

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2017**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public

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

A For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization <u>United Way of the Greater Triangle</u> Doing business as _____ Number and street (or P O box if mail is not delivered to street address) Room/suite <u>PO Box 110583</u> City or town, state or province, country, and ZIP or foreign postal code <u>Durham, NC 27709</u> F Name and address of principal officer <u>Enc Guckian</u> <u>PO Box 110583, Durham, NC 27709</u> H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☒ No If "No," attach a list (see instructions) H(c) Group exemption number ▶ _____
D Employer identification number 56-1949103	E Telephone number 919-460-8687
G Gross receipts \$ <u>9,777,590</u>	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527	
J Website: ▶ <u>www.unitedwaytriangle.org</u>	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ _____	L Year of formation <u>1995</u> M State of legal domicile <u>NC</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>United Way of the Greater Triangle's mission is to eradicate poverty and to increase social mobility through the power of partnerships</u>
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a) <u>27</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b) <u>27</u>
	5 Total number of individuals employed in calendar year 2017 (Part VII, line 2a) <u>39</u>
	6 Total number of volunteers (estimate if necessary) <u>6,200</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12 <u>0</u>
7b Net unrelated business taxable income from Form 990, line 34 <u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h) <u>10,061,966</u> <u>9,495,039</u>
	9 Program service revenue (Part VIII, line 2g) <u>126,424</u> <u>70,802</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>20,506</u> <u>23,588</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>172,965</u> <u>188,160</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>10,381,860</u> <u>9,777,590</u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) <u>5,878,572</u> <u>5,265,488</u>
	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) <u>2,459,230</u> <u>2,430,379</u>
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e) _____
	b Total fundraising expenses (Part IX, column (D), line 25) <u>1,249,851</u> <u>1,356,686</u>
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <u>9,587,653</u> <u>9,016,739</u>
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) <u>794,207</u> <u>777,952</u>
	19 Revenue less expenses. Subtract line 18 from line 12 <u>5,539,300</u> <u>6,189,805</u>
Net Assets or Fund Balances	20 Total assets (Part X, line 16) <u>4,215,913</u> <u>4,088,466</u>
	21 Total liabilities (Part X, line 26) <u>1,323,387</u> <u>2,101,339</u>
	22 Net assets or fund balances. Subtract line 21 from line 20

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 <u>OLIVIA L. MARI</u>	Date <u>5-15-19</u>
	Type or print name and title <u>OLIVIA L. MARI CFO</u>	

Paid Preparer Use Only	Print/Type preparer's name <u>Amanda Adams</u>	Preparer's signature <u>Amanda Adams</u>	Date <u>5/15/19</u>	Check ☐ if self-employed	PTIN <u>P00748038</u>
	Firm's name ▶ <u>Cherry Bekaert</u>	Firm's EIN ▶ <u>56-0574444</u>			
	Firm's address ▶ <u>1111 Metropolitan Ave Suite 1000, Charlotte, NC 28204</u>	Phone no <u>704-377-1678</u>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 11282Y

Form **990** (2017)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

To eradicate poverty and increase social mobility through the power of partnership

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 4,424,169 including grants of \$ 2,985,307) (Revenue \$ 40,674)

United Way achieves community impact through a strategic investment plan with coordinated investments made in service areas of health, hunger, housing, education, and workforce support. Please visit www.unitedwaytriangle.org for more information about our funded partners and the results and impact of our work together.

4b (Code:) (Expenses \$ 1,743,897 including grants of \$ 1,743,897) (Revenue \$ 164,587)

Community campaign - funds raised and designated for other nonprofit organizations

4c (Code:) (Expenses \$ 591,346 including grants of \$ 536,284) (Revenue \$)

PremiumHelp.org - for many residents of Durham, Orange, and Wake Counties, healthcare is unaffordable even with healthcare marketplace and federal tax assistance to help pay premiums. United Way of the Greater Triangle's Premium Help program assists those who meet certain income and residency requirements by paying amounts of health insurance premium costs not covered by federal subsidies. Amounts are paid monthly directly to insurance carriers. This goal of this program is to help financially disadvantaged individuals afford sustained health insurance coverage and ultimately to achieve greater long term health and financial outcomes.

