

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

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.

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

A For the 2013 calendar year, or tax year beginning **2013**, and ending **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **UNITED WAY OF THE GREATER TRIANGLE**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2400 PERIMETER PARK DRIVE, STE 150
 City or town, state or province, country, and ZIP or foreign postal code
MORRISVILLE, NC 27560

D Employer identification number
56-1949103

E Telephone number
(919)460-8687

G Gross receipts \$ **16,341,505**

F Name and address of principal officer: **STANLEY M. KOONCE JR.**
2400 PERIMETER PARK DRIVE, MORRISVILLE, NC 27560

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)

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

J Website: ▶ **WWW.UNITEDWAYTRIANGLE.ORG**

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1995**

M State of legal domicile: **NC**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: UNITED WAY OF THE GREATER TRIANGLE'S MISSION IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	29
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	44
	6	Total number of volunteers (estimate if necessary)	6	3,572
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 14,257,622	Current Year 16,118,072
	9	Program service revenue (Part VIII, line 2g)	146,734	153,361
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,726	26,192
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,887	23,490
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,421,195	16,321,115
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,158,042	10,724,083
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,834,440	2,613,319
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	14,000
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,221,838		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,595,198	2,040,628
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	14,587,680	15,392,030
	19	Revenue less expenses. Subtract line 18 from line 12	-166,485	929,085
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 12,593,737	End of Year 13,473,530
	21	Total liabilities (Part X, line 26)	4,670,155	4,620,863
	22	Net assets or fund balances. Subtract line 21 from line 20	7,923,582	8,852,667

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: **STANLEY M. KOONCE JR., CEO / PRESIDENT**
 Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name ▶: _____ Firm's EIN ▶: _____
 Firm's address ▶: _____ Phone no.: _____

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** (2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

- 1** Briefly describe the organization's mission:
TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES.
ADDITIONAL INFORMATION:
AS A CATALYST FOR POSITIVE COMMUNITY CHANGE IN EDUCATION/YOUTH DEVELOPMENT, FINANCIAL STABILITY
(INCLUDING HOMELESSNESS AND WORKFORCE DEVELOPMENT), AND (CONTINUED ON SCHEDULE O)
- 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 \$ 6,927,322 including grants of \$ 5,427,686) (Revenue \$ _____)
COMMUNITY IMPACT ACHIEVED THROUGH COMMUNITY IMPACT INVESTMENTS IN THE AREAS OF
EDUCATION
READY FOR SCHOOL
-2,308 FAMILIES RECEIVED CHILD CARE SERVICES INFORMATION AND REFERRALS
-85% OF CHILDREN ENROLLED IN HIGH QUALITY CARE PROGRAMS RECEIVED CHILD CARE SCHOLARSHIPS
-84% OF EARLY CHILDHOOD EDUCATION PROFESSIONALS IMPROVED THEIR TEACHING PRACTICES IN THE CLASSROOM.
SUCCESS IN SCHOOL
-2,063 YOUTH PARTICIPATED IN ACADEMIC SUPPORT PROGRAMS THAT IMPROVED THEIR SCHOOL ATTENDANCE AND
STUDY HABITS (CONTINUED ON SCHEDULE O)

4b (Code: _____) (Expenses \$ 5,296,397 including grants of \$ 5,296,397) (Revenue \$ _____)
COMMUNITY CAMPAIGN

4c (Code: _____) (Expenses \$ 523,809 including grants of \$ _____) (Revenue \$ _____)
EMERGENCY SHELTER GRANT - ORGANIZATION SERVES AS A FISCAL AGENT FOR THE WAKE COUNTY CONTINUUM OF
CARE WHICH OPERATES HOMELESS SHELTERS AND PROVIDES RAPID RE-HOUSING SERVICES FOR CITIZEN EXPERIENCING
OR NEAR HOMELESSNESS. GRANT FUNDS ARE CLAIMED ON BEHALF OF THE CONTINUUM ON A REIMBURSEMENT BASIS
FROM THE STATE OF NORTH CAROLINA UNDER AN AWARD FROM THE FEDERAL DEPARTMENT OF HOUSING AND URBAN
DEVELOPMENT.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 305,866 including grants of \$ 0) (Revenue \$ 153,361)

4e Total program service expenses **▶** 13,053,394

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 720.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	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?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 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, physical address, and telephone number of the person who possesses the books and records of the organization: ► WILSON SIMMONS, 2400 PERIMETER PARK DRIVE, #150, MORRISVILLE, NC 27560, (919)463-5003

