 7301 SARDIS ROAD CHARLOTTE, NC 28270-6063	56-0750913	501(C)(3)	4,492.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CHARLOTTE COMMUNITY HEALTH CLINIC 3040-A EASTWAY DRIVE CHARLOTTE, NC 28205	56-2274174	501(C)(3)	17,307.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHARLOTTE COMMUNITY HEALTH CLINIC 3040-A EASTWAY DRIVE CHARLOTTE, NC 28205	56-2274174	501(C)(3)	1,752.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL ROAD CHARLOTTE, NC 28226-5012	56-0623935	501(C)(3)	8,800.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL ROAD CHARLOTTE, NC 28226-5012	56-0623935	501(C)(3)	12,740.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CHARLOTTE EMERGENCY HOUSING, INC. 2410 THE PLAZA CHARLOTTE, NC 28205	58-1599120	501(C)(3)	18,521.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHARLOTTE EMERGENCY HOUSING, INC. 2410 THE PLAZA CHARLOTTE, NC 28205	58-1599120	501(C)(3)	9,737.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CHARLOTTE LATIN SCHOOL 9502 PROVIDENCE ROAD CHARLOTTE, NC 28277		501(C)(3)	10,240.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CHARLOTTE RESCUE MISSION 907 W FIRST ST CHARLOTTE, NC 28233-3000	56-0571223	501(C)(3)	849.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHARLOTTE RESCUE MISSION 907 W FIRST ST CHARLOTTE, NC 28233-3000	56-0571223	501(C)(3)	8,151.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CHARLOTTE SPEECH AND HEARING CENTER, INC - 210 E WOODLAWN RD, STE 150 - CHARLOTTE, NC 28217	56-0892041	501(C)(3)	11,257.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHARLOTTE SPEECH AND HEARING CENTER, INC - 210 E WOODLAWN RD, STE 150 - CHARLOTTE, NC 28217	56-0892041	501(C)(3)	5,128.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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CHARLOTTE-MECKLENBURG SENIOR CENTER INC - 2225 TYVOLA ROAD - CHARLOTTE, NC 28210-2922	56-1382158	501(C)(3)	14,688.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHARLOTTE-MECKLENBURG SENIOR CENTER INC - 2225 TYVOLA ROAD - CHARLOTTE, NC 28210-2922	56-1382158	501(C)(3)	3,385.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CHESTER AREA UNITED WAY INC (SC) 109 GADSDEN STREET CHESTER, SC 29706	57-0521945	501(C)(3)	1,223.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHESTER AREA UNITED WAY INC (SC) 109 GADSDEN STREET CHESTER, SC 29706	57-0521945	501(C)(3)	5,273.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CHILD CARE RESOURCES, INC. 4601 PARK ROAD, SUITE 500 CHARLOTTE, NC 28209	56-1316030	501(C)(3)	28,432.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHILD CARE RESOURCES, INC. 4601 PARK ROAD, SUITE 500 CHARLOTTE, NC 28209	56-1316030	501(C)(3)	912.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CHILDREN'S CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE LARKSPUR, CA 94939	94-3148588	501(C)(3)	18,759.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHILDREN'S MEDICAL CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE SUITE #340 - LARKSPUR, CA 94939	27-0093393	501(C)(3)	5,174.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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CHILDREN'S THEATRE OF CHARLOTTE 300 E. 7TH STREET CHARLOTTE, NC 28202	56-1028031	501(C)(3)	1,320.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHILDREN'S THEATRE OF CHARLOTTE 300 E. 7TH STREET CHARLOTTE, NC 28202	56-1028031	501(C)(3)	6,098.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CHRIST CHURCH-NC CHARLOTTE 1412 PROVIDENCE ROAD CHARLOTTE, NC 28207		501(C)(3)	10,000.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CHRIST COVENANT CHURCH 800 FULLWOOD LANE MATTHEWS, NC 28105		501(C)(3)	10,248.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CHRIST EPISCOPAL CHURCH 1412 PROVIDENCE ROAD CHARLOTTE, NC 28207	56-0623933	501(C)(3)	18,480.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHRIST EPISCOPAL CHURCH 1412 PROVIDENCE ROAD CHARLOTTE, NC 28207	56-0623933	501(C)(3)	40,198.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CHRISTIAN CHARITIES USA 1102 LARKSPUR LANDING CIRCLE SUITE LARKSPUR, CA 94939	94-3255961	501(C)(3)	11,134.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHRISTIAN SERVICE CHARITIES 7620 LITTLE RIVER TURNPIKE SUITE 6 ANNANDALE, VA 22003	94-3193374	501(C)(3)	14,240.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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CIVIL WAR PRESERVATION TRUST 11 PUBLIC SQUARE, SUITE 200 HAGERSTOWN, MD 21740		501(C)(3)	5,166.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
COLTRANE L.I.F.E. CENTER, INC. 321 CORBAN AVENUE SE CONCORD, NC 28025-2710	56-1222998	501(C)(3)	5,534.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COLTRANE L.I.F.E. CENTER, INC. 321 CORBAN AVENUE SE CONCORD, NC 28025-2710	56-1222998	501(C)(3)	1,786.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF CHARLOTTE-MECKLENBURG, INC - 601 E 5TH STREET, SUITE 300 - CHARLOTTE, NC 28202-3094	58-1661795	501(C)(3)	28,647.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF CHARLOTTE-MECKLENBURG, INC - 601 E 5TH STREET, SUITE 300 - CHARLOTTE, NC 28202-3094	58-1661795	501(C)(3)	1,810.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF CABARRUS COUNTY, INC - 120 MARSH AVENUE NW - CONCORD, NC 28025	56-1771394	501(C)(3)	5,443.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF CABARRUS COUNTY, INC - 120 MARSH AVENUE NW - CONCORD, NC 28025	56-1771394	501(C)(3)	2,116.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
COMMUNITY ANCHORS, INC. 5842 DEVERON DRIVE CHARLOTTE, NC 28211		501(C)(3)	8,260.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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COMMUNITY FREE CLINIC 528-A LAKE CONCORD ROAD NE #A CONCORD, NC 28025-2926	58-2131301	501(C)(3)	17,828.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY FREE CLINIC 528-A LAKE CONCORD ROAD NE #A CONCORD, NC 28025-2926	58-2131301	501(C)(3)	5,422.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
COMMUNITY HEALTH CHARITIES 200 N GLEBE RD STE 801 ARLINGTON, VA 22203	13-6167225	501(C)(3)	25,478.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY HEALTH CHARITIES OF NORTH CAROLINA - 104 SOUTH WHITE STREET, SUITE 208 - WAKE FOREST, NC 27587-5153	56-1173133	501(C)(3)	22,256.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY HEALTH SERVICES OF MECKLENBURG - 601 EAST 5TH STREET, SUITE 140 - CHARLOTTE, NC 28202-3092	56-0621073	501(C)(3)	13,258.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY HEALTH SERVICES OF MECKLENBURG - 601 EAST 5TH STREET, SUITE 140 - CHARLOTTE, NC 28202-3092	56-0621073	501(C)(3)	8,485.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
COMMUNITY LINK PROGRAMS OF TRAVELERS AID SOCIETY OF CENTRAL CAROLINAS, INC - 601 E 5TH STREET, SUITE 220 - CHARLOTTE, NC	56-0530008	501(C)(3)	6,063.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY LINK PROGRAMS OF TRAVELERS AID SOCIETY OF CENTRAL CAROLINAS, INC - 601 E 5TH STREET, SUITE 220 - CHARLOTTE, NC	56-0530008	501(C)(3)	7,616.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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COMMUNITY UNITED WAY OF PIONEER VALLEY INC. - 184 MILL STREET - SPRINGFIELD, MA 1108	04-2152680	501(C)(3)	8,072.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
COMPASSION INTERNATIONAL PO BOX 65000 COLORADO SPRINGS, CO 80962		501(C)(3)	5,194.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
COOPERS ROCK MOUNTAIN LION SANCTUARY INC - RR 1 BOX 332-K - BRUCETON MLS, WV 26525-9707		501(C)(3)	11,750.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
COUNCIL FOR CHILDREN'S RIGHTS 601 EAST 5TH STREET, SUITE 510 CHARLOTTE, NC 28202	56-1325184	501(C)(3)	67,287.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COUNCIL FOR CHILDREN'S RIGHTS 601 EAST 5TH STREET, SUITE 510 CHARLOTTE, NC 28202	56-1325184	501(C)(3)	6,160.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
COUNCIL ON AGING IN UNION COUNTY 1401 SKYWAY DR. MONROE, NC 28111	23-7420585	501(C)(3)	14,334.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COUNCIL ON AGING IN UNION COUNTY 1401 SKYWAY DR. MONROE, NC 28111	23-7420585	501(C)(3)	560.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CRISIS ASSISTANCE MINISTRY (MECKLENBURG) - 500-A SPRATT STREET - CHARLOTTE, NC 28206	56-1416719	501(C)(3)	203,980.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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CRISIS ASSISTANCE MINISTRY (MECKLENBURG) - 500-A SPRATT STREET - CHARLOTTE, NC 28206	56-1416719	501(C)(3)	59,170.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CROSSNORE SCHOOL INCORPORATED PO BOX 249 CROSSNORE, NC 28616		501(C)(3)	6,118.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
CVAN WOMEN'S PROGRAM PO BOX 1749 CONCORD, NC 28026-1749	57-0749038	501(C)(3)	32,175.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CVAN WOMEN'S PROGRAM PO BOX 1749 CONCORD, NC 28026-1749	57-0749038	501(C)(3)	5,721.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
DAVIDSON DAY SCHOOL 750 JETTON STREET DAVIDSON, NC 28036	11-1976223	501(C)(3)	3,203.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
DAVIDSON DAY SCHOOL 750 JETTON STREET DAVIDSON, NC 28036	11-1976223	501(C)(3)	6,336.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
DIAKONOS, INC. PO BOX 5217 STATESVILLE, NC 28687	58-1821225	501(C)(3)	3,759.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
DIAKONOS, INC. PO BOX 5217 STATESVILLE, NC 28687	58-1821225	501(C)(3)	791.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number
56-0529948