4d Other program services (Describe in Schedule O)

(Expenses \$ 202,456 including grants of \$) (Revenue \$ 70,802)

4e Total program service expenses **6,961,868**

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 31	
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	✓
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 39	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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	✓
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
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	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 17		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 17		
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		☒
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		☒
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		☒
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		☒
6 Did the organization have members or stockholders? 6		☒
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		☒
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		☒
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	☒	
b Each committee with authority to act on behalf of the governing body? 8b	☒	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		☒

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		☒
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a		☒
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	☒	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	☒	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	☒	
13 Did the organization have a written whistleblower policy? 13	☒	
14 Did the organization have a written document retention and destruction policy? 14	☒	
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	☒	
b Other officers or key employees of the organization 15b		☒
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		☒
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records. ►

Olivia Morris, 800 Park Offices Dr., RTP, NC 27709

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Maureen O'Connor - Director/Board Chair	1 0	☒		☒						
(2) Chuck Puvis - Director/Board Vice Chair	1 0	☒		☒						
(3) J R Sheann - Director/Secretary	1 0	☒		☒						
(4) Jim Gibson - Director/Treasurer	1 0	☒		☒						
(5) Robert Albright - Director	1 0	☒								
(6) Gayle Lanier- Director	1 0	☒								
(7) Susan Greene- Director	1 0	☒								
(8) Farad Ali- Director	1 0	☒								
(9) Jes Averhart- Director	1 0	☒								
(10) Amy Baker- Director	1 0	☒								
(11) Laura Benson- Director	1 0	☒								
(12) Michael Botzis- Director	1 0	☒								
(13) Rick Bowers- Director	1 0	☒								
(14) Scott Byers- Director	1 0	☒								

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Tad Clodfelter- Director	10	☒								
(16) Wendell Davis- Director	10	☒								
(17) Michael Goodman- Director	10	☒								
(18) Paul Griffin- Director	10	☒								
Dr Peter Morns- Director		☒								
(19) Anne Howard- Director	10	☒								
Dr Luke Smith- Director		☒								
(20) Byron Kirkland- Director	10	☒								
Greg Winkler- Director	10	☒								
(21) Del Misenheimer- Director	10	☒								
David Reese- Director	10	☒								
(22) Dwight Morns- Director	10	☒								
Bryson Powell- Director	10	☒								
(23) Eric Guckian - President/CEO (incoming)	400			☒				132,009		11,552
(24) Stanley Koonce - President/CEO (outgoing)	400			☒				128,249		15,459
(25) Melanie Davis-Jones - SVP Marketing/Comm	400					☒		120,380		11,442
1b Sub-total								380,638		45,439
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								380,638		45,439

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

- | | 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 | ☐ | ☒ |
| 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 | ☐ | ☒ |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | ☐ | ☒ |