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) J.R. SHEARIN BOARD CHAIR	1	✓		✓				0	0	0
(2) KEVIN TRAPANI VICE CHAIR	1	✓		✓				0	0	0
(3) LINDA FOREMAN SECRETARY	1	✓		✓				0	0	0
(4) MICHAEL PALMER TREASURER	1	✓		✓				0	0	0
(5) STACEY YUSKO BOARD MEMBER	1	✓						0	0	0
(6) KIM SHAW BOARD MEMBER	1	✓						0	0	0
(7) TIM D. HARPER BOARD MEMBER	1	✓						0	0	0
(8) WALTER DAVENPORT IMMEDIATE PAST BOARD CHAIR	1	✓						0	0	0
(9) DR. DIANNE BOARDLEY SUBER BOARD MEMBER	1	✓						0	0	0
(10) SYLVIA D. HACKETT BOARD MEMBER	1	✓						0	0	0
(11) DAVID F PAULSON, JR BOARD MEMBER	1	✓						0	0	0
(12) BRIAN S. BRICKHOUSE BOARD MEMBER	1	✓						0	0	0
(13) MATTHEW CZAJKOWSKI BOARD MEMBER	1	✓						0	0	0
(14) DEBRA SAUNDERS-WHITE BOARD MEMBER	1	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) E. BRYSON POWELL BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(16) NANCY PEKAREK BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(17) FARAD ALI BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(18) CAREN ANDERS BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(19) ROBERT GRECZYN BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(20) KIM SAUNDERS BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(21) BRYAN MICHAEL HAMILTON BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(22) DANIEL EVANS BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(23) DAVID DIAZ BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(24) DR E WAYNE HOLDEN BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(25) ROBERT GREENBURG BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								346,465	0	88,983
d Total (add lines 1b and 1c)								346,465	0	88,983

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 **▶ 1**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 422,181					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 0					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 523,809					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 15,172,082					
	g	Noncash contributions included in lines 1a-1f: \$	65,001					
	h	Total. Add lines 1a-1f	▶ 16,118,072					
Program Service Revenue	2a	TEAMING FOR TECHNOLOGY	Business Code 900099	153,361	153,361			
	b	-----		0				
	c	-----		0				
	d	-----		0				
	e	-----		0				
	f	All other program service revenue .		0	0	0		
	g	Total. Add lines 2a-2f	▶ 153,361					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶ 26,192	0		26,192		
	4	Income from investment of tax-exempt bond proceeds ▶	0					
	5	Royalties	▶ 0					
	6a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)	0	0		
	d	Net rental income or (loss)	▶ 0					
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)	0	0		
	d	Net gain or (loss)	▶ 0					
	8a	Gross income from fundraising events (not including \$ 38,378 of contributions reported on line 1c). See Part IV, line 18	a 23,655					
	b	Less: direct expenses	b 20,390					
	c	Net income or (loss) from fundraising events . ▶	3,265			3,265		
	9a	Gross income from gaming activities. See Part IV, line 19	a					
b			Less: direct expenses					
c			Net income or (loss) from gaming activities . . ▶	0				
10a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory . . ▶	0				
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS REV	900099	20,225			20,225		
b	-----		0					
c	-----		0					
d	All other revenue		0	0	0	0		
e	Total. Add lines 11a-11d	▶ 20,225						
12	Total revenue. See instructions.	▶ 16,321,115	153,361	0		49,682		

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 governments and organizations in the United States. See Part IV, line 21	10,724,083	10,724,083		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	435,448	119,246	186,447	129,755
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,703,787	676,694	407,816	619,277
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	174,948	68,097	46,125	60,726
9 Other employee benefits	155,909	70,707	26,721	58,482
10 Payroll taxes	143,227	55,750	37,762	49,716
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,925		1,925	
c Accounting	40,660		40,660	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	14,000			14,000
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	243,175	195,840	24,037	23,298
12 Advertising and promotion	24,681	8,368	4,450	11,863
13 Office expenses	115,364	23,057	70,590	21,717
14 Information technology	34,250	26,057	4,839	3,354
15 Royalties	0			
16 Occupancy	396,775	139,123	150,510	107,143
17 Travel	30,782	10,694	3,703	16,385
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	104,703	71,318	19,966	13,420
20 Interest	501		501	
21 Payments to affiliates	179,811	69,990	47,407	62,414
22 Depreciation, depletion, and amortization	48,148	13,659	20,147	14,342
23 Insurance	8,469	2,403	3,544	2,523
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 <u>BAD DEBT EXPENSE</u>	242,674	242,674		
b <u>DUES & SUBSCRIPTIONS</u>	22,202	3,239	13,175	5,788
c <u>MISCELLANEOUS</u>	1,084	175	775	134
d <u>EMPLOYEE SEARCH/RELOCATION</u>	21,615	8,413	5,699	7,503
e All other expenses	523,809	523,809	0	0
25 Total functional expenses. Add lines 1 through 24e	15,392,030	13,053,394	1,116,798	1,221,838
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	750	1	882
	2 Savings and temporary cash investments	3,500,830	2	4,343,803
	3 Pledges and grants receivable, net	8,602,415	3	8,590,899
	4 Accounts receivable, net	209,526	4	227,184
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	57,586	9	69,396
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 462,598		
	b Less: accumulated depreciation	10b 391,192	115,555	10c 71,406
	11 Investments—publicly traded securities	107,075	11	165,960
	12 Investments—other securities. See Part IV, line 11	0	12	4,000
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,593,737	16	13,473,530	
Liabilities	17 Accounts payable and accrued expenses	175,207	17	129,137
	18 Grants payable		18	60,015
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	20,213	21	119,852
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	13,439	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	4,461,296	25	4,311,859
	26 Total liabilities. Add lines 17 through 25	4,670,155	26	4,620,863
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,171,510	27	1,657,836
	28 Temporarily restricted net assets	5,722,072	28	7,164,832
	29 Permanently restricted net assets	30,000	29	30,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	7,923,582	33	8,852,668
34 Total liabilities and net assets/fund balances	12,593,737	34	13,473,530	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,321,115
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,392,030
3	Revenue less expenses. Subtract line 2 from line 1	3	929,085
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,923,582
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	1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,852,668