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISABILITY RIGHTS AND RESOURCES 5801 EXECUTIVE CENTER DRIVE, SUITE CHARLOTTE, NC 28212	56-1268845	501(C)(3)	5,620.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
DISABILITY RIGHTS AND RESOURCES 5801 EXECUTIVE CENTER DRIVE, SUITE CHARLOTTE, NC 28212	56-1268845	501(C)(3)	865.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
DONORSCHOOSE INC 347 WEST 36TH STREET, SUITE 503 NEW YORK, NY 10018		501(C)(3)	6,202.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
EARTH SHARE 7735 OLD GEORGETOWN RD, STE 900 BETHESDA, MD 20814	52-1601960	501(C)(3)	5,615.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
EARTH SHARE OF NORTH CAROLINA PO BOX 196 DURHAM, NC 27702	56-1775025	501(C)(3)	5,108.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
EBENEZER BAPTIST CHURCH 2020 W SUGAR CREEK RD. CHARLOTTE, NC 28262		501(C)(3)	5,000.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
EXCHANGE/SCAN CHILD AND PARENTING CENTER OF IREDELL COUNTY, NC - 207 WALNUT ST - STATESVILLE, NC 28677	56-1758810	501(C)(3)	10,345.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FIREFIGHTER'S BURNED CHILDREN FUND INC - 1215 SOUTH BLVD - CHARLOTTE, NC 28203	56-1649992	501(C)(3)	25,300.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
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SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2008
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FIRST PRESBYTERIAN CHURCH 200 W. TRADE STREET CHARLOTTE, NC 28202-1623		501(C)(3)	7,040.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 200 W. TRADE STREET CHARLOTTE, NC 28202-1623		501(C)(3)	18,000.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH CHILD DEVELOPMENT CENTER - 200 W TRADE STREET - CHARLOTTE, NC 28202	56-1975528	501(C)(3)	1,320.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH CHILD DEVELOPMENT CENTER - 200 W TRADE STREET - CHARLOTTE, NC 28202	56-1975528	501(C)(3)	5,082.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
FLORENCE CRITTENTON SERVICES 1300 BLYTHE BOULEVARD CHARLOTTE, NC 28203	56-0577626	501(C)(3)	29,950.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FLORENCE CRITTENTON SERVICES 1300 BLYTHE BOULEVARD CHARLOTTE, NC 28203	56-0577626	501(C)(3)	7,235.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
FOREST HILL CHRUCH 7224 PARK RD. CHARLOTTE, NC 28210		501(C)(3)	12,512.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
FOUNDATION FOR THE CAROLINAS 217 SOUTH TRYON STREET CHARLOTTE, NC 28202		501(C)(3)	5,040.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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GIRL SCOUTS, HORNETS' NEST COUNCIL 7007 IDLEWILD ROAD CHARLOTTE, NC 28212-5677	56-0563842	501(C)(3)	35,696.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GIRL SCOUTS, HORNETS' NEST COUNCIL 7007 IDLEWILD ROAD CHARLOTTE, NC 28212-5677	56-0563842	501(C)(3)	23,179.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
GIVE AND LEARN PO BOX 1853, CHURCH STREET STATION NEW YORK, NY 10008		501(C)(3)	5,500.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
GLOBAL IMPACT 66 CANAL CENTER PLAZA, STE 310 ALEXANDRIA, VA 22314	52-1273585	501(C)(3)	7,566.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GOOCHLAND COUNTY VOLUNTEER FIRE-RESCUE ASSOCIATION, INC. - PO BOX 306 - GOOCHLAND, VA 23063	54-6054246	501(C)(3)	8,360.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GOODWILL INDUSTRIES OF THE SOUTHERN PIEDMONT, INC. - 2122 FREEDOM DRIVE - CHARLOTTE, NC 28208	56-0844639	501(C)(3)	4,632.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GOODWILL INDUSTRIES OF THE SOUTHERN PIEDMONT, INC. - 2122 FREEDOM DRIVE - CHARLOTTE, NC 28208	56-0844639	501(C)(3)	4,280.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
HABITAT FOR HUMANITY CABARRUS COUNTY, INC. - 8 CHURCH STREET SE - CONCORD, NC 28026	56-1678395	501(C)(3)	14,260.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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HABITAT FOR HUMANITY CABARRUS COUNTY, INC. - 8 CHURCH STREET SE - CONCORD, NC 28026	56-1678395	501(C)(3)	3,014.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
HABITAT FOR HUMANITY CHARLOTTE 3815 LATROBE DRIVE CHARLOTTE, NC 28211	56-1366233	501(C)(3)	14,012.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HABITAT FOR HUMANITY CHARLOTTE 3815 LATROBE DRIVE CHARLOTTE, NC 28211	56-1366233	501(C)(3)	49,681.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE SUITE #340 - LARKSPUR, CA 94939	94-3217739	501(C)(3)	16,917.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HEALTH FIRST - AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY, VA 20151	30-0186796	501(C)(3)	5,037.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HIGH COUNTRY UNITED WAY (NC) PO BOX 247 BOONE, NC 28607	56-1218079	501(C)(3)	2,446.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HIGH COUNTRY UNITED WAY (NC) PO BOX 247 BOONE, NC 28607	56-1218079	501(C)(3)	12,647.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
HOLY ANGELS FOUNDATION 6600 WILKINSON BOULEVARD BELMONT, NC 28012-0710	56-1762654	501(C)(3)	1,246.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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HOLY ANGELS FOUNDATION 6600 WILKINSON BOULEVARD BELMONT, NC 28012-0710	56-1762654	501(C)(3)	7,248.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
HOPE HAVEN, INC. 3815 N TRYON STREET CHARLOTTE, NC 28206	58-1314284	501(C)(3)	15,024.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HOPE HAVEN, INC. 3815 N TRYON STREET CHARLOTTE, NC 28206	58-1314284	501(C)(3)	4,164.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
HOSKINS PARK MINISTRIES, INC. 107 CROMER STREET CHARLOTTE, NC 28208	56-2582609	501(C)(3)	13,866.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
HOSPICE & PALLIATIVE CARE CHARLOTTE REGION - 1420 E 7TH STREET - CHARLOTTE, NC 28204-2408	56-1219017	501(C)(3)	26,478.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HOSPICE & PALLIATIVE CARE CHARLOTTE REGION - 1420 E 7TH STREET - CHARLOTTE, NC 28204-2408	56-1219017	501(C)(3)	12,467.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
HOSPICE AND PALLIATIVE CARE OF IREDELL COUNTY, INC. - 2347 SIMONTON RD. - STATESVILLE, NC 28625	56-1376577	501(C)(3)	25,671.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HOSPICE AND PALLIATIVE CARE OF IREDELL COUNTY, INC. - 2347 SIMONTON RD. - STATESVILLE, NC 28625	56-1376577	501(C)(3)	2,704.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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HOSPICE AND PALLIATIVE CARE OF CABARRUS COUNTY - 5003 HOSPICE LANE - KANNAPOLIS, NC 28081	58-1584842	501(C)(3)	49,988.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HOSPICE AND PALLIATIVE CARE OF CABARRUS COUNTY - 5003 HOSPICE LANE - KANNAPOLIS, NC 28081	58-1584842	501(C)(3)	14,086.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
HOSPICE OF GASTON COUNTY INC 258 E GARRISON BOULEVARD GASTONIA, NC 28054	58-1341530	501(C)(3)	2,207.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HOSPICE OF GASTON COUNTY INC 258 E GARRISON BOULEVARD GASTONIA, NC 28054	58-1341530	501(C)(3)	6,439.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
HOSPICE OF UNION COUNTY INC 700 W ROOSEVELT BOULEVARD MONROE, NC 28110-3437	58-1608563	501(C)(3)	3,270.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HOSPICE OF UNION COUNTY INC 700 W ROOSEVELT BOULEVARD MONROE, NC 28110-3437	58-1608563	501(C)(3)	1,969.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVENUE CHARLOTTE, NC 28203-5556	58-1342479	501(C)(3)	2,578.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVENUE CHARLOTTE, NC 28203-5556	58-1342479	501(C)(3)	27,812.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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INSTITUTE FOR BLACK CHARITIES NORTH CAROLINA CHAPTER - 3325 WASHBURN AVENUE SUITE 107 - CHARLOTTE, NC 28205	54-2174705	501(C)(3)	20,117.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
JACKSON PARK MINISTRIES 5415 AIRPORT DRIVE CHARLOTTE, NC 28208		501(C)(3)	9,894.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
JEWISH FAMILY SERVICES OF GREATER CHARLOTTE, INC. - 5007 PROVIDENCE ROAD - CHARLOTTE, NC 28226	20-1146861	501(C)(3)	114.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
JEWISH FAMILY SERVICES OF GREATER CHARLOTTE, INC. - 5007 PROVIDENCE ROAD - CHARLOTTE, NC 28226	20-1146861	501(C)(3)	13,064.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL - 9140 ARROWPOINT BOULEVARD, SUITE 380 - CHARLOTTE, NC 28273	23-1907729	501(C)(3)	8,016.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL - 9140 ARROWPOINT BOULEVARD, SUITE 380 - CHARLOTTE, NC 28273	23-1907729	501(C)(3)	103.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL - 9140 ARROWPOINT BOULEVARD, SUITE 380 - CHARLOTTE, NC 28273		501(C)(3)	30,015.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
KERN MEMORIAL METHODIST CHURCH 451 E. TENNESSEE AVENUE OAK RIDGE, TN 37830		501(C)(3)	7,000.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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KINDER-MOURN 1320 HARDING PLACE CHARLOTTE, NC 28204-2922	56-1221194	501(C)(3)	77,170.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
KINDER-MOURN 1320 HARDING PLACE CHARLOTTE, NC 28204-2922	56-1221194	501(C)(3)	35,544.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
KING DAVID DANCE COMPANY 2200 - B CORONATION BOULEVARD CHARLOTTE, NC 28227		501(C)(3)	7,500.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
LAKE FOREST COMMUNITY CHURCH 8519 GILEAD ROAD HUNTERSVILLE, NC 28078		501(C)(3)	5,849.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
LAKE NORMAN CHRISTIAN SCHOOL P.O. BOX 1552 HUNTERSVILLE, NC 28078		501(C)(3)	7,500.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
LATIN AMERICAN COALITION 4938 CENTRAL AVE, STE 101 CHARLOTTE, NC 28205-6878	58-1945776	501(C)(3)	5,082.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LATIN AMERICAN COALITION 4938 CENTRAL AVE, STE 101 CHARLOTTE, NC 28205-6878	58-1945776	501(C)(3)	613.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
LEGAL AID OF NORTH CAROLINA 1431 ELIZABETH AVENUE CHARLOTTE, NC 28204	31-1784161	501(C)(3)	9,001.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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LEGAL AID OF NORTH CAROLINA 1431 ELIZABETH AVENUE CHARLOTTE, NC 28204	31-1784161	501(C)(3)	744.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
LEGAL SERVICES OF SOUTHERN PIEDMONT, INC - 1431 ELIZABETH AVENUE - CHARLOTTE, NC 28204-2506	56-1202940	501(C)(3)	36,520.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LEGAL SERVICES OF SOUTHERN PIEDMONT, INC - 1431 ELIZABETH AVENUE - CHARLOTTE, NC 28204-2506	56-1202940	501(C)(3)	25.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
LEVINE CHILDREN'S HOSPITAL PO BOX 32861 CHARLOTTE, NC 28232		501(C)(3)	6,858.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
LIFESPAN, INC. 2630 ODELL SCHOOL ROAD CONCORD, NC 28027	58-1309409	501(C)(3)	7,997.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LIFESPAN, INC. 2630 ODELL SCHOOL ROAD CONCORD, NC 28027	58-1309409	501(C)(3)	970.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
LITERACY COUNCIL OF UNION COUNTY 105-A EAST JEFFERSON STREET MONROE, NC 28112	56-2145552	501(C)(3)	5,529.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LITERACY COUNCIL OF UNION COUNTY 105-A EAST JEFFERSON STREET MONROE, NC 28112	56-2145552	501(C)(3)	100.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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LOAVES AND FISHES, INC. 3200 PARK ROAD CHARLOTTE, NC 28209	56-1398498	501(C)(3)	6,458.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LOAVES AND FISHES, INC. 3200 PARK ROAD CHARLOTTE, NC 28209	56-1398498	501(C)(3)	4,291.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
LOGAN COMMUNITY DAY CARE CENTER PO BOX 812 CONCORD, NC 28026-0812	23-7210127	501(C)(3)	5,158.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LOGAN COMMUNITY DAY CARE CENTER PO BOX 812 CONCORD, NC 28026-0812	23-7210127	501(C)(3)	820.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
LOIS LODGE 1316 HEMLOCK ST. CHARLOTTE, NC 28203	56-2077047	501(C)(3)	18.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LOIS LODGE 1316 HEMLOCK ST. CHARLOTTE, NC 28203	56-2077047	501(C)(3)	8,352.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
LOVE, INC. OF MECKLENBURG COUNTY PO BOX 18517 CHARLOTTE, NC 28218	56-1741006	501(C)(3)	11,673.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LOVE, INC. OF MECKLENBURG COUNTY PO BOX 18517 CHARLOTTE, NC 28218	56-1741006	501(C)(3)	5,391.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MACS EDUCATION FOUNDATION 1123 SOUTH CHURCH STREET CHARLOTTE, NC 28203		501(C)(3)	14,516.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA, INC. - 212 SOUTH TRYON ST, SUITE 1080 - CHARLOTTE, NC 28281	56-1492432	501(C)(3)	2,212.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA, INC. - 212 SOUTH TRYON ST, SUITE 1080 - CHARLOTTE, NC 28281	56-1492432	501(C)(3)	5,436.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
MARCH OF DIMES GREATER PIEDMONT DIVISION - 7506 EAST INDEPENDENCE BLVD SUITE 114 - CHARLOTTE, NC 28227	23-7144554	501(C)(3)	1,494.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MARCH OF DIMES GREATER PIEDMONT DIVISION - 7506 EAST INDEPENDENCE BLVD SUITE 114 - CHARLOTTE, NC 28227	23-7144554	501(C)(3)	4,168.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
MARVIN RIDGE HIGH SCHOOL PTSO 2825 CRANE ROAD WAXHAW, NC 28173	26-0239680	501(C)(3)	6,649.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MARVIN RIDGE HIGH SCHOOL PTSO 2825 CRANE ROAD WAXHAW, NC 28173	26-0239680	501(C)(3)	698.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
MECKLENBURG AQUATIC CLUB INC 9850 PROVIDENCE RD CHARLOTTE, NC 28277-0227		501(C)(3)	5,100.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2008
Open to Public Inspection