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 20,905				
	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 9,474,134				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶			9,495,039		
Program Service Revenue				Business Code			
	2a	Teaming for Technology	900099	70,802	70,802		
	b	Misc exempt revenue	900099	40,674	40,674		
	c	Service fees	900099	164,587	164,587		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶			276,063		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			23,588		23,588
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	(i) Real		(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	(i) Securities		(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
		Less: direct expenses b					
		Net income or (loss) from fundraising events ▶					
9a	Gross income from gaming activities. See Part IV, line 19 a						
	Less: direct expenses b						
	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances a						
	Less: cost of goods sold b						
	Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue				Business Code			
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See instructions. ▶			9,794,690	299,389	23,588	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,729,204	4,729,204		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	536,284	536,284		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	211,716	74,101	12,755	124,861
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	1,818,301	749,061	433,346	635,894
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	48,169	19,241	12,811	16,118
9 Other employee benefits	187,196	75,588	48,096	63,513
10 Payroll taxes	164,996	66,028	40,291	58,677
11 Fees for services (non-employees):				
a Management				
b Legal	50,939		50,939	
c Accounting	22,250		22,050	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	242,261	186,778	15,017	40,466
12 Advertising and promotion	27,510	7,567	8,452	11,491
13 Office expenses	71,537	12,310	47,619	11,608
14 Information technology	126,419	87,823	28,318	10,278
15 Royalties				
16 Occupancy	256,490	82,786	101,748	71,956
17 Travel	29,418	12,040	5,781	11,597
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	258,968	236,272	10,657	12,039
20 Interest	785		785	
21 Payments to affiliates	140,318	57,500	30,192	52,626
22 Depreciation, depletion, and amortization	63,560	19,984	25,535	18,041
23 Insurance	9,150	2,877	3,676	2,597
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Dues and subscriptions	17,993	5,680	7,091	5,222
b _____				
c _____				
d _____				
e All other expenses. Miscellaneous	3,273	745	1,751	777
25 Total functional expenses. Add lines 1 through 24e	9,016,738	6,961,868	907,110	1,147,760
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	882	1	882
	2 Savings and temporary cash investments	1,825,840	2	2,501,061
	3 Pledges and grants receivable, net	3,168,881	3	2,762,326
	4 Accounts receivable, net	173,020	4	91,172
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	66,949	9	59,963
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 858,327		
	b Less: accumulated depreciation	10b 268,785	129,127	10c 589,542
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	174,601	12	184,858
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,539,300	16	6,189,805	
Liabilities	17 Accounts payable and accrued expenses	109,306	17	95,725
	18 Grants payable	3,033,314	18	3,034,208
	19 Deferred revenue	44,664	19	27,870
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	18,723	21	20,067
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,009,907	25	910,596
	26 Total liabilities. Add lines 17 through 25	4,215,913	26	4,088,466
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☐ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,037,259	27	1,781,461
	28 Temporarily restricted net assets	203,295	28	237,045
	29 Permanently restricted net assets	82,833	29	82,833
	Organizations that do not follow SFAS 117 (ASC 958), 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	1,323,387	33	2,101,339	
34 Total liabilities and net assets/fund balances	5,539,300	34	6,109,805	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,794,690
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,016,738
3	Revenue less expenses. Subtract line 2 from line 1	3	777,952
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,323,387
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,101,339

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

United Way of the Greater Triangle

Employer identification number

56-1949103

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,445,891	1,742,266	12,592,921	10,282,617	9,495,039	49,558,734
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15,445,891	1,742,266	12,592,921	10,282,617	9,495,039	49,558,734
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)						
6 Public support. Subtract line 5 from line 4						49,558,734

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	15,445,891	1,742,266	12,592,921	10,282,617	9,495,039	49,558,734
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,947	15,233	19,392	20,506	23,588	104,666
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						49,663,400
12 Gross receipts from related activities, etc. (see instructions)					12	1,745,815
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.79 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.81 %
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☒	
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐	
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	☐	
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	☐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a ☐ The organization satisfied the Activities Test. Complete **line 2** below

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test **Answer (a) and (b) below.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)			

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

United Way of the Greater Triangle

Employer identification number

56-1949103

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
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 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ► \$ (ii) Assets included in Form 990, Part X ► \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 ► \$ b Assets included in Form 990, Part X ► \$	

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition
b ☐ Scholarly research

- d** ☐ Loan or exchange programs
e ☐ Other

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	191,438	202,153	178,133	220,153	339,723
b Contributions		2,237	52,870	0	96,997
c Net investment earnings, gains, and losses					
d Grants or scholarships	25,000	12,952	28,850	42,020	216,567
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	166,439	191,438	202,153	178,133	220,153

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☒ 19.7 %

b Permanent endowment ☒ 49.8 %

c Temporarily restricted endowment ☒ 30.5 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)	☒	☐
3a(ii)	☐	☒
3b	☐	☐

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		215,969	9,600	206,369
d Equipment		175,341	105,294	70,047
e Other		467,017	153,891	313,126
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				589,542

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) capital lease obligations	22,985
(3) Designations payable	681,242
(4) Tenant incentives	206,369
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	910,596

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	8,050,794
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,743,896
e	Add lines 2a through 2d	2e	1,743,896
3	Subtract line 2e from line 1	3	9,794,690
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,794,690

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

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

1	Total expenses and losses per audited financial statements	1	7,272,842
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,743,896
c	Add lines 4a and 4b	4c	1,743,896
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,016,738

Part XIII Supplemental Information.