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Part 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 (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) CHUCK PURVIS ----- BOARD MEMBER	1 -----	✓						0	0	0
(27) DENISE SMITH CLINE ----- BOARD MEMBER	1 -----	✓						0	0	0
(28) KARI STOLTZ ----- BOARD MEMBER	1 -----	✓						0	0	0
(29) STEVE SOUTHAMER ----- BOARD MEMBER	1 -----	✓						0	0	0
(30) KEITH WALLACE ----- BOARD MEMBER	1 -----	✓						0	0	0
(31) ERNEST WARD ----- BOARD MEMBER	1 -----	✓						0	0	0
(32) WALTER WEEKS ----- BOARD MEMBER	1 -----	✓						0	0	0
(33) JERRY WEHMUELLER ----- BOARD MEMBER	1 -----	✓						0	0	0
(34) WILSON SIMMONS ----- CONTROLLER	40 -----			✓				69,293	0	23,901
(35) D. MARK LANGFORD ----- CHIEF FINANCIAL OFFICER	40 -----			✓				51,094	0	6,994
(36) STANLEY M. KOONCE, JR. ----- PRESIDENT/CEO	40 -----			✓				226,078	0	58,088

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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.

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

Open to Public Inspection

Name of the organization UNITED WAY OF THE GREATER TRIANGLE	Employer identification number 56-1949103
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,342,105	16,068,667	15,303,526	14,257,622	16,118,072	78,089,992
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	16,342,105	16,068,667	15,303,526	14,257,622	16,118,072	78,089,992
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)						2,181,543
6 Public support. Subtract line 5 from line 4.						75,908,449

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	16,342,105	16,068,667	15,303,526	14,257,622	16,118,072	78,089,992
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	56,272	39,555	24,302	21,378	26,192	167,699
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	11,242	18,714	43,880	73,836
11 Total support. Add lines 7 through 10						78,331,527
12 Gross receipts from related activities, etc. (see instructions)					12	803,351
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	96.9 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	94.54 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2013. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2012. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV

Supplemental Information Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Return Reference	Identifier	Explanation						
		Description	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
SCHEDULE A, PART II, LINE 10	OTHER INCOME	FUNDRAISING REVENUE			11,242	18,714	23,655	53,611
		OTHER EXCLUDED REVENUE					20,225	20,225
		Total	0	0	11,242	18,714	43,880	73,836

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2013

Name of the organization

UNITED WAY OF THE GREATER TRIANGLE

Employer identification number

56-1949103

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

Name of organization UNITED WAY OF THE GREATER TRIANGLE	Employer identification number 56-1949103
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,302,035	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF THE GREATER TRIANGLE	Employer identification number 56-1949103
---	---

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

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

Name of organization UNITED WAY OF THE GREATER TRIANGLE	Employer identification number 56-1949103
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

UNITED WAY OF THE GREATER TRIANGLE

56-1949103

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116..., 1b If the organization elected, as permitted under SFAS 116..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? **Yes** **No**

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	228,541	261,518	337,973	232,134	212,754
b Contributions	170,739	58,891	82,282	59,010	19,380
c Net investment earnings, gains, and losses				46,829	
d Grants or scholarships	59,557	75,039	158,737		
e Other expenditures for facilities and programs		16,829			
f Administrative expenses					
g End of year balance	339,722	228,541	261,518	337,973	232,134