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

Employer identification number
56-0529948

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MECKLENBURG COUNTY COUNCIL - BOY SCOUTS OF AMERICA - 1410 E 7TH STREET - CHARLOTTE, NC 28204-2408	56-0529957	501(C)(3)	88,195.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MECKLENBURG COUNTY COUNCIL - BOY SCOUTS OF AMERICA - 1410 E 7TH STREET - CHARLOTTE, NC 28204-2408	56-0529957	501(C)(3)	16,121.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
MECKLENBURG COUNTY HUMANE SOCIETY, INC - PO BOX 30484 - CHARLOTTE, NC 28230	56-6060123	501(C)(3)	215.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MECKLENBURG COUNTY HUMANE SOCIETY, INC - PO BOX 30484 - CHARLOTTE, NC 28230	56-6060123	501(C)(3)	8,380.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
MEDICAL RESEARCH CHARITIES 7620 LITTLE RIVER TURNPIKE SUITE 6 ANNANDALE, VA 22003-2620	94-3148591	501(C)(3)	5,285.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MENS SHELTER OF CHARLOTTE 1210 N TRYON STREET CHARLOTTE, NC 28206-3256	56-1474475	501(C)(3)	37,657.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MENS SHELTER OF CHARLOTTE 1210 N TRYON STREET CHARLOTTE, NC 28206-3256	56-1474475	501(C)(3)	15,445.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
MENTAL HEALTH ASSOCIATION OF CENTRAL CAROLINAS - 3701 LATROBE DRIVE, SUITE 140 - CHARLOTTE, NC 28211-4822	56-0674267	501(C)(3)	9,218.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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MENTAL HEALTH ASSOCIATION OF CENTRAL CAROLINAS - 3701 LATROBE DRIVE, SUITE 140 - CHARLOTTE, NC 28211-4822	56-0674267	501(C)(3)	2,358.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
METROLINA AIDS PROJECT 127 SCALEYBARK ROAD CHARLOTTE, NC 28209	58-1703089	501(C)(3)	29,811.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
METROLINA AIDS PROJECT 127 SCALEYBARK ROAD CHARLOTTE, NC 28209	58-1703089	501(C)(3)	7,079.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
METROLINA ASSOCIATION FOR THE BLIND - 704 LOUISE AVENUE - CHARLOTTE, NC 28204-2128	56-0529998	501(C)(3)	11,644.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
METROLINA ASSOCIATION FOR THE BLIND - 704 LOUISE AVENUE - CHARLOTTE, NC 28204-2128	56-0529998	501(C)(3)	4,466.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
MILITARY, VETERANS & PATRIOTIC SERVICE ORGANIZATION OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	94-3193418	501(C)(3)	15,629.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MISTY MEADOWS MITEY RIDERS, INC. 455 PROVIDENCE ROAD S WEDDINGTON, NC 28173	56-2045099	501(C)(3)	4,261.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MISTY MEADOWS MITEY RIDERS, INC. 455 PROVIDENCE ROAD S WEDDINGTON, NC 28173	56-2045099	501(C)(3)	5,350.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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MOORESVILLE/LAKE NORMAN CHRISTIAN MISSION - 100 BEAM DRIVE, PO BOX 62 - MOORESVILLE, NC 28115	56-0667685	501(C)(3)	8,664.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MOORESVILLE/LAKE NORMAN CHRISTIAN MISSION - 100 BEAM DRIVE, PO BOX 62 - MOORESVILLE, NC 28115	56-0667685	501(C)(3)	3,214.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
NATIONAL BLACK UNITED FEDERATION 40 CLINTON ST, 5TH FLOOR NEWARK, NJ 7102	52-1764913	501(C)(3)	6,376.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 9801- I SOUTHERN PINES BOULEVARD - CHARLOTTE, NC 28273	13-5661935	501(C)(3)	38,472.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 9801- I SOUTHERN PINES BOULEVARD - CHARLOTTE, NC 28273	13-5661935	501(C)(3)	16,510.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
NATIONAL PARKINSON FOUNDATION-NATIONAL HEAD QTR - 1501 NW 9TH AVE - MIAMI, FL 33136		501(C)(3)	6,000.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
NC MEDASSIST 5516 CENTRAL AVENUE CHARLOTTE, NC 28212	56-2018957	501(C)(3)	25,654.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
NC MEDASSIST 5516 CENTRAL AVENUE CHARLOTTE, NC 28212	56-2018957	501(C)(3)	11,810.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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NORTHSIDE UNITED METHODIST CHURCH 2799 NORTHSIDE DRIVE, NW ATLANTA, GA 30305		501(C)(3)	10,000.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
OUR DAILY BREAD FOOD MINISTRY PO BOX 743 ROCKINGHAM, NC 28380-0743		501(C)(3)	10,000.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
OUR TOWNS HABITAT FOR HUMANITY PO BOX 1088 DAVIDSON, NC 28036	56-1733643	501(C)(3)	21,573.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
OUR TOWNS HABITAT FOR HUMANITY PO BOX 1088 DAVIDSON, NC 28036	56-1733643	501(C)(3)	16,906.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
PI KAPPA PHI FOUNDATION PO BOX 240526 CHARLOTTE, NC 28224		501(C)(3)	5,469.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
PIEDMONT COUNCIL INC., BOY SCOUTS OF AMERICA - P O BOX 1059 - GASTONIA, NC 28053	56-0529991	501(C)(3)	14,199.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PIEDMONT COUNCIL INC., BOY SCOUTS OF AMERICA - P O BOX 1059 - GASTONIA, NC 28053	56-0529991	501(C)(3)	3,339.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
POSTAL EMPLOYEES' RELIEF FUND PO BOX 34500 WASHINGTON, DC 20043	52-1666010	501(C)(3)	12,018.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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PREGNANCY RESOURCE CENTER OF CHARLOTTE, - 1505 EAST 4TH STREET - CHARLOTTE, NC 28204	56-1340549	501(C)(3)	3,271.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PREGNANCY RESOURCE CENTER OF CHARLOTTE, - 1505 EAST 4TH STREET - CHARLOTTE, NC 28204	56-1340549	501(C)(3)	4,261.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
PROJECT HALO CORPORATION 2500 TAIMI DRIVE CHARLOTTE, NC 28214		501(C)(3)	6,591.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
PROVIDENCE DAY SCHOOL 5800 SARDIS ROAD CHARLOTTE, NC 28270-5366	56-0952382	501(C)(3)	1,320.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PROVIDENCE DAY SCHOOL 5800 SARDIS ROAD CHARLOTTE, NC 28270-5366	56-0952382	501(C)(3)	10,746.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
PROVIDENCE UNITED METHODIST CHURCH 2810 PROVIDENCE RD. CHARLOTTE, NC 28211		501(C)(3)	5,280.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
REGIONAL AIDS INTERFAITH NETWORK 501 N. TRYON 4TH FLOOR CHARLOTTE, NC 28202	56-1825247	501(C)(3)	13,206.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
REGIONAL AIDS INTERFAITH NETWORK 501 N. TRYON 4TH FLOOR CHARLOTTE, NC 28202	56-1825247	501(C)(3)	9,824.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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RESIDENTIAL SUPPORT SERVICES INC 4425 RANDOLPH RD, SUITE 400 CHARLOTTE, NC 28211	52-1084075	501(C)(3)	528.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
RESIDENTIAL SUPPORT SERVICES INC 4425 RANDOLPH RD, SUITE 400 CHARLOTTE, NC 28211	52-1084075	501(C)(3)	20,000.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
RIGHT MOVES FOR YOUTH, INC. 2211 WEST MOREHEAD STREET, SUITE 10 CHARLOTTE, NC 28208	56-1834718	501(C)(3)	10,144.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
RIGHT MOVES FOR YOUTH, INC. 2211 WEST MOREHEAD STREET, SUITE 10 CHARLOTTE, NC 28208	56-1834718	501(C)(3)	2,005.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
ROOM AT THE INN INC 3737 WEONA AVENUE CHARLOTTE, NC 28209	56-1866587	501(C)(3)	4,404.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ROOM AT THE INN INC 3737 WEONA AVENUE CHARLOTTE, NC 28209	56-1866587	501(C)(3)	14,296.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
ROWAN COUNTY UNITED WAY, INC. PO BOX 5065 SALISBURY, NC 28144	56-0642828	501(C)(3)	8,488.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ROWAN COUNTY UNITED WAY, INC. PO BOX 5065 SALISBURY, NC 28144	56-0642828	501(C)(3)	47,498.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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SALVATION ARMY CABARRUS 216 PATTERSON AVE SE CONCORD, NC 28026-0511	22-2406433	501(C)(3)	8,868.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SALVATION ARMY CABARRUS 216 PATTERSON AVE SE CONCORD, NC 28026-0511	22-2406433	501(C)(3)	3,189.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
SALVATION ARMY CHARLOTTE AREA COMMAND - 4335 STUART ANDREW BLVD. #120 - CHARLOTTE, NC 28217-1542	22-2406433	501(C)(3)	79,567.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SALVATION ARMY CHARLOTTE AREA COMMAND - 4335 STUART ANDREW BLVD. #120 - CHARLOTTE, NC 28217-1542	22-2406433	501(C)(3)	30,289.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
SALVATION ARMY-MO ST LOUIS 1130 HAMPTON AVE SAINT LOUIS, MO 63139		501(C)(3)	10,000.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607-3000	58-1437002	501(C)(3)	15,366.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
SANDRA & LEON LEVINE JEWISH COMMUNITY CENTER - 5007 PROVIDENCE RD, STE 114 - CHARLOTTE, NC 28226	56-1100696	501(C)(3)	7,538.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SANDRA & LEON LEVINE JEWISH COMMUNITY CENTER - 5007 PROVIDENCE RD, STE 114 - CHARLOTTE, NC 28226	56-1100696	501(C)(3)	7,870.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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SEARCH MINISTRIES INC 5038 DORSEY HALL DRIVE ELLICOTT, MD 21042	75-1627393	501(C)(3)	6,160.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SECOND HARVEST FOOD BANK OF METROLINA - 500-B SPRATT STREET - CHARLOTTE, NC 28206	56-1352593	501(C)(3)	11,177.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SECOND HARVEST FOOD BANK OF METROLINA - 500-B SPRATT STREET - CHARLOTTE, NC 28206	56-1352593	501(C)(3)	10,535.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
SEIGLE AVENUE PRESBYTERIAN CHURCH 600 SEIGLE AVENUE CHARLOTTE, NC 28204-2065		501(C)(3)	4,400.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SEIGLE AVENUE PRESBYTERIAN CHURCH 600 SEIGLE AVENUE CHARLOTTE, NC 28204-2065		501(C)(3)	600.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
SEIGLE AVENUE PRESCHOOL COOPERATIVE - 3045 N. DAVIDSON STREET - CHARLOTTE, NC 28204	56-1668333	501(C)(3)	4,939.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SENIOR ACTIVITIES & SERVICES INC 1050 DEVORE LANE MATTHEWS, NC 28105	56-1303340	501(C)(3)	17,600.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SIM USA INCORPORATED 14830 CHOATE CIR CHARLOTTE, NC 28273-9105		501(C)(3)	5,400.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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ST GABRIEL CATHOLIC CHURCH-NC 3016 PROVIDENCE ROAD CHARLOTTE, NC 28211		501(C)(3)	10,369.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
ST JUDES CHILDREN'S HOSPITAL 501 ST. JUDE PLACE MEMPHIS, TN 38105		501(C)(3)	22,489.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
ST LUKES HOSPITAL FOUNDATION INC 101 HOSPITAL DR COLUMBUS, NC 28722-6418		501(C)(3)	14,000.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
ST MARK CHURCH 14740 STUMPTOWN ROAD HUNTERSVILLE, NC 28078		501(C)(3)	7,610.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
ST. MATTHEW CATHOLIC CHURCH PO BOX 49349 CHARLOTTE, NC 28277		501(C)(3)	24,290.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
ST. PATRICK'S SCHOOL 1125 BUCHANAN STREET CHARLOTTE, NC 28203		501(C)(3)	6,087.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
ST. PETER'S CATHOLIC CHURCH 507 SOUTH TRYON STREET CHARLOTTE, NC 28202-1839	56-1432538	501(C)(3)	17,600.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ST. PHILLIP NERI CATHOLIC CHURCH 292 MUNN ROAD FORT MILL, SC 29715	57-1014162	501(C)(3)	1,478.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number
56-0529948