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

Part XI 2d \$1,743,896 - donor designated amounts

Part XII 4b - \$1,743,896 - donor designated amounts

Schedule D, Part IV, Line 2b - explanation of escrow agreement - Broughton Scholarship \$8,297. Established by the family of Melville Broughton to provide

scholarships to staff members of Wake County's member agencies. The Broughton Volunteer Award recognizes excellence in volunteer service to the

nonprofit community First Citizens Bank \$11,769 First Citizens forwards payroll deductions monthly with instructions confirming which United Way should be

given the funds These funds accumulate monthly and are paid out monthly

Schedule D, Part V, Line 4 - Board designated endowment funds response funds are intended to be used as one-time grants to nonprofit health and human

service agencies to address needs in the following categories unanticipated emergencies, community partnership opportunities, and discretionary funds for

individual/family needs

The CM and Margaret D. Suther Memorial Fund was established in 1980 Criteria established by the Trust Advisory Committee of Wells Fargo Bank guides the di

bursement of the income from this fund to the organization to support "renovations, repairs and capital improvements" in Durham County

Permanently restricted funds The Broughton Scholarship fund was established in the amount of \$20,000 by the family of Melville Broughton to provide

scholarships to staff members of Wake County's member agencies the assets are subject to donor-imposed restrictions that the assets be permanently

Part XIII Supplemental Information *(continued)*

maintained by the organization and that the donor has permitted the organization to use the funds only for specific purposes. The Broughton Volunteer Award recognizes excellence in volunteer service to the nonprofit community, and the Broughton Scholarship Award supports a recipient agency's training budget. In addition, Triangle Community Foundation maintains a Legacy Society fund for the future benefit of the organization. This fund includes a permanently restricted balance of \$62,833 as of June 30, 2018.

Schedule D, Part X, Line 2 - FIN 48 (ASC 740) footnote. The organization is a not-for-profit organization exempt from income taxes under section 501(c)(3) of the Internal Revenue Code and is exempt from federal income tax under the provisions of section 501(A). Certain non-exempt activities are subject to federal income taxes. No such nonexempt activities were undertaken during the years ended June 30, 2018 and 2017.

The organization follows the Financial Accounting Standards Board ("FASB") guidance on accounting for uncertainty in income taxes. The guidance clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements by prescribing a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The organization's policy is to record a liability for any tax position taken that is beneficial to the organization, including any related interest and penalties, when it is "more likely than not" (more than a 50% likelihood).

The position taken by management with respect to a transaction or class of transactions may be overturned by a taxing authority upon examination. Management believes there are no such positions as of June 30, 2018 and 2017 and, accordingly, no liability has been accrued.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of the Greater Triangle

Employer identification number

56-1949103

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Red Cross Triangle 100 N Peartree Ln, Raleigh, NC	53-0196605	501(c)3	13,038.70				General Support
(2) Albemarle Area United Way P O Box 293, Elizabeth City, NC	23-7123601	501(c)3	8,311.53				General Support
(3) Alliance Medical Ministry 2610 New Bern Ave, Raleigh, NC	56-2168673	501(c)3	49,029.05				General Support
(4) Assistance League of Triangle P O Box 98477, Raleigh, NC	56-2013094	501(c)3	12,450.00				General Support
(5) Big Brothers Big Sisters Triang 2634 Durham Chapel Hill Rd, Durham	56-2109717	501(c)3	9,769.78				General Support
(6) Book Harvest 2501 University Drive, Durham, NC	45-2610533	501(c)3	74,723.50				General Support
(7) Boys & Girls Club Durham, Oran P O Box 446, Durham, NC	56-6001906	501(c)3	8,073.46				General Support
(8) Boys & Girls Club of Johnston P O Box 784, Selma, NC	56-0706013	501(c)3	9,872.37				General Support
(9) Boys & Girls Club of Wake 701 N Raleigh Blvd, Raleigh, NC	56-0863051	501(c)3	309,189.35				General Support
(10) Camp Corral 801 North West St, Raleigh, NC	45-3555807	501(c)3	8,591.47				General Support
(11) Cape Fear Area United Way P O Box 1503, Wilmington, NC	56-0529949	501(c)3	6,068.85				General Support
(12) Carolina Bible Camp & Retreat P O Box 1234, Mocksville, NC	23-7282936	501(c)3	9,622.47				General Support
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							99
3 Enter total number of other organizations listed in the line 1 table							

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

Cat No. 50055P

Schedule I (Form 990) (2017)

SCHEDULE I
(Form 990)

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of the Greater Triangle

Employer identification number

56-1949103

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CASA P O Box 12545, Raleigh, NC	56-1778714	501(c)3	36,965.15				General Support
(2) Catholic Charities of Raleigh 3000 Highwoods Blvd, Raleigh, NC	56-0529943	501(c)3	64,742.89				General Support
(3) Chapel Hill-Carboro Meals on P O Box 2102, Chapel Hill, NC	59-1721954	501(c)3	17,021.32				General Support
(4) Children's Home Society of NC P O Box 14608, Greensboro, NC	56-0529946	501(c)3	7,297.65				General Support
(5) Club Nova Community, Inc 103-D W Main St, Carboro, NC	27-0103430	501(c)3	45,077.36				General Support
(6) Communities in Schools Wake 971 Harp Street, Raleigh, NC	56-1704570	501(c)3	10,447.13				General Support
(7) Community & Senior Services 1363 W Market St., Smithfield, NC	56-1034246	501(c)3	52,003.67				General Support
(8) Community Partnerships, Inc 3522 Haworth Drive, Raleigh, NC	58-1605761	501(c)3	183,171.26				General Support
(9) Compass Center for Women P O Box 1057, Chapel Hill, NC	56-1271474	501(c)3	49,079.15				General Support
(10) Dress for Success Triangle NC 1058 W Club Blvd, Durham, NC	26-2229898	501(c)3	9,500.33				General Support
(11) Durham Center for Senior Life 307 S Duke Street, Durham, NC	56-0886647	501(c)3	39,087.87				General Support
(12) Durham Crisis Response Center P O Box 52028, Durham, NC	58-1496427	501(c)3	26,986.32				General Support
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table			99				
3 Enter total number of other organizations listed in the line 1 table							

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

Cat No 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

Employer identification number

56-1949103

United Way of the Greater Triangle

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Durham Literacy Center 1410 W Chapel Hill St., Durham, NC	56-1479534	501(c)3	83,822.17				General Support
(2) Durham Rescue Mission P O Box 11858, Durham, NC	58-1482590	501(c)3	9,758.49				General Support
(3) EarthShare North Carolina P O Box 196, Durham, NC	56-1775025	501(c)3	9,158.20				General Support
(4) East Durham Children's Initial 107 N. Driver St 3rd Fl, Durham, NC	32-0263133	501(c)3	298,680.77				General Support
(5) Easter Seals UCP NC & VA 5171 Glenwood Ave, Raleigh, NC	56-0670676	501(c)3	5,182.35				General Support
(6) El Futuro 136 E Chapel Hill St., Durham, NC	80-0122334	501(c)3	25,976.23				General Support
(7) Exchange Family Center 1200 Broad St., Durham, NC	58-1978668	501(c)3	343,648.25				General Support
(8) Families Moving Forward P O Box 25426, Durham, NC	56-1633998	501(c)3	276,927.67				General Support
(9) Family Resource Center 3825 Barrett Drive, Raleigh, NC	20-1257901	501(c)3	19,624.40				General Support
(10) Fellowship of Christian Athletes 4600 Marmott Drive, Raleigh, NC	44-0610626	501(c)3	8,633.11				General Support
(11) Food Bank of Central & East NC 3808 Tarheel Drive, Raleigh, NC	56-1283426	501(c)3	93,642.09				General Support
(12) Freedom House Recovery Center 104 New Stateside Dr., Chapel Hill, NC	56-1082674	501(c)3	49,716.07				General Support
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							99
3 Enter total number of other organizations listed in the line 1 table							