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PHILLIP NERI CATHOLIC CHURCH 292 MUNN ROAD FORT MILL, SC 29715	57-1014162	501(C)(3)	5,000.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
SUBSTANCE ABUSE PREVENTION SERVICES - 1117 E MOREHEAD STREET SUITE 200 - CHARLOTTE, NC 28204-2870	56-0999338	501(C)(3)	5,553.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SUBSTANCE ABUSE PREVENTION SERVICES - 1117 E MOREHEAD STREET SUITE 200 - CHARLOTTE, NC 28204-2870	56-0999338	501(C)(3)	1,069.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
SUMMIT HOUSE 10929 BONNIE CONE LANE CHARLOTTE, NC 28262	56-1552542	501(C)(3)	6,322.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SUMMIT HOUSE 10929 BONNIE CONE LANE CHARLOTTE, NC 28262	56-1552542	501(C)(3)	420.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
SUSAN G. KOMEN BREAST CANCER FOUNDATION - MAINE AFFILIATES - PO BOX 1626 - BANGOR, ME		501(C)(3)	5,000.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
TEEN HEALTH CONNECTION 3541 RANDOLPH ROAD, SUITE 206 CHARLOTTE, NC 28211	56-1719715	501(C)(3)	10,024.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
TEEN HEALTH CONNECTION 3541 RANDOLPH ROAD, SUITE 206 CHARLOTTE, NC 28211	56-1719715	501(C)(3)	682.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
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THE ARC OF CABARRUS COUNTY 2319 CONCORD LAKE ROAD CONCORD, NC 28026-1367	56-1139801	501(C)(3)	5,066.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE ARC OF CABARRUS COUNTY 2319 CONCORD LAKE ROAD CONCORD, NC 28026-1367	56-1139801	501(C)(3)	2,126.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
THE ARC OF MECKLENBURG COUNTY, INC. - 4108 PARK RD, SUITE 409 - CHARLOTTE, NC 28209	56-0662725	501(C)(3)	17,073.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE ARC OF MECKLENBURG COUNTY, INC. - 4108 PARK RD, SUITE 409 - CHARLOTTE, NC 28209	56-0662725	501(C)(3)	2,811.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
THE ARC OF UNION COUNTY, INC. 1653-C CAMPUS PARK DRIVE MONROE, NC 28112	56-1677521	501(C)(3)	10,400.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE ARC OF UNION COUNTY, INC. 1653-C CAMPUS PARK DRIVE MONROE, NC 28112	56-1677521	501(C)(3)	435.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
THE CENTER FOR COMMUNITY TRANSITIONS - 2226 NORTH DAVIDSON STREET - CHARLOTTE, NC 28205	51-0185383	501(C)(3)	5,693.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE CENTER FOR COMMUNITY TRANSITIONS - 2226 NORTH DAVIDSON STREET - CHARLOTTE, NC 28205	51-0185383	501(C)(3)	3.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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THE DOWN SYNDROME ASSOCIATION OF CHARLOTTE, INC. - PO BOX 34787 - CHARLOTTE, NC 28234	56-1541529	501(C)(3)	8,256.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
THE FLETCHER SCHOOL, INC. 8500 SARDIS ROAD CHARLOTTE, NC 28270	56-1340099	501(C)(3)	55,801.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE FLETCHER SCHOOL, INC. 8500 SARDIS ROAD CHARLOTTE, NC 28270	56-1340099	501(C)(3)	33,044.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
THE RELATIVES, INC. 1100 EAST BLVD CHARLOTTE, NC 28203	56-1082022	501(C)(3)	7,192.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE RELATIVES, INC. 1100 EAST BLVD CHARLOTTE, NC 28203	56-1082022	501(C)(3)	1,870.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
THE YOUTH EDUCATIONAL SOCIETY OF CHARLOTTE, INC. - PO BOX 16071 - CHARLOTTE, NC 28297	56-1711713	501(C)(3)	2,312.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE YOUTH EDUCATIONAL SOCIETY OF CHARLOTTE, INC. - PO BOX 16071 - CHARLOTTE, NC 28297	56-1711713	501(C)(3)	3,700.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
THOMPSON CHILD & FAMILY FOCUS 6800 ST. PETER'S LANE MATTHEWS, NC 28105	56-0547460	501(C)(3)	234,994.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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THOMPSON CHILD & FAMILY FOCUS 6800 ST. PETER'S LANE MATTHEWS, NC 28105	56-0547460	501(C)(3)	285,783.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
TRIDENT UNITED WAY, INC. PO BOX 63305, 6296 RIVERS AVENUE, SUITE 200 - NORTH CHARLESTON, SC 29419	57-0314378	501(C)(3)	106.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
TRIDENT UNITED WAY, INC. PO BOX 63305, 6296 RIVERS AVENUE, SUITE 200 - NORTH CHARLESTON, SC 29419	57-0314378	501(C)(3)	5,426.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
TRINITY EPISCOPAL SCHOOL-NC CHARLOTTE - 750 EAST 9TH ST. - CHARLOTTE, NC 28202		501(C)(3)	5,520.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
TURNING POINT OF UNION COUNTY, INC PO BOX 952 MONROE, NC 28111	58-1698701	501(C)(3)	44,946.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
TURNING POINT OF UNION COUNTY, INC PO BOX 952 MONROE, NC 28111	58-1698701	501(C)(3)	1,571.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNION COUNTY COMMUNITY SHELTER 311 E JEFFERSON STREET MONROE, NC 28112	58-2121860	501(C)(3)	10,373.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNION COUNTY COMMUNITY SHELTER 311 E JEFFERSON STREET MONROE, NC 28112	58-2121860	501(C)(3)	532.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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UNION COUNTY CRISIS ASSISTANCE MINISTRY, INC. - 1333 W ROOSEVELT BOULEVARD - MONROE, NC 28110	58-1631417	501(C)(3)	18,614.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNION COUNTY CRISIS ASSISTANCE MINISTRY, INC. - 1333 W ROOSEVELT BOULEVARD - MONROE, NC 28110	58-1631417	501(C)(3)	2,842.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNION COUNTY HABITAT FOR HUMANITY 2520 WEST ROOSEVELT BLVD. MONROE, NC 28110	56-1704668	501(C)(3)	23,399.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNION COUNTY HABITAT FOR HUMANITY 2520 WEST ROOSEVELT BLVD. MONROE, NC 28110	56-1704668	501(C)(3)	3,138.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED FAMILY SERVICES 601 E 5TH STREET, SUITE 400 CHARLOTTE, NC 28202-2914	56-0529967	501(C)(3)	40,901.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED FAMILY SERVICES 601 E 5TH STREET, SUITE 400 CHARLOTTE, NC 28202-2914	56-0529967	501(C)(3)	17,085.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED FAMILY SERVICES - BATTERED WOMEN'S SHELTER - P.O. BOX 220312 - CHARLOTTE, NC 28222	56-0529967	501(C)(3)	28,232.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED JEWISH CHARITIES OF GREATER CHARLOTTE, INC. - 5007 PROVIDENCE ROAD, SUITE 101 - CHARLOTTE, NC 28226-5849	56-1951745	501(C)(3)	10,740.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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UNITED JEWISH CHARITIES OF GREATER CHARLOTTE, INC. - 5007 PROVIDENCE ROAD, SUITE 101 - CHARLOTTE, NC 28226-5849	56-1951745	501(C)(3)	14,810.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED METHODIST AGENCY FOR THE RETARDED - WESTERN NC - 9800 KINCEY AVENUE SUITE 170 - HUNTERSVILLE, NC 28078	56-1381671	501(C)(3)	8,800.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED NEGRO COLLEGE FUND INC 8260 WILLOW OAKS CORPORATE DR SUIT FAIRFAX, VA 22031-4511	13-1624241	501(C)(3)	4,653.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED NEGRO COLLEGE FUND INC 8260 WILLOW OAKS CORPORATE DR SUIT FAIRFAX, VA 22031-4511	13-1624241	501(C)(3)	2,216.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED NEGRO COLLEGE FUND, CHARLOTTE - 119 E SEVENTH STREET, SUITE 1B - CHARLOTTE, NC 28202	13-1624241	501(C)(3)	17,563.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED NEGRO COLLEGE FUND, CHARLOTTE - 119 E SEVENTH STREET, SUITE 1B - CHARLOTTE, NC 28202	13-1624241	501(C)(3)	1,336.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF AIKEN COUNTY 235 BARNWELL AVENUE, NW AIKEN, SC 29801	57-0360086	501(C)(3)	880.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF AIKEN COUNTY 235 BARNWELL AVENUE, NW AIKEN, SC 29801	57-0360086	501(C)(3)	4,796.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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UNITED WAY OF ALAMANCE COUNTY NORTH CAROLINA, INC. - 803 HERMITAGE RD, PO BOX 1268 - BURLINGTON, NC 27215	56-0599239	501(C)(3)	884.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF ALAMANCE COUNTY NORTH CAROLINA, INC. - 803 HERMITAGE RD, PO BOX 1268 - BURLINGTON, NC 27215	56-0599239	501(C)(3)	4,526.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF CENTRAL INDIANA INC PO BOX 88409 INDIANAPOLIS, IN 46208-0409	35-1007590	501(C)(3)	240.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF CENTRAL INDIANA INC PO BOX 88409 INDIANAPOLIS, IN 46208-0409	35-1007590	501(C)(3)	5,132.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF CLEVELAND COUNTY NC, INC. - PO BOX 2242 - SHELBY, NC 28151-2242	56-6030073	501(C)(3)	13,623.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF CLEVELAND COUNTY NC, INC. - PO BOX 2242 - SHELBY, NC 28151-2242	56-6030073	501(C)(3)	13,887.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF COASTAL CAROLINA INC 601 BROAD ST NEW BERN, NC 28560	56-6017934	501(C)(3)	8,890.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF DAVIDSON COUNTY INC PO BOX 492 LEXINGTON, NC 27293-0492	56-1847133	501(C)(3)	468.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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UNITED WAY OF DAVIDSON COUNTY INC PO BOX 492 LEXINGTON, NC 27293-0492	56-1847133	501(C)(3)	9,047.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF DELAWARE, INC. 625 NORTH ORANGE ST. WILMINGTON, DE 19801-2250	51-0073399	501(C)(3)	7,704.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF FORSYTH COUNTY INC 301 N MAIN STREET, SUITE 1700 WINSTON SALEM, NC 27101	23-7357234	501(C)(3)	3,857.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF FORSYTH COUNTY INC 301 N MAIN STREET, SUITE 1700 WINSTON SALEM, NC 27101	23-7357234	501(C)(3)	18,650.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF GASTON COUNTY INC PO BOX 2597 GASTONIA, NC 28053-2597	56-0653356	501(C)(3)	32,880.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GASTON COUNTY INC PO BOX 2597 GASTONIA, NC 28053-2597	56-0653356	501(C)(3)	185,952.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202-1429	31-0537502	501(C)(3)	17,761.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF GREATER GREENSBORO INC NC - 1500 YANCEYVILLE STREET - GREENSBORO, NC 27405	56-0668555	501(C)(3)	965.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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UNITED WAY OF GREATER GREENSBORO INC NC - 1500 YANCEYVILLE STREET - GREENSBORO, NC 27405	56-0668555	501(C)(3)	9,331.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF GREATER HIGH POINT, INC. - 201 CHURCH AVENUE - HIGH POINT, NC 27262-4805	56-0547486	501(C)(3)	220.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GREATER HIGH POINT, INC. - 201 CHURCH AVENUE - HIGH POINT, NC 27262-4805	56-0547486	501(C)(3)	5,647.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF GREATER ST. LOUIS INC - 910 NORTH 11TH STREET - ST. LOUIS, MO 63101	43-0714167	501(C)(3)	7,286.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GREATER ST. LOUIS INC - 910 NORTH 11TH STREET - ST. LOUIS, MO 63101	43-0714167	501(C)(3)	2,399.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF IREDELL COUNTY 1835 DAVIE AVENUE, SUITE 401 STATESVILLE, NC 28677-0742	56-0792674	501(C)(3)	11,945.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF IREDELL COUNTY 1835 DAVIE AVENUE, SUITE 401 STATESVILLE, NC 28677-0742	56-0792674	501(C)(3)	36,322.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF LANCASTER COUNTY INC 109 SOUTH WYLIE STREET LANCASTER, SC 29720	57-0564440	501(C)(3)	7,345.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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UNITED WAY OF LANCASTER COUNTY INC 109 SOUTH WYLIE STREET LANCASTER, SC 29720	57-0564440	501(C)(3)	42,947.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF LINCOLN COUNTY PO BOX 234 LINCOLNTON, NC 28093-0234	23-7125926	501(C)(3)	11,646.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF LINCOLN COUNTY PO BOX 234 LINCOLNTON, NC 28093-0234	23-7125926	501(C)(3)	78,354.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF METROPOLITAN ATLANTA INC - 100 EDGEWOOD AVENUE, NE - ATLANTA, GA 30303	58-0566194	501(C)(3)	53.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF METROPOLITAN ATLANTA INC - 100 EDGEWOOD AVENUE, NE - ATLANTA, GA 30303	58-0566194	501(C)(3)	8,706.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF METROPOLITAN CHICAGO 560 W LAKE STREET CHICAGO, IL 60661-1499	30-0200478	501(C)(3)	6,486.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF METROPOLITAN DALLAS, INC. - 1800 N LAMAR STREET - DALLAS, TX 75202-1901	75-6005352	501(C)(3)	8,474.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF MIAMI-DADE, INC. 3250 SOUTHWEST 3RD AVENUE MIAMI, FL 33129-0790	59-0830840	501(C)(3)	4,400.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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OMB No 1545-0047
2008
Open to Public Inspection

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

Employer identification number
56-0529948

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MIAMI-DADE, INC. 3250 SOUTHWEST 3RD AVENUE MIAMI, FL 33129-0790	59-0830840	501(C)(3)	116.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF MITCHELL COUNTY INC. 97 PINEBRIDGE AVENUE SPRUCE PINE, NC 28777	58-1350506	501(C)(3)	11,889.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF NEW YORK CITY 2 PARK AVENUE, 2ND FLOOR NEW YORK, NY 10016-1550	13-2617681	501(C)(3)	74,720.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF NORTHWEST ALABAMA PO BOX 1228 FLORENCE, AL 35631-1228		501(C)(3)	6,000.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF RHODE ISLAND, INC. 50 VALLEY ST. PROVIDENCE, RI 2909	05-0276059	501(C)(3)	5,401.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF RUTHERFORD COUNTY INC (NC) - PO BOX 823 - SPINDALE, NC 28160-0823	56-1030597	501(C)(3)	1,471.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF RUTHERFORD COUNTY INC (NC) - PO BOX 823 - SPINDALE, NC 28160-0823	56-1030597	501(C)(3)	7,045.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123-5371	95-2213995	501(C)(3)	343.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
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SCHEDULE I-1
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UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123-5371	95-2213995	501(C)(3)	4,836.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF SOUTHEASTERN PENNSYLVANIA - 7 BENJAMIN FRANKLIN PARKWAY - PHILADELPHIA, PA 19103-1208	23-1556045	501(C)(3)	7,400.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF SOUTHERN NEVADA 1660 EAST FLAMINGO ROAD LAS VEGAS, NV 89119	88-0071328	501(C)(3)	343.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF SOUTHERN NEVADA 1660 EAST FLAMINGO ROAD LAS VEGAS, NV 89119	88-0071328	501(C)(3)	7,987.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF STANLY COUNTY PO BOX 1178 ALBEMARLE, NC 28002-1178	56-0841588	501(C)(3)	12,570.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF STANLY COUNTY PO BOX 1178 ALBEMARLE, NC 28002-1178	56-0841588	501(C)(3)	25,209.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF THE GREATER TRIANGLE INC - 2400 PERIMETER PARK DRIVE SUITE 150 - MORRISVILLE, NC 27560	56-1949103	501(C)(3)	2,314.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF THE GREATER TRIANGLE INC - 2400 PERIMETER PARK DRIVE SUITE 150 - MORRISVILLE, NC 27560	56-1949103	501(C)(3)	5,246.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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UNITED WAY OF THE NORTH SHORE (WINNETKA) - LOCKBOX # 231198, MOMENTUM PLACE - CHICAGO, IL 60689-5311		501(C)(3)	11,000.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF WILKES COUNTY, INC. 910 C STREET ONE U. W. BUILDING NORTH WILKESBORO, NC 28659-4120	56-0942846	501(C)(3)	41,605.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF WILKES COUNTY, INC. 910 C STREET ONE U. W. BUILDING NORTH WILKESBORO, NC 28659-4120	56-0942846	501(C)(3)	8,390.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY OF YORK COUNTY, SC 226 NORTHPARK DRIVE SUITE 100 ROCK HILL, SC 29730	57-0360058	501(C)(3)	94,506.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF YORK COUNTY, SC 226 NORTHPARK DRIVE SUITE 100 ROCK HILL, SC 29730	57-0360058	501(C)(3)	278,979.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED WAY, INC. 523 W SIXTH STREET, SUITE 246 LOS ANGELES, CA 90014	95-2274801	501(C)(3)	92,084.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK SAN DIEGO, CA 92110		501(C)(3)	35,000.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UPTOWN CHRIST COVENANT CHURCH 926 ELIZABETH AVE, SUITE 301 CHARLOTTE, NC 28204		501(C)(3)	5,040.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT

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URBAN LEAGUE OF CENTRAL CAROLINAS, INC. - 740 W 5TH STREET - CHARLOTTE, NC 28202	56-1218704	501(C)(3)	8,352.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
USA CARES INC. 1309 NORTH WILSON RADCLIFF, KY 40160		501(C)(3)	5,166.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
WOMEN, CHILDREN AND FAMILY SERVICE CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE SUITE #340 - LARKSPUR, CA 94939	94-3193386	501(C)(3)	5,142.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
YMCA OF GREATER CHARLOTTE, INC 500 E MOREHEAD STREET, SUITE 300 CHARLOTTE, NC 28202-2606	56-1045299	501(C)(3)	129,523.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
YMCA OF GREATER CHARLOTTE, INC 500 E MOREHEAD STREET, SUITE 300 CHARLOTTE, NC 28202-2606	56-1045299	501(C)(3)	6,317.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
YOUTH HOMES, INC. 601 E 5TH STREET SUITE 330 CHARLOTTE, NC 28202-3094	56-1118865	501(C)(3)	4,400.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
YOUTH HOMES, INC. 601 E 5TH STREET SUITE 330 CHARLOTTE, NC 28202-3094	56-1118865	501(C)(3)	6,492.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
YWCA CENTRAL CAROLINAS 3420 PARK ROAD CHARLOTTE, NC 28209-2008	56-0532139	501(C)(3)	9,076.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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YWCA CENTRAL CAROLINAS 3420 PARK ROAD CHARLOTTE, NC 28209-2008	56-0532139	501(C)(3)	415.	0.			DONOR DESIGNATED, 3RD PARTY PROCESSED FOR GENERAL SUPPORT
UNITED FAMILY SERVICES 601 EST 5TH ST, SUITE 400 CHARLOTTE, NC 28202-2914	56-0529967	501(C)(3)	1,158,687.	0.			PROGRAM OPERATING COST
SALVATION ARMY CHARLOTTE AREA COMMAND - 4335 STUART ANDREW BLVD. #120 - CHARLOTTE, NC 28217-1542	58-0660607	501(C)(3)	1,134,748.	0.			PROGRAM OPERATING COST
AMERICAN RED CROSS (GREATER CAROLINAS CHAPTER) - PO BOX 36507 - CHARLOTTE, NC 28236	53-1814940	501(C)(3)	612,451.	0.			PROGRAM OPERATING COST
YWCA CENTRAL CAROLINAS 3420 PARK ROAD CHARLOTTE, NC 28209	56-2252227	501(C)(3)	500,322.	0.			PROGRAM OPERATING COST
YMCA OF GREATER CHARLOTTE, INC. 500 EAST MOREHEAD STREET, SUITE 300 CHARLOTTE, NC 28202	56-1045299	501(C)(3)	759,609.	0.			PROGRAM OPERATING COST
MECKLENBURG COUNTY COUNCIL - BOY SCOUTS OF AMERICA - 1410 EAST SEVENTH STREET - CHARLOTTE, NC 28204	56-0529957	501(C)(3)	146,466.	0.			PROGRAM OPERATING COST
CHILD CARE RESOURCES INC. 4601 PARK ROAD, SUITE 500 CHARLOTTE, NC 28209	56-1316030	501(C)(3)	299,532.	0.			PROGRAM OPERATING COST

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CRISIS ASSISTANCE MINISTRY (MECKLENBURG) - 500 A SPRATT STREET - CHARLOTTE, NC 28206	56-1416719	501(C)(3)	262,083.	0.			PROGRAM OPERATING COST
CHARLOTTE SPEECH & HEARING CENTER, INC. - 210 EAST WOODLAWN ROAD, SUITE 150 - CHARLOTTE, NC 28217	56-0892041	501(C)(3)	293,975.	0.			PROGRAM OPERATING COST
GIRL SCOUTS, HORNETS' NEST COUNCIL 7007 IDLEWILD ROAD CHARLOTTE, NC 28212	56-0563842	501(C)(3)	226,321.	0.			PROGRAM OPERATING COST
COMMUNITY HEALTH SERVICES OF MECKLENBURG - 601 EAST 5TH STREET, SUITE 140 - CHARLOTTE, NC 28202-3092	56-0621073	501(C)(3)	282,737.	0.			PROGRAM OPERATING COST
COMMUNITIES IN SCHOOLS OF CHARLOTTE-MECKLENBURG, INC. - 601 EAST 5TH STREET, SUITE 300 - CHARLOTTE, NC 28202	58-1661795	501(C)(3)	385,794.	0.			PROGRAM OPERATING COST
COMMUNITY LINK PROGRAMS OF TRAVELERS AID SOCIETY OF CENTRAL CAROLINAS, INC - 601 E. 5TH STREET - CHARLOTTE, NC 28202	56-0530008	501(C)(3)	289,311.	0.			PROGRAM OPERATING COST
METROLINA ASSOCIATION FOR THE BLIND - 704 LOUISE AVENUE - CHARLOTTE, NC 28204	56-0529998	501(C)(3)	178,245.	0.			PROGRAM OPERATING COST
HOPE HAVEN INC. 3815 N TRYON STREET CHARLOTTE, NC 28206	58-1314284	501(C)(3)	283,585.	0.			PROGRAM OPERATING COST

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URBAN LEAGUE OF CENTRAL CAROLINAS, INC. - P O BOX 34686 - CHARLOTTE, NC 28234-4686	56-1218704	501(C)(3)	204,726.	0.			PROGRAM OPERATING COST
GOODWILL INDUSTRIES OF THE SOUTHERN PIEDMONT, INC. - PO BOX 668768 - CHARLOTTE, NC 28266-8768	56-0844639	501(C)(3)	166,823.	0.			PROGRAM OPERATING COST
BIG BROTHERS BIG SISTERS OF GREATER CHARLOTTE - 2424 N. DAVIDSON STREET, SUITE 110 - CHARLOTTE, NC 28205	56-2264009	501(C)(3)	184,179.	0.			PROGRAM OPERATING COST
UPTOWN SHELTER P. O. BOX 36471 CHARLOTTE, NC 28236	56-1474475	501(C)(3)	212,894.	0.			PROGRAM OPERATING COST
MENTAL HEALTH ASSOCIATION OF CENTRAL CAROLINAS - 3701 LATROBE DRIVE, SUITE 140 - CHARLOTTE, NC 28211	56-0674267	501(C)(3)	161,611.	0.			PROGRAM OPERATING COST
COUNCIL FOR CHILDREN'S RIGHTS 601 EAST 5TH STREET, SUITE 510 CHARLOTTE, NC 28202	56-1325184	501(C)(3)	206,000.	0.			PROGRAM OPERATING COST
NC MEDASSIST 5516 CENTRAL AVENUE CHARLOTTE, NC 28212	56-2018957	501(C)(3)	207,636.	0.			PROGRAM OPERATING COST
METROLINA AIDS PROJECT P. O. BOX 32662 CHARLOTTE, NC 28232	58-1708039	501(C)(3)	25,596.	0.			PROGRAM OPERATING COST

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CENTRAL NC COUNCIL BOY SCOUTS OF AMERICA - PO BOX 250 - ALBEMARLE, NC 28002-0250	56-0532132	501(C)(3)	126,533.	0.			PROGRAM OPERATING COST
CHARLOTTE EMERGENCY HOUSING, INC. P. O. BOX 9373 CHARLOTTE, NC 28299-9373	58-1599120	501(C)(3)	180,096.	0.			PROGRAM OPERATING COST
AMERICAN RED CROSS (UNION COUNTY CHAPTER) - 608 EAST FRANKLIN STREET - MONROE, NC 28112	56-0583146	501(C)(3)	175,021.	0.			PROGRAM OPERATING COST
FLORENCE CRITTENTON SERVICES P. O. BOX 36392 CHARLOTTE, NC 28236-6392	56-0577626	501(C)(3)	131,299.	0.			PROGRAM OPERATING COST
ARC OF MECKLENBURG 4108 PARK ROAD, STE 200 CHARLOTTE, NC 28209	56-0662725	501(C)(3)	123,811.	0.			PROGRAM OPERATING COST
TEEN HEALTH CONNECTION 251 EASTWAY DRIVE CHARLOTTE, NC 28213	56-1719715	501(C)(3)	133,252.	0.			PROGRAM OPERATING COST
ADA JENKINS CENTER P.O. BOX 1842, 212 GAMBLE STREET DAVIDSON, NC 28036	56-1927067	501(C)(3)	152,589.	0.			PROGRAM OPERATING COST
A CHILD'S PLACE PO BOX 33302 CHARLOTTE, NC 28233	58-1911741	501(C)(3)	6,000.	0.			PROGRAM OPERATING COST

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CHARLOTTE-MECKLENBURG SENIOR CENTERS INC. - 2225 TYVOLA ROAD - CHARLOTTE, NC 28210	56-1382158	501(C)(3)	142,399.	0.			PROGRAM OPERATING COST
LEGAL SERVICES OF SOUTHERN PIEDMONT, INC. - 1431 ELIZABETH AVENUE - CHARLOTTE, NC 28204	56-1202940	501(C)(3)	77,756.	0.			PROGRAM OPERATING COST
AMERICAN RED CROSS CABARRUS COUNTY 167 UNION STREET S CONCORD, NC 28025	53-0196605	501(C)(3)	72,621.	0.			PROGRAM OPERATING COST
BOYS AND GIRLS CLUB OF CABARRUS COUNTY, INC. - P. O. BOX 1405 - CONCORD, NC 28026-1405	56-0577630	501(C)(3)	79,654.	0.			PROGRAM OPERATING COST
THE CENTER FOR COMMUNITY TRANSITIONS - 904 PECAN AVE. - CHARLOTTE, NC 28233	51-0185383	501(C)(3)	67,686.	0.			PROGRAM OPERATING COST
COMMUNITY FREE CLINIC 528A CONCORD LAKE ROAD CONCORD, NC 28025	58-2131301	501(C)(3)	60,176.	0.			PROGRAM OPERATING COST
CANNON MEMORIAL YMCA P. O. BOX 46, 101 YMCA DRIVE KANNAPOLIS, NC 28082-0046	58-1574620	501(C)(3)	58,471.	0.			PROGRAM OPERATING COST
LIFESPAN INC. 200 CLANTON ROAD CHARLOTTE, NC 28217	56-1142969	501(C)(3)	18,784.	0.			PROGRAM OPERATING COST

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CHARLOTTE COALITION FOR SOCIAL JUSTICE - 740 W. 5TH ST. SUITE 210 - CHARLOTTE, NC 28202	13-1809982	501(C)(3)	78,355.	0.			PROGRAM OPERATING COST
ARTHRITIS PATIENT SERVICES 500 E MOREHEAD ST., SUITE 320 CHARLOTTE, NC 28202	58-1940978	501(C)(3)	79,991.	0.			PROGRAM OPERATING COST
SALVATION ARMY CABARRUS P. O. BOX 511 CONCORD, NC 28026-0511	58-0560607	501(C)(3)	70,315.	0.			PROGRAM OPERATING COST
RIGHT MOVES FOR YOUTH INC. 2211 W. MOREHEAD STREET, SUITE 102 CHARLOTTE, NC 28208	56-1834718	501(C)(3)	88,716.	0.			PROGRAM OPERATING COST
UNION COUNTY CRISIS ASSISTANCE MINISTRY, INC. - 1333 ROOSEVELT BOULEVARD - MONROE, NC 28110	58-1631417	501(C)(3)	148,255.	0.			PROGRAM OPERATING COST
COUNCIL ON AGING IN UNION COUNTY P. O. BOX 185 MONROE, NC 28111	56-1081558	501(C)(3)	71,322.	0.			PROGRAM OPERATING COST
OUR TOWNS HABITAT FOR HUMANITY PO BOX 1088 DAVIDSON, NC 28036	56-1733643	501(C)(3)	47,706.	0.			PROGRAM OPERATING COST
LATIN AMERICAN COALITION 4949 ALBEMARLE RD. STE B CHARLOTTE, NC 28205-6629	58-1945776	501(C)(3)	68,529.	0.			PROGRAM OPERATING COST

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56-0529948

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISABILITY RIGHTS AND RESOURCES 5801 EXECUTIVE CENTER DRIVE, SUITE CHARLOTTE, NC 28212	56-1268845	501(C)(3)	77,481.	0.			PROGRAM OPERATING COST
BRIDGE JOBS PROGRAM, INC. PO BOX 31096 CHARLOTTE, NC 28031	56-1544390	501(C)(3)	38,303.	0.			PROGRAM OPERATING COST
LEGAL AID OF NORTH CAROLINA 1431 ELIZABETH AVENUE CHARLOTTE, NC 28204	56-1148372	501(C)(3)	66,597.	0.			PROGRAM OPERATING COST
SUMMIT HOUSE 1589 SKEET CLUB ROAD, SUITE 102 - B HIGH POINT, NC 27265	56-1552542	501(C)(3)	46,937.	0.			PROGRAM OPERATING COST
MOORESVILLE/LAKE NORMAN CHRISTIAN MISSION - PO BOX 62 - MOORESVILLE, NC 28115	56-0667685	501(C)(3)	81,500.	0.			PROGRAM OPERATING COST
UNION COUNTY HABITAT FOR HUMANITY POST OFFICE BOX 1688 MONROE, NC 28111	56-1704668	501(C)(3)	29,550.	0.			PROGRAM OPERATING COST
THE ARC OF UNION COUNTY, INC. 1653-C CAMPUS PARK DRIVE MONROE, NC 28112	56-1677521	501(C)(3)	73,217.	0.			PROGRAM OPERATING COST
TURNING POINT OF UNION COUNTY, INC. - P. O. BOX 952 - MONROE, NC 28111	58-1698701	501(C)(3)	46,308.	0.			PROGRAM OPERATING COST