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

Cat No 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

56-1949103

United Way of the Greater Triangle

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Girl Scouts-NC Coastal Pines 6901 Pinecrest Rd., Raleigh, NC	56-0791500	501(c)3	56,588.96				General Support
(2) Harbor, Inc. P O Box 1903, Smithfield, NC	56-1505174	501(c)3	33,799.07				General Support
(3) Haven House, Inc. 706 Hillsborough St., Raleigh, NC	56-1073632	501(c)3	82,063.57				General Support
(4) Hopeline Inc. P O Box 10490, Raleigh, NC	56-1096751	501(c)3	33,664.38				General Support
(5) Interact 612 Wade Ave., Raleigh, NC	58-1320613	501(c)3	288,096.50				General Support
(6) Inter-Faith Council for Social 110 W Main St., Camoro, NC	59-1224041	501(c)3	98,558.79				General Support
(7) Inter-Faith Food Shuttle 1001 Blair Dr #120, Raleigh, NC	56-1753180	501(c)3	158,263.06				General Support
(8) Johnston County Industries 1100 E Preston St., Selma, NC	56-1101999	501(c)3	74,115.90				General Support
(9) Johnston Lee Harrell Commun 225 S Steele Street, Sanford, NC	56-0859623	501(c)3	20,215.47				General Support
(10) Junior Achievement of Eastern NC 402 E Hargett Street, Raleigh, NC	56-1107715	501(c)3	5,112.68				General Support
(11) Learning Together, Inc. 568 E. Lenor Street, Raleigh, NC	51-0161593	501(c)3	9,599.91				General Support
(12) Legal Aid of North Carolina P O. Box 26087, Raleigh, NC	31-1784161	501(c)3	34,661.77				General Support

99

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

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

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

Cat No 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

56-1949103

United Way of the Greater Triangle

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) Made in Durham 307 W Main St, Durham, NC	56-0894222	501(c)3	97,989.96				General Support	
(2) Meals on Wheels of Durham 2506 N Roxboro Rd, Durham, NC	56-1729111	501(c)3	20,069.70				General Support	
(3) Meals on Wheels of Wake Co P O Box 37639, Raleigh, NC	56-1061085	501(c)3	53,904.65				General Support	
(4) Methodist Home for Children 1041 Washington St, Raleigh, NC	56-2259577	501(c)3	21,160.70				General Support	
(5) NC Early Childhood Foundation 907 Glenwood Ave, Raleigh, NC	45-3971534	501(c)3	12,198.12				General Support	
(6) Occoneechee Council Boy Sco 3231 Atlantic Ave, Raleigh, NC	56-0529984	501(c)3	22,483.19				General Support	
(7) Orange Congregations in Miss 300 Millstone Dr, Hillsborough, NC	58-1563438	501(c)3	50,288.35				General Support	
(8) Orange Co Ptnrshps for Young 1829 E Franklin St, Chapel Hill, NC	56-1844192	501(c)3	293,969.04				General Support	
(9) Orange Co Rape Crisis Center P O Box 4722, Chapel Hill, NC	58-1356356	501(c)3	34,919.12				General Support	
(10) Ptnrshp for Children Johnston 1406-A S Pollock St, Selma, NC	56-2063680	501(c)3	100,982.16				General Support	
(11) Planned Parenthood Central NC P O Box 3258, Chapel Hill, NC	58-1484820	501(c)3	8,994.46				General Support	
(12) Prevent Child Abuse 3344 Hillsborough St, Raleigh, NC	58-1366718	501(c)3	6,163.68				General Support	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								99
3 Enter total number of other organizations listed in the line 1 table								

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

Cat. No. 5005SP

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

United Way of the Greater Triangle

56-1949103

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Raleigh Rescue Mission P O Box 27391, Raleigh, NC	56-6024168	501(c)3	6,802.40				General Support
(2) Rebuilding Together Triangle 324 S. Wilmington St, Raleigh, NC	56-1955629	501(c)3	24,198.05				General Support
(3) Reinvestment Partners 331 W Main St #408, Durham, NC	31-1587628	501(c)3	44,756.97				General Support
(4) Resources for Seniors Inc. 1110 Navaho Dr #400, Raleigh, NC	56-1035065	501(c)3	76,966.06				General Support
(5) Rex Healthcare Foundation 2500 Blue Ridge Rd, Raleigh, NC	56-6052117	501(c)3	29,360.47				General Support
(6) SAFEChild 864 W. Morgan St., Raleigh, NC	56-1817816	501(c)3	108,162.76				General Support
(7) Selective Insurance Co. P O Box 371468, Pittsburgh, PA	22-1272390	501(c)3	5,129.00				General Support
(8) Senior PHARMAssist Inc. 123 Market Street, Durham, NC	56-2084639	501(c)3	35,026.33				General Support
(9) SouthLight Inc. 3117 Poplarwood Ct, Raleigh, NC	56-0988422	501(c)3	157,601.24				General Support
(10) Step-Up Ministry 1704 Oberlin Road, Raleigh, NC	56-1655255	501(c)3	150,659.60				General Support
(11) Student U 3116 Academy Rd, Durham, NC	27-3460491	501(c)3	49,075.72				General Support
(12) Tammy Lynn Memorial Inc 739 Chappell Drive, Raleigh, NC	56-0999619	501(c)3	159,010.32				General Support
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							99
3 Enter total number of other organizations listed in the line 1 table							