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

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

Employer identification number
56-0529948

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CVAN WOMEN'S PROGRAM P. O. BOX 1749 CONCORD, NC 28026-1749	57-0749038	501(C)(3)	29,446.	0.			PROGRAM OPERATING COST
THE RELATIVES, INC. P.O. BOX 220632 CHARLOTTE, NC 28222	58-1082022	501(C)(3)	53,000.	0.			PROGRAM OPERATING COST
COLTRANE L.I.F.E. CENTER, INC. 321 CORBAN AVENUE SE CONCORD, NC 28025	56-1222998	501(C)(3)	53,022.	0.			PROGRAM OPERATING COST
LOGAN COMMUNITY DAY CARE ASSN. 204 BOOKER STREET SW, P. O. BOX 812 CONCORD, NC 28026-0812	23-7210127	501(C)(3)	15,103.	0.			PROGRAM OPERATING COST
SEIGLE AVE PRESCHOOL COOPERATIVE 600 SEIGLE AVE. #B CHARLOTTE, NC 28204	56-1668333	501(C)(3)	67,458.	0.			PROGRAM OPERATING COST
FRIENDSHIP HOME, INC. 2111 STAFFORD ROAD, EXT. MONROE, NC 28110	56-1068009	501(C)(3)	45,607.	0.			PROGRAM OPERATING COST
HABITAT FOR HUMANITY CABARRUS COUNTY, INC. - PO BOX 1502 - CONCORD, NC 28026	56-1678395	501(C)(3)	17,465.	0.			PROGRAM OPERATING COST
CABARRUS MEALS ON WHEELS 1701 S. MAIN STREET KANNAPOLIS, NC 28081	56-1172942	501(C)(3)	34,443.	0.			PROGRAM OPERATING COST

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

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

Employer identification number
56-0529948

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION COUNTY COMMUNITY SHELTER 311 E. JEFFERSON STREET MONROE, NC 28112	58-2121860	501(C)(3)	79,170.	0.			PROGRAM OPERATING COST
THE ARC OF CABARRUS COUNTY P. O. BOX 1367 CONCORD, NC 28026-1367	56-1139801	501(C)(3)	40,700.	0.			PROGRAM OPERATING COST
SERENITY HOUSE, INC. P.O. BOX 1627 CONCORD, NC 28026-1627	56-1067942	501(C)(3)	59,347.	0.			PROGRAM OPERATING COST
LITERACY COUNCIL OF UNION COUNTY 105- A EAST JEFFERSON STREET MONROE, NC 28112	56-2145552	501(C)(3)	28,198.	0.			PROGRAM OPERATING COST
COMMUNITIES IN SCHOOLS OF CABARRUS COUNTY, INC. - P.O. BOX 854 - CONCORD, NC 28026	56-1771394	501(C)(3)	21,415.	0.			PROGRAM OPERATING COST
ACADEMIC LEARNING CENTER, INC. PO BOX 1881 CONCORD, NC 28026	56-1963975	501(C)(3)	16,952.	0.			PROGRAM OPERATING COST
DIAKONOS, INC. PO BOX 5217 STATESVILLE, NC 28681	58-1821225	501(C)(3)	20,979.	0.			PROGRAM OPERATING COST
PIEDMONT COUNCIL INC., BOY SCOUTS OF AMERICA - PO BOX 1059 - GASTONIA, NC 28053	56-0529991	501(C)(3)	6,041.	0.			PROGRAM OPERATING COST

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

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

Employer identification number
56-0529948

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPROPRIATE PLACEMENT OPTIONS, INC. - 227 HARRILL ST. - STATESVILLE, NC 28677	56-1515383	501(C)(3)	16,725.	0.			PROGRAM OPERATING COST
EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE OF IREDELL COUNTY, I - POST OFFICE BOX 167 - STATESVILLE, NC 28677	56-1758810	501(C)(3)	18,861.	0.			PROGRAM OPERATING COST
IREDELL COUNTY COUNCIL ON AGING INC. - POST OFFICE BOX 344 - STATESVILLE, NC 28677	23-7322660	501(C)(3)	19,279.	0.			PROGRAM OPERATING COST
COMMUNITY HEALTH SERVICES OF UNION COUNTY, INC. - 415-B EAST WINDSOR - MONROE, NC 28112	46-0495947	501(C)(3)	105,532.	0.			PROGRAM OPERATING COST
PIEDMONT MEDIATION CENTER POST OFFICE BOX 604 STATESVILLE, NC 28677	59-1719434	501(C)(3)	17,640.	0.			PROGRAM OPERATING COST
GIRL SCOUTS CAROLINAS PEAKS TO PIEDMONT INC - 530 FOURTH STREET, SW - HICKORY, NC 28601	56-0577629	501(C)(3)	6,824.	0.			PROGRAM OPERATING COST
SALVATION ARMY - STATESVILLE CORPS POST OFFICE BOX 91 STATESVILLE, NC 28677	58-0660607	501(C)(3)	12,981.	0.			PROGRAM OPERATING COST
LOVE INC OF MECKLENBURG COUNTY PO BOX 18517 CHARLOTTE, NC 28218	56-1741006	501(C)(3)	80,271.	0.			PROGRAM OPERATING COST

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

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

Employer identification number
56-0529948

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLOTTE COMMUNITY HEALTH CLINIC P.O. BOX 18216 CHARLOTTE, NC 28218	56-2274174	501(C)(3)	113,608.	0.			PROGRAM OPERATING COST
RAIN, INC. PO BOX 37190 CHARLOTTE, NC 28237	56-1825247	501(C)(3)	28,401.	0.			PROGRAM OPERATING COST
BARIUM SPRINGS HOME FOR CHILDREN PO BOX 1 BARIUM SPRINGS, NC 28010	56-0529993	501(C)(3)	20,611.	0.			PROGRAM OPERATING COST
FEED MY LAMBS PO BOX 91 WADESBORO, NC 28170-0091	56-2158694	501(C)(3)	7,614.	0.			PROGRAM OPERATING COST
ANSON COUNTY PARTNERSHIP FOR CHILDREN - 117 SOUTH GREEN STREET - WADESBORO, NC 28170-2782	56-1987729	501(C)(3)	7,645.	0.			PROGRAM OPERATING COST
HOLLA! 207 WHEELER STREET WADESBORO, NC 28170	51-0562858	501(C)(3)	11,811.	0.			PROGRAM OPERATING COST
ANSON COUNTY 4-H PO BOX 633 WADESBORO, NC 28170	56-0886634	501(C)(3)	3,125.	0.			PROGRAM OPERATING COST
ANSON COUNTY 4-H PO BOX 633 WADESBORO, NC 28170	56-0886634	501(C)(3)	1,926.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

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

Employer identification number
56-0529948

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER CHARLOTTE, INC. 500 EAST MOREHEAD STREET, SUITE 300 CHARLOTTE, NC 28202	56-1045299	501(C)(3)	50,000.	0.			PROGRAM OPERATING COST
CHILD CARE RESOURCES INC. 4601 PARK ROAD, SUTIE 500 CHARLOTTE, NC 28209	56-1316030	501(C)(3)	40,000.	0.			PROGRAM OPERATING COST
COMMUNITY HEALTH SERVICES OF MECKLENBURG - 601 EAST 5TH STREET, SUITE 140 - CHARLOTTE, NC 28202-3092	56-0621073	501(C)(3)	90,000.	0.			PROGRAM OPERATING COST
UNITED NEGRO COLLEGE FUND, CHARLOTTE - 119 EAST SEVENTH STREET, SUITE 1-B - CHARLOTTE, NC 28202	13-1624241	501(C)(3)	30,000.	0.			PROGRAM OPERATING COST
SALVATION ARMY - CHARLOTTE AREA COMMAND - P.O. BOX 31128 - CHARLOTTE, NC 28231	13-5562351	501(C)(3)	30,000.	0.			PROGRAM OPERATING COST
FOUNDATION FOR THE CAROLINAS 217 S TRYON STREET CHARLOTTE, NC 28202	56-6047886	501(C)(3)	10,000.	0.			PROGRAM OPERATING COST
MECKLENBURG COUNCIL ON HOMELESSNESS, INC. - 601 EAST BLVD. - CHARLOTTE, NC 28203	51-0431450	501(C)(3)	25,000.	0.			PROGRAM OPERATING COST
COMMUNITY LINK P O BOX 37265 CHARLOTTE, NC 28237	56-0530008	501(C)(3)	12,500.	0.			PROGRAM OPERATING COST

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

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

Employer identification number
56-0529948

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERGENCY WINTER SHELTER, INC. P.O. BOX 31125 CHARLOTTE, NC 28202	90-0195972	501(C)(3)	20,000.	0.			PROGRAM OPERATING COST

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

Part IV Supplemental Information

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 FROM THE ORGANIZATION 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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number

56-0529948

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☒ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If line 1a is 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**		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply.			
	☒ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	**4a**	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in 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**	X	
b	Any related organization?	**5b**		X
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in 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**		X
b	Any related organization?	**6b**		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GLORIA PACE KING	(i)	207,398.	95,000.	121,639.	48,770.	12,093.	484,900.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GLORIA PACE KING - DEFER	(i)	0.	0.	0.	<822,618.>	0.	<822,618.>	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SHELLEY D WHITE	(i)	115,621.	0.	2,006.	16,027.	19,758.	153,412.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
WILLIAM MCDONALD, JR	(i)	156,459.	0.	1,791.	16,903.	3,053.	178,206.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DIANE WRIGHT	(i)	150,488.	0.	1,733.	19,056.	13,841.	185,118.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CLIFF GRIMES	(i)	127,831.	0.	948.	11,055.	14,427.	154,261.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information.

PART I, LINE 5: THE 2008 EXECUTIVE DIRECTOR RECEIVED A BONUS THAT WAS BASED PARTIALLY ON THE ORGANIZATION'S TOTAL CAMPAIGN REVENUE IN CALENDAR YEAR 2008.

THE ORGANIZATION MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) WHICH ALLOWS FOR DEFERRAL OF COMPENSATION IN ACCORDANCE WITH SECTION 457 (F) OF THE INTERNAL REVENUE CODE. AN OBLIGATION OF $822,618 WAS ACCRUED AT JUNE 30, 2008. THIS OBLIGATION WAS WRITTEN OFF DURING FISCAL YEAR JUNE 30, 2009 BECAUSE THE SOLE PARTICIPANT IN THE PLAN WAS TERMINATED WITH CAUSE AND CONSEQUENTLY ALL BENEFITS IN THE PLAN FOR THAT PARTICIPANT WERE FORFEITED. THIS RESULTED IN A REDUCTION IN DEFERRED COMPENSATION OF $822,618 FOR GLORIA KING REFLECTED IN PART II, COLUMN C.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer Identification number

56-0529948

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
WILLIAM W FARMER MEMBER	1.50	X						0.	0.	0.
SUSAN R FAULKNER CHAIR, COMM WORKS BOARD	1.50	X						0.	0.	0.
CURT W FOCHTMANN CHAIR, COMMUNITY OUTREAC	1.50	X						0.	0.	0.
PAUL S FRANZ IMMEDIATE PAST BOARD CHA	2.00	X						0.	0.	0.
ARTHUR J GALLAGHER VICE CHAIR, COMM INVEST	1.50	X						0.	0.	0.
DR RICHARD L GILBERT MEMBER	1.00	X						0.	0.	0.
LYNN J GOOD MEMBER	1.00	X						0.	0.	0.
PETER C GORMAN MEMBER	0.00	X						0.	0.	0.
DAVID R GREEN CHAIR	2.00	X		X				0.	0.	0.
HILDA H GURDIAN MEMBER	1.00	X						0.	0.	0.
DAVID G GURLEY CHAIR, LEGACY FOUNDATION	1.50	X						0.	0.	0.
GREG HAISLIP MEMBER	1.00	X						0.	0.	0.
JOSEPH F HALLOW, III MEMBER	1.00	X						0.	0.	0.
WILLIAM HAPPER CHAIR, CABARRUS COUNTY	2.00	X						0.	0.	0.
FRANK J HARRISON, III MEMBER	1.00	X						0.	0.	0.
KIM HENDERSON MEMBER	1.00	X						0.	0.	0.
BRAD HOWARD MEMBER	3.00	X						0.	0.	0.
KELLY HYNES MEMBER	1.00	X						0.	0.	0.
BRANSON C JONES LIFE DIRECTOR	0.00	X						0.	0.	0.
HARRY L JONES, SR CHAIR, RESOURCE DVELMT	2.00	X						0.	0.	0.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No 1545-0047