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

Cat. No 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

United Way of the Greater Triangle

Employer identification number

56-1949103

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) The Center for Volunteer Care 1150 SE Maynard Road, Cary, NC	58-2067482	501(c)3	20,445.47				General Support
(2) The Hope Center at Pullen 1801 Hillsborough St, Raleigh, NC	61-1570567	501(c)3	210,298.69				General Support
(3) Threshold, Inc P O Box 11706, Durham, NC	56-1458745	501(c)3	53,721.96				General Support
(4) Transitions LifeCare 1300 St Mary's St, Raleigh, NC	56-1228779	501(c)3	78,850.83				General Support
(5) Triangle Family Services Inc 401 Hillsborough St, Raleigh, NC	56-0547491	501(c)3	250,443.82				General Support
(6) Triangle Literacy Council 4208 Six Forks Rd #246, Raleigh, NC	56-1530150	501(c)3	141,049.56				General Support
(7) UNC Scholars' Latino Initiative FedEx Global Educ Ctr, Chapel Hill, NC	56-6001393	501(c)3	58,493.04				General Support
(8) United Way California Capital 8912 Volunteer Ln, Sacramento, CA	94-1225382	501(c)3	7,870.86				General Support
(9) United Way of Alamance Co 220 E Front St, Burlington, NC	56-0599239	501(c)3	5,607.89				General Support
(10) United Way of Asheville & Buncombe 50 French Broad Ave, Asheville, NC	56-0576157	501(c)3	13,829.91				General Support
(11) United Way of Central Carolina 301 S Brevard St, Charlotte, NC	56-0529948	501(c)3	17,882.29				General Support
(12) United Way of Chatham Co P O Box 1066, Pittsboro, NC	58-1897275	501(c)3	7,361.06				General Support

99

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

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

Cat No 5005SP

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

► Attach to Form 990.

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

Employer identification number

56-1949103

United Way of the Greater Triangle

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) United Way of Greater Greensboro P O Box 14998, Greensboro, NC	56-0668555	501(c)3	14,313.81				General Support
(2) United Way of Henderson Co P O Box 487, Hendersonville, NC	56-0890133	501(c)3	7,623.06				General Support
(3) United Way of Lubbock Inc 1655 Main St, #101, Lubbock, TX	75-0961812	501(c)3	11,901.88				General Support
(4) United Way of North Carolina 1235 Two Hannover Sq., Raleigh, NC	56-0564547	501(c)3	40,546.00				General Support
(5) United Way of NW Louisiana 820 Jordan St #370, Shreveport, LA	72-0503930	501(c)3	5,223.66				General Support
(6) United Way of Onslow Co P O Box 5125, Jacksonville, NC	23-7356577	501(c)3	6,448.35				General Support
(7) United Way of Nat'l Capital Area 95 M Street S W, Washington, DC	53-0234290	501(c)3	9,362.80				General Support
(8) United Way of Pennynle P O Box 587, Hopkinsville, KY	61-0567661	501(c)3	7,973.11				General Support
(9) United Way of Tar River Region 2501 Sunset Ave, Rocky Mount, NC	56-0611545	501(c)3	18,191.22				General Support
(10) United Way Worldwide P O Box 418607, Boston, MA	13-1635294	501(c)3	177,485.09				General Support
(11) Urban Ministries of Wake Co P O Box 26476, Raleigh, NC	58-1422700	501(c)3	162,341.26				General Support
(12) Wake County Public School 110 Coming Road, Cary, NC	56-1137759	501(c)3	73,493.04				General Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 99

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

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

Cat No 5005SP

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

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Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

United Way of the Greater Triangle

56-1949103

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Women's Center of Wake Co. 128 E Hargett St #10, Raleigh, NC	58-1316004	501(c)3	68,567 12				General Support
(2) YMCA of the Triangle 980 Martin Luther King Jr Blvd, Chapel H	56-0591307	501(c)3	69,806 21				General Support
(3) Young Life - Raleigh P.O. Box 6643, Raleigh, NC	84-0385934	501(c)3	8,716 35				General Support
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **99**

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

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

Cat No 5005SP

Schedule I (Form 990) (2017)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

Employer identification number

United Way of the Greater Triangle

56-1949103

Part I General Information on Grants and Assistance

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

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

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

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

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

Cat No 50055P

Schedule I (Form 990) (2017)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Supplemental Health Insurance Premium Assistance	1,083	536,284			
2					
3					
4					
5					
6					
7					

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

Schedule I, Part III, Column B, # of Recipients

Number of recipients is estimated based on peak enrollment. Accounting for mid-year enrollments and attrition, the actual total could vary.