2008

Open to Public Inspection

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

Employer Identification number
56-0529948

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
PAT KAHLE MEMBER	3.00	X						0.	0.	0.
JEFFREY KANE 2ND BOARD VICE CHAIR	4.00	X		X				0.	0.	0.
PETER KELLY MEMBER	1.00	X						0.	0.	0.
GLORIA PACE KING PRESIDENT UNTIL 9/30/08	60.00	X		X				424,037.	0.	60,863.
GLORIA PACE KING - DEFER PRESIDENT UNTIL 9/30/08	60.00	X		X				0.	0.	<822,618.>
HAL A LEVINSON MEMBER	1.00	X						0.	0.	0.
KENNETH D LEWIS MEMBER	0.00	X						0.	0.	0.
GEORGE W LILES MEMBER	3.00	X						0.	0.	0.
MARY T MACK MEMBER	1.00	X						0.	0.	0.
EDWARD L MARXEN MEMBER	3.00	X						0.	0.	0.
TIMOTHY J MAYOPOULOS MEMBER	1.00	X						0.	0.	0.
MICHAEL J MCGUIRE MEMBER	1.00	X						0.	0.	0.
JANE MCINTYRE EXEC CHAIR, COUNCIL OF A	2.50	X						0.	0.	0.
R MALLOY MCKEITHEN MEMBER	1.00	X						0.	0.	0.
WILLIAM MCNEELEY MEMBER	2.00	X						0.	0.	0.
ROBERT G MORGAN MEMBER	1.00	X						0.	0.	0.
L KNOX MORRISON CHAIR, CABARRUS COUNTY	2.00	X						0.	0.	0.
THOMAS C NELSON MEMBER	1.00	X						0.	0.	0.
BILLY E NORWOOD MEMBER	1.00	X						0.	0.	0.
EUGENE C PRIDGEN MEMBER	6.00	X						0.	0.	0.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No 1545-0047

2008

Open to Public Inspection

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

Employer Identification number
56-0529948

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DANA L RADER MEMBER	1.00	X						0.	0.	0.
MARK R RICCI MEMBER	6.00	X						0.	0.	0.
RUSSELL M ROBINSON, II LIFE DIRECTOR	3.00	X						0.	0.	0.
ELLEN RUFF MEMBER	6.00	X						0.	0.	0.
MICHAEL J SMITH CHAIR, PUBLIC POLICY COM	4.00	X						0.	0.	0.
JOHN A SWITZER MEMBER	1.00	X						0.	0.	0.
G KENNEDY THOMPSON MEMBER	0.00	X						0.	0.	0.
DR FRED G THOMPSON CHAIR, ANSON COUNTY	3.00	X						0.	0.	0.
CAROL M TYSON MEMBER	3.00	X						0.	0.	0.
THOMAS E WILLIAMS, JR CHAIR, UNION COUNTY	3.00	X						0.	0.	0.
ROBERT O WILSON MEMBER	1.00	X						0.	0.	0.
JON C YANCY MEMBER	3.00	X						0.	0.	0.
SHELLEY D WHITE CFO	50.00			X				117,627.	0.	35,785.
WILLIAM MCDONALD, JR SVP RESOURCE OPS	50.00				X			158,250.	0.	19,956.
DIANE WRIGHT SVP RESOURCE DVLPMT	50.00				X			152,221.	0.	32,897.
CLIFF GRIMES SVP COMMUNITY BLDG	50.00				X			128,779.	0.	25,482.
RICHARD HEINS REGIONAL VP OF COUNTY OP	50.00					X		107,321.	0.	28,665.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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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:

COMMUNITIES. SPECIFICALLY, WE IDENTIFY THE REGION'S GREATEST NEEDS, THEN SERVE AS THE BRIDGE BETWEEN THOSE WHO WANT TO HELP (DONORS, VOLUNTEERS) AND NONPROFITS (96 MEMBER AGENCIES) THAT BEST PROVIDE AID TO THOSE WHO NEED IT MOST.

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

ISSUES. A NETWORK OF 96 MEMBER AGENCIES IN MECKLENBURG, CABARRUS, UNION AND ANSON COUNTIES AS WELL AS THE MOORESVILLE/LAKE NORMAN COMMUNITY RELY ON UNITED WAY'S COMMUNITY CARE FUND TO IMPROVE PEOPLE'S LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES. UNITED WAY OF CENTRAL CAROLINAS' IMPACT AREAS ARE: PREPARING CHILDREN TO SUCCEED; PROMOTING HEALTH AND WELLNESS; STRENGTHENING YOUTH, FAMILIES AND COMMUNITIES; INCREASING ECONOMIC SELF-SUFFICIENCY; AND HELPING SENIORS AND THE DISABLED LIVE INDEPENDENTLY.

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

UNITED WAY 211: BY DIALING 211, ANYONE CAN GET IN TOUCH WITH A TRAINED SPECIALIST WHO CAN ASSESS THEIR NEEDS AND REFER THEM TO AN APPROPRIATE COMMUNITY-BASED PROGRAM OR SERVICE. UNITED WAY 211 IS: FREE AND CONFIDENTIAL, AVAILABLE 24 HOURS A DAY, AVAILABLE IN MANY LANGUAGES, AND STAFFED BY CERTIFIED SPECIALISTS.

THOSE IN NEED CAN RECEIVE IMMEDIATE ASSISTANCE IN MANY WAYS:

(1) FOOD AND FAMILY NEEDS - FOOD BANKS, CLOTHING CLOSETS AND CHILD CARE

(2) HOUSING - LOCATE SHELTERS, FIND RENTAL/MORTGAGE ASSISTANCE AND

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Department of the Treasury Internal Revenue Service	▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.	2008 Open to Public Inspection

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

HOME BUYING INFORMATION

(3) EMPLOYMENT - JOB TRAINING OPPORTUNITIES, TRANSPORTATION ASSISTANCE AND EDUCATION PROGRAMS

(4) COUNSELING - FIND CRISIS INTERVENTION SERVICES

(5) HEALTH CARE - HEALTH INSURANCE PROGRAMS, HOME HEALTH CARE AND OTHER PROGRAMS

VOLUNTEER CENTER: UNITED WAY OF CENTRAL CAROLINAS' VOLUNTEER CENTER WORKS TO PROMOTE VOLUNTEERISM AND DEMONSTRATE THE VALUE OF VOLUNTEERING. BY MATCHING VOLUNTEER GROUPS WITH AREA NON PROFITS, VOLUNTEERS SEE FIRST HAND THE NEED IN THE COMMUNITY. VOLUNTEER GROUPS RANGE IN SIZE FROM 5 TO MORE THAN 300.

UNITED WAY OF CENTRAL CAROLINAS' VOLUNTEER CENTER COORDINATES VOLUNTEER PROJECTS FOR AREA BUSINESSES, CIVIC AND RELIGIOUS GROUPS. THE ACTIVITIES PROMOTE THE VALUE OF VOLUNTEERING AND DEMONSTRATE HOW DONOR DOLLARS ARE REINVESTED BACK INTO OUR COMMUNITY. THE VOLUNTEER CENTER COORDINATED 200 VOLUNTEER PROJECTS WHICH ENGAGED 3,782 VOLUNTEERS WHO CONTRIBUTED 14,953 HOURS RESULTING IN $284,709 IN KIND GIFT TO OUR COMMUNITY. IN ADDITION THE VOLUNTEER CENTER RAISED $16,000 IN CORPORATE SPONSORSHIPS TO COVER PROJECT EXPENSES.

IN JUNE, UNITED WAY OF CENTRAL CAROLINAS COORDINATED A COMMUNITY-WIDE VOLUNTEER SERVICE PROJECT, "STUFF THE BUS." THIS WEEK-LONG EVENT COLLECTED TOILETRY ITEMS FOR NONPROFITS THAT WORK WITH THE AREA'S HOMELESS POPULATION. 60,584 ITEMS WERE COLLECTED AND THEN DISTRIBUTED AMONG EIGHT AGENCIES (HOPE HAVEN, CHARLOTTE EMERGENCY HOUSING, A CHILD'S PLACE, CENTER OF HOPE, BATTERED WOMEN'S SHELTER, YWCA AND THE

MEN'S SHELTER). THE TOILETRY ITEMS REPRESENTED MORE THAN $124,000 GIVEN TO OUR COMMUNITY.

FAMILYWIZE PRESCRIPTION DRUG DISCOUNT CARD: THROUGH UNITED WAY OF CENTRAL CAROLINAS AND ITS AGENCIES FAMILYWIZE PRESCRIPTION CARDS ARE AVAILABLE IN OUR COMMUNITY. THIS CARD ENABLES ANYONE TO RECEIVE DISCOUNTED PRICING ON PRESCRIPTION DRUGS. IT CAN OFFER IMMEDIATE SAVINGS ON PRESCRIPTION DRUGS AT PARTICIPATING PHARMACIES FOR PEOPLE WHO HAVE NO HEALTH INSURANCE, DURING DEDUCTIBLE PERIODS AND FOR PRESCRIPTION MEDICINE NOT COVERED BY HEALTH INSURANCE, MEDICARE AND OTHER BENEFIT PLANS. AS A RESULT OF THIS PROGRAM, INDIVIDUALS IN OUR AREA SAVED MORE THAN $75,000 ON THEIR PRESCRIPTIONS IN 2009.

LASTLY, THE ORGANIZATION RECEIVES GIFTS DESIGNATED TO 501(C)(3) ORGANIZATIONS THAT ARE NOT ITS MEMBER AGENCIES. THESE GIFTS ARE PROCESSED AND PAID TO THE ORGANIZATIONS BASED ON THE DONOR'S WISHES AFTER THE ORGANIZATIONS ARE SCREENED TO ENSURE THAT THEY ARE VALID 501(C)(3) ORGANIZATIONS, THAT THEY ARE NOT ON ANY TERRORIST WATCH LISTS AND THEY ATTEST THAT THEY DO NOT SUPPORT ANY TERRORIST ORGANIZATIONS.

EXPENSES $ 8179341. INCLUDING GRANTS OF $ 7139239. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 4: THE BYLAWS WERE AMENDED TO REDUCE THE NUMBER OF DIRECTORS FROM 60+ TO NOT LESS THAN 18, BUT NOT MORE THAN 24. THIS CHANGE WAS ADOPTED IN FISCAL YEAR 2009.

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Department of the Treasury Internal Revenue Service	▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.	2008 Open to Public Inspection

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

FORM 990, PART VI, SECTION A, LINE 10: THE INDEPENDENT AUDITORS PREPARE THE FORM 990 AND PRESENT IT TO THE AUDIT COMMITTEE FOR REVIEW. MANAGEMENT EMAILS THE FORM 990 TO THE BOARD OF DIRECTORS AND THE AUDIT COMMITTEE CHAIR PRESENTS IT TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

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 PRESIDENT ENSURES THAT EACH MEMBER SUBMITS THE FORM AND REPORTS CONFLICTS OF INTEREST TO THE PRESIDENT AND CEO. IN THE EVENT OF A CONFLICT, THAT BOARD MEMBER WILL RECUSE HIMSELF/HERSELF BEFORE ANY DISCUSSION OR VOTE.

FORM 990, PART VI, SECTION B, LINE 15: THE SALARY FOR THE EXECUTIVE DIRECTOR IN 2008 WAS SET IN DECEMBER OF 2007 AND WAS BASED UPON COMPARISONS WITH SALARIES FOR EXECUTIVES IN OTHER NON-PROFIT AND FOR PROFIT ENTITIES. WHEN AN INTERIM EXECUTIVE DIRECTOR WAS SELECTED IN AUGUST OF 2008, COMPENSATION WAS SET BASED UPON THE DATA REVIEWED IN DECEMBER, 2007 AND WITH AN UNDERSTANDING THAT THE ARRANGEMENT WAS TEMPORARY PENDING A SEARCH FOR A NEW EXECUTIVE DIRECTOR AND WOULD THUS NOT INCLUDE BENEFITS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S BYLAWS AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C

SCHEDULE O (Form 990)

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

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AUDIT COMMITTEE REVIEW

THE AUDIT COMMITTEE REVIEWS THE FINANCIAL STATEMENTS AND PRESENTS THEM TO THE BOARD OF DIRECTORS FOR REVIEW. IN ADDITION, THE AUDIT COMMITTEE SELECTS THE INDEPENDENT AUDIT FIRM AND PRESENTS THE SCOPE OF THE WORK AND FEES TO THE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART V, LINES 2C, 7G & 7H

BACKUP WITHHOLDING, FORMS 8899 AND 1098-C

THE ORGANIZATION DID NOT HAVE ANY REPORTABLE PAYMENTS TO VENDORS OR GAMING WINNINGS TO PRIZE WINNERS AND THEREFORE THE BACKUP WITHHOLDING RULES DID NOT APPLY.

THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY AND THEREFORE WAS NOT REQUIRED TO FILE FORM 8899. LIKEWISE, THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF CARS, BOATS, AIRPLANES OR OTHER VEHICLES AND THEREFORE WAS NOT REQUIRED TO FILE FORM 1098-C.

FORM 990, ADDITIONAL INFORMATION

THE CITIZEN REVIEW PROCESS:

TRAINED VOLUNTEERS REPRESENT THE COMMUNITY IN FUNDING DECISIONS:

THE CITIZEN REVIEW PROCESS IS A HIGHLY COST-EFFICIENT WAY TO EVALUATE AGENCY PROGRAM PROPOSALS AND TO ENSURE THAT THE PEOPLE WHO LIVE AND WORK IN THE COMMUNITIES SERVED BY UNITED WAY OF CENTRAL CAROLINAS HAVE REPRESENTATION IN FUNDING DECISIONS. COMMUNITY INVESTMENT VOLUNTEERS TEND TO BE HIGHLY SKILLED, FROM A WIDE ARRAY OF BUSINESS, GOVERNMENT,

HEALTH CARE, EDUCATION AND OTHER PROFESSIONS. UNITED WAY OF CENTRAL CAROLINAS TRAINS THESE VOLUNTEERS IN REVIEWING NONPROFIT FINANCIAL INFORMATION AND IN EVALUATING PROGRAM OUTCOMES.

THIS YEAR, 234 VOLUNTEERS FROM THE FIVE COUNTIES SERVED BY UNITED WAY OF CENTRAL CAROLINAS PARTICIPATED IN THE CITIZENS REVIEW PROCESS. THESE VOLUNTEERS ENSURED THAT FUNDING DECISIONS HAD BROAD REPRESENTATION FROM THE COMMUNITIES SERVED BY UNITED WAY OF CENTRAL CAROLINAS. ON AVERAGE, THE VOLUNTEERS DONATED 31 HOURS EACH, OR OVER 7,000 HOURS, MAKING AGENCY SITE VISITS, REVIEWING PROGRAM PROPOSALS AND MAKING RECOMMENDATIONS TO FUND 197 PROGRAMS. THIS VOLUNTEER TIME REPRESENTS A VALUE OF $146,894 TO DONORS. WITHOUT THESE DEDICATED VOLUNTEERS, UNITED WAY OF CENTRAL CAROLINAS WOULD HAVE NEEDED TO HIRE FOUR ADDITIONAL FULL-TIME STAFF TO ACCOMPLISH THIS WORK.

CRITERIA FOR EVALUATING PROPOSALS

THE CITIZEN REVIEW PROCESS IS RIGOROUS AND INCLUDES A THOROUGH EVALUATION OF THE AGENCY PROGRAMS BEING CONSIDERED FOR FUNDING. AS A GUIDE FOR THEIR INVESTMENT RECOMMENDATIONS, COMMUNITY INVESTMENT VOLUNTEERS USE A PROPOSAL RATING SYSTEM TO ENSURE THE APPROPRIATENESS AND CONSISTENCY OF PROGRAM EVALUATIONS. THE SYSTEM EXAMINES EIGHT AREAS OF PROGRAM AND AGENCY PERFORMANCE:

(1) THE PROGRAM'S ABILITY TO SERVE A VITAL ROLE WITHIN THE SERVICE SYSTEM

(2) THE PROGRAM'S CONGRUENCE WITH UNITED WAY OF CENTRAL CAROLINAS' COMMUNITY PRIORITIES

(3) THE PROGRAM'S GOALS SHOW CLEAR CONNECTIONS TO SERVICE DELIVERY

SCHEDULE O
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Supplemental Information to Form 990

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STRATEGIES AND PROGRAM OUTCOMES

(4) THE APPROPRIATENESS OF THE SERVICE DELIVERY STRATEGIES FOR THE POPULATION RECEIVING SERVICES

(5) THE LEVELS AND TYPES OF PARTNERSHIPS, INCLUDING COLLABORATION, COORDINATION AND COOPERATION

(6) THE PROGRAM DEMONSTRATES AN APPROPRIATE CORRELATION BETWEEN SERVICES PROVIDED AND FUNDING REQUESTED

(7) PROGRAM OUTCOMES ARE EFFECTIVE, CLIENT-FOCUSED, MEASURES OF PROGRAM SUCCESS AND RELATED TO COMMUNITY PRIORITIES

(8) THE PROGRAM DEMONSTRATES THE CAPACITY TO LEVERAGE FUNDS FROM OTHER RESOURCES AND MANAGE DIVERSE FUNDING STREAMS

ANNUAL CERTIFICATION AND TRAINING ENSURES AGENCIES MEET HIGH STANDARDS AND DELIVER SERVICES EFFECTIVELY:

UNITED WAY OF CENTRAL CAROLINAS WORKS TO PROVIDE DONORS THE ASSURANCE THAT ITS AGENCIES MEET HIGH STANDARDS. IT SETS MEMBER AGENCY REQUIREMENTS AND, AS PART OF THE ANNUAL AGENCY CERTIFICATION PROCESS, CONDUCTS ANNUAL COMPLIANCE REVIEWS. UNITED WAY OF CENTRAL CAROLINAS STAFF AND INVESTMENT VOLUNTEERS PROVIDE "HANDS ON" OVERSIGHT OF DONOR INVESTMENTS BY MAKING AGENCY SITE VISITS. IN ADDITION, UNITED WAY OF CENTRAL CAROLINAS WORKS WITH AGENCIES TO BUILD THEIR CAPACITY TO DELIVER SERVICES EFFECTIVELY. IT OFFERS FINANCIAL TRAINING AND OUTCOMES MEASUREMENT WORKSHOPS FOR AGENCY STAFF. UNITED WAY OF CENTRAL CAROLINAS ENCOURAGES AGENCIES TO FORM PARTNERSHIPS AND COLLABORATIONS TO OFFER A BROADER RANGE OF CRUCIAL SERVICES AND TO DELIVER SERVICES MORE EFFICIENTLY AND COST EFFECTIVELY.

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FUNDING PRIORITIES REFLECT LOCAL NEEDS UNCOVERED THROUGH RESEARCH:

THE CITIZEN REVIEW PROCESS IS FOCUSED ON SUPPORTING A BROAD RANGE OF LOCAL HEALTH AND HUMAN SERVICE AGENCY PROGRAMS TO HELP MEET IMPORTANT COMMUNITY NEEDS. THESE PROGRAMS FOCUS ON BOTH THE SHORT-TERM AND LONG-TERM NEEDS OF INDIVIDUALS AND FAMILIES IN OUR COMMUNITY. UNITED WAY OF CENTRAL CAROLINAS WORKS WITH VOLUNTEERS AND AGENCIES IN EACH LOCAL COMMUNITY WITHIN OUR FIVE-COUNTY REGION TO IDENTIFY THE MOST PRESSING NEEDS, USING THE FOLLOWING PROCESS:

(A) COMMUNITY NEEDS ASSESSMENT RESEARCH. PERIODICALLY, UNITED WAY OF CENTRAL CAROLINAS, VOLUNTEERS, AGENCY AND COMMUNITY PARTNERS UNDERTAKE COMMUNITY NEEDS ASSESSMENTS ON A COUNTY BY COUNTY BASIS, AS NEED AND RESOURCES ALLOW.

(B) COMMUNITY INDICATOR REPORTS. UNITED WAY OF CENTRAL CAROLINAS MONITORS SOURCES OF DATA ON COMMUNITY NEEDS AND PREPARES PERIODIC COMMUNITY INDICATOR REPORTS. EXAMPLES OF DATA INCLUDED ARE:

(C) UNEMPLOYMENT STATISTICS FROM THE NORTH CAROLINA ECONOMIC SECURITY COMMISSION

(D) DEMOGRAPHIC DATA FROM THE US CENSUS BUREAU

(E) DATA ON YOUTH RISK BEHAVIOR FROM THE CENTERS FOR DISEASE CONTROL

(F)SCHOOL ACHIEVEMENT DATA FROM THE NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION

(G) NEEDS PRIORITIZATION. IN EACH LOCAL COMMUNITY, UNITED WAY OF CENTRAL CAROLINAS VOLUNTEERS, AGENCIES AND COMMUNITY PARTNERS PRIORITIZE THE NEEDS BASED ON THE PRECEDING RESEARCH AND REPORTS.

(H) PRIORITIES GUIDE FUNDING DECISIONS. COMMUNITY INVESTMENT

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VOLUNTEERS USE THE PRIORITIZED NEEDS AS A KEY ELEMENT IN MAKING PROGRAM FUNDING DECISIONS.

EIGHTY-THREE PERCENT (83%) OF DOLLARS AWARDED TO UNITED WAY OF CENTRAL CAROLINAS AGENCIES THROUGH THE CITIZEN REVIEW PROCESS FUNDED PROGRAMS IN HIGH PRIORITY AREAS.

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

THROUGH THIS DISCIPLINE, AGENCIES CONTINUALLY IMPROVE THEIR PROGRAMS, MAKING MEASURABLE AND LASTING CHANGE IN THE LIVES OF THE PEOPLE THEY ARE HELPING. CONSIDER THESE OUTCOMES FROM UNITED WAY OF CENTRAL CAROLINAS' ANNUAL REPORT:

(1) IN A SAMPLE OF 115 CHILDREN IN THE YWCA'S YOUTH LEARNING CENTERS, 57% PERFORMED AT OR ABOVE GRADE LEVEL IN READING. THIS COMPARES TO 37% FOR ECONOMICALLY DISADVANTAGED CHILDREN IN THE CHARLOTTE MECKLENBURG SCHOOL SYSTEM.

(2) IN A SAMPLE OF 3,000 COMMUNITIES IN SCHOOLS STUDENTS, 85% HAD AN AVERAGE DAILY ATTENDANCE OF 90% OR ABOVE, 80% WERE PROMOTED TO THE NEXT GRADE LEVEL AT THE END OF THE YEAR AND 85% OF SENIORS GRADUATED FROM HIGH SCHOOL WITH A HIGH SCHOOL DIPLOMA.

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(3) AT THE SALVATION ARMY'S CENTER OF HOPE SHELTER FOR WOMEN AND CHILDREN, 60% OF CLIENTS GAIN EMPLOYMENT; 40% OF CLIENTS WHO ENTER THE SHELTER SECURE PERMANENT HOUSING; AND 30% OF CLIENTS MOVE INTO TRANSITIONAL LIVING FACILITIES.

(4) CHARLOTTE EMERGENCY HOUSING, A TRANSITIONAL HOUSING PROGRAM FOR HOMELESS FAMILIES REPORTED THAT 87% OF FAMILIES WHO EXITED THE PROGRAM MOVED INTO SUSTAINABLE PERMANENT HOUSING.

(5) UNITED FAMILY SERVICES REPORTED THAT 93% OF CLIENTS IN THEIR COUNSELING & EDUCATION PROGRAM IMPROVED THEIR ABILITY TO HANDLE AND APPROPRIATELY EXPRESS ANGER AS DEMONSTRATED BY AN INCREASE OF AT LEAST FOUR LEVELS ON A 10-LEVEL ANGER MANAGEMENT SCALE.

OVERHEAD RATIO

PART IX, LINE 25, COLUMN C, MANAGEMENT AND GENERAL EXPENSES	2,583,558
PART IX, LINE 25, COLUMN D, FUNDRAISING EXPENSE	2,949,205
TOTAL OVERHEAD	5,532,763
PART VIII, LINE 12, COLUMN A, TOTAL REVENUE	28,062,321
OVERHEAD RATIO	19.7%

SCHEDULE R (Form 990)
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Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

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Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
COMMUNITY WORKS OF CENTRAL CAROLINAS, INC - 56-2180869, 301 S BREVARD STREET, CHARLOTTE, NC 28202	HEALTH & HUMAN SERVICES	NORTH CAROLINA	501(C)(3)	509(A)(1)	UNITED WAY OF CENTRAL CAROLINAS
UNITED WAY LEGACY FOUNDATION, INC - 56-2277050, 212 S TRYON STREET, CHARLOTTE, NC 28202	HEALTH & HUMAN SERVICES	NORTH CAROLINA	501(C)(3)	509(A)(3)	UNITED WAY OF CENTRAL CAROLINAS

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b	X	
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n Sharing of paid employees	1n	X	
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) COMMUNITY WORKS OF CENTRAL CAROLINAS, INC	B	166,870.
(2) COMMUNITY WORKS OF CENTRAL CAROLINAS, INC	M	452,055.
(3) COMMUNITY WORKS OF CENTRAL CAROLINAS, INC	N	67,039.
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations? Yes	(D) No	(E) Share of end-of-year assets	(F) Disproportionate allocations? Yes	(F) No	(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner? Yes	(H) No

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL CAROLINAS, INC.

Employer identification number

56-0529948

(3) AT THE SALVATION ARMY'S CENTER OF HOPE SHELTER FOR WOMEN AND CHILDREN, 60% OF CLIENTS GAIN EMPLOYMENT; 40% OF CLIENTS WHO ENTER THE SHELTER SECURE PERMANENT HOUSING; AND 30% OF CLIENTS MOVE INTO TRANSITIONAL LIVING FACILITIES.

(4) CHARLOTTE EMERGENCY HOUSING, A TRANSITIONAL HOUSING PROGRAM FOR HOMELESS FAMILIES REPORTED THAT 87% OF FAMILIES WHO EXITED THE PROGRAM MOVED INTO SUSTAINABLE PERMANENT HOUSING.

(5) UNITED FAMILY SERVICES REPORTED THAT 93% OF CLIENTS IN THEIR COUNSELING & EDUCATION PROGRAM IMPROVED THEIR ABILITY TO HANDLE AND APPROPRIATELY EXPRESS ANGER AS DEMONSTRATED BY AN INCREASE OF AT LEAST FOUR LEVELS ON A 10-LEVEL ANGER MANAGEMENT SCALE.

OVERHEAD RATIO

PART IX, LINE 25, COLUMN C, MANAGEMENT AND GENERAL EXPENSES		2,583,558
PART IX, LINE 25, COLUMN D, FUNDRAISING EXPENSE		2,949,205
TOTAL OVERHEAD		5,532,763
PART VIII, LINE 12, COLUMN A, TOTAL REVENUE		28,062,321
OVERHEAD RATIO		19.7%

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the onginal (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	UNITED WAY OF CENTRAL CAROLINAS, INC.		56-0529948
	Number, street, and room or suite no. If a P O. box, see instructions 301 SOUTH BREVARD STREET		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. CHARLOTTE, NC 28202		

Check type of return to be filed (File a separate application for each return)

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ SHELLEY WHITE
  301 SOUTH BREVARD STREET - CHARLOTTE, NC 28202
  Telephone No. ▶ 704-371-6214 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2010.

5 For calendar year _____, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [signature] Title ▶ CPA Date ▶ 1-26-10

823832
05-26-09

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	**Employer identification number**
	UNITED WAY OF CENTRAL CAROLINAS, INC.	56-0529948
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 301 SOUTH BREVARD STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHARLOTTE, NC 28202	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ SHELLEY WHITE 301 SOUTH BREVARD STREET - CHARLOTTE, NC 28202
  Telephone No. ▶ 704-371-6214 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.