United Way of the Greater Triangle's Community Impact Department is responsible for ensuring donor gifts are invested responsibly and are achieving impact. This team works closely

with a volunteer committee to determine gaps in human services and related systems and to create and execute a funding plan that best fills these gaps, with the goal of maximizing

impact for people living in poverty in the Triangle community. Organizations receiving grant funding are held to high standards of reporting of outcomes data specific to key measurement

areas.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

United Way of the Greater Triangle

Employer identification number

56-1949103

United Way of the Greater Triangle has a bold and important mission to utilize the power of partnerships to eradicate poverty and to increase social mobility for children and adults in the Triangle community. United Way tackles root causes and symptoms of poverty as well as the barriers to achieve stability and liveable wages and does so by focusing on the spectrum of care from crisis and survival to self-sufficiency. Since 2015, United Way's community impact has focused on collaborative programming, supporting the coordinated work of 17 clusters of organizations that combine and complement the efforts and expertise to provide full, wrapped services. United Way of the Greater Triangle also continues to support organizations providing basic needs in housing, safety, and hunger service areas.

Form 990, Part III, Line 4d (expenses \$202,456) Revenue \$70,802

United Way's 2-1-1 is a single source for free and confidential information and referral to important community services. Triangle residents can call 2-1-1 for help needed with food, housing, employment, health care, substance abuse, support groups, domestic violence, financial assistance, counseling and more. Bilingual associates and an online web portal for access to the database are also available. Total expenses for the year ended June 30, 2018 were \$108,082, and there was no associated revenue. Teaming for Technology helps to bridge the digital divide between those who have access to computers and those who do not by providing schools, nonprofit organizations, and others refurbished computers. Total expenses were \$94,374 for the year ended June 30, 2018, and there was \$70,802 in associated revenue.

Form 990, Part IV, Line 22 Reporting of \$5,000 or more to individuals

United Way of the Greater Triangle provides supplemental health premium assistance to individuals living below certain income levels.

Form 990, Part VI, Line 1A - Delegate Broad Authority to a Committee. The Executive Committee shall consist of the officers and chairs of the standing committees and the CEO. The Immediate Past Chair may serve as a voting member and the CEO shall serve as ex-officio, non-voting member of the executive committee. The Board will strive to ensure representation from each county on the Executive Committee. The Executive Committee shall select officer nominees for the consideration and election of the Board. The Executive Committee shall have and may exercise the authority of the Board in the management of the business and affairs of the corporation during intervals between meetings. The Executive Committee shall keep minutes of its proceedings and shall report to the Board on action taken.

Form 990, Part VI, Line 3 - The Executive committee shall have and may exercise the authority of the Board in the management of the business and affairs of the corporation during intervals between board meetings.

Name of the organization

United Way of the Greater Triangle

Employer identification number

56-1949103

Form 990, Part VI, Line 11B - Form 990 was prepared by United Way's CFO and Finance team and was reviewed and filed by Cherry Bekeart. The draft was reviewed by members of United Way's Audit and Finance Committee before filing. Communication regarding the process was made to the full Board

Form 990, Part VI, Line 12C - The conflict of interest policy is shared with Board of Directors and all employees annually. All persons are required to sign a statement stating that they have read and complied with the policy. Potential conflicts are identified and documented. Any person with a conflict of interest is recused from certain discussions and/or voting as appropriate.

Form 990 Part VI, Line 15A - Executive Committee is responsible for setting the compensation of the President/CEO. The President/CEO is responsible for setting compensation for all other officers and employees based on the budget approved by the Board. Comparative data from United Way Worldwide and other nonprofit organizations is used in the process.

Form 990, Part VI, Line 19 - Financial statements can be found on our website. Other policies and documents are available by request