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

- a** Board designated or quasi-endowment ▶ 91 %
- b** Permanent endowment ▶ 9 %
- c** Temporarily restricted endowment ▶ %

The percentages in 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" to 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" to 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				0
b Buildings				0
c Leasehold improvements		35,606	18,416	17,190
d Equipment		252,499	212,926	39,573
e Other		174,493	159,849	14,643
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				71,406

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to 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" to 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" to 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" to 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) DEFERRED RENT	69,976	
(3) DESIGNATIONS PAYABLE	4,189,525	
(4) ALLOCATIONS PAYABLE	52,358	
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	4,311,859	

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 XIII

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

Return Reference	Identifier	Explanation				
SCHEDULE D, PART IV, LINE 2B	EXPLANATION OF ESCROW AGREEMENT	<p>BROUGHTON SCHOLARSHIP \$7,857 - 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.</p> <p>FIRST CITIZENS BANK \$14,151 - FIRST CITIZENS FORWARDS THEIR EMPLOYEE PAYROLL DEDUCTIONS TO UNITED WAY OF THE GREATER TRIANGLE MONTHLY WITH INSTRUCTIONS AS TO WHICH UNITED WAY AGENCY SHOULD BE GIVEN THE FUNDS. THESE FUNDS ACCUMULATE MONTHLY AND ARE PAID OUT QUARTERLY.</p> <p>EMERGENCY SHELTER GRANT \$532,485- ORGANIZATION SERVES AS A FISCAL AGENT FOR THE WAKE COUNTY CONTINUUM OF CARE WHICH OPERATES HOMELESS SHELTERS AND PROVIDES RAPID RE-HOUSING SERVICES FOR CITIZEN EXPERIENCING OR NEAR HOMELESSNESS. GRANT FUNDS ARE CLAIMED ON BEHALF OF THE CONTINUUM ON A REIMBURSEMENT BASIS FROM THE STATE OF NORTH CAROLINE UNDER AN AWARD FROM THE FEDERAL DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.</p>				
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS	<p>BOARD DESIGNATED ENDOWMENT FUNDS: RESPONSE FUNDS ARE INTENDED TO BE USED AS ONE-TIME GRANTS TO NONPROFITS HEALTH AND HUMAN SERVICE AGENCIES TO ADDRESS NEEDS IN THE FOLLOWING CATEGORIES: UNANTICIPATED EMERGENCIES, COMMUNITY PARTNERSHIP OPPORTUNITIES AND DISCRETIONARY FUNDS FOR INDIVIDUAL/FAMILY NEEDS.</p> <p>THE C. M. AND MARGARET D. SUTHER MEMORIAL FUND WAS ESTABLISHED IN 1980. CRITERIA ESTABLISHED BY THE TRUST ADVISORY COMMITTEE OF WELLS-FARGO BANK GUIDES THE DISBURSEMENT OF THE INCOME FROM THIS FUND TO THE ORGANIZATION TO SUPPORT "RENOVATIONS, REPAIRS AND CAPITAL IMPROVEMENTS" IN DURHAM COUNTY.</p> <p>ONCE COUNTY ALLOCATIONS HAVE BEEN ESTABLISHED FOR THE "GIVE UNITED FUND", THE CABINETS MAY DECIDE TO HOLD SOME FUNDS BACK TO ADDRESS FUTURE CRITICAL NEEDS.</p> <p>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 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.</p>				
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE	ASC 740 / FIN48 FOOTNOTE: IN JULY 2006, THE FASB ISSUED CLARIFICATION REGARDING THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE FINANCIAL STATEMENTS IN ACCORDANCE WITH PREVIOUSLY ISSUED GUIDANCE. THE NEW CLARIFICATION PROVIDES GUIDANCE ON THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, AND ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, DISCLOSURE AND TRANSITION. THE ORGANIZATION ADOPTED THE PROVISIONS OF THIS NEW GUIDANCE ON JANUARY 1, 2009, AND, DUE TO THE COMPANY'S STATUS AS A NON-PROFIT, THERE WAS NO MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.				
SCHEDULE D, PART XI, LINE 2D	OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CONTRA REVENUE ITEMS - DESIGNATION & UNCOLLECTIBLE EXPENSE</td> <td>- 5,539,071</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CONTRA REVENUE ITEMS - DESIGNATION & UNCOLLECTIBLE EXPENSE	- 5,539,071
(a) Description	(b) Amount					
CONTRA REVENUE ITEMS - DESIGNATION & UNCOLLECTIBLE EXPENSE	- 5,539,071					
SCHEDULE D, PART XI, LINE 4B	OTHER REVENUES IN FORM 990 NOT IN AUDITED FINANCIAL STATEMENTS	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>FUNDRAISING EVENT EXPENSES</td> <td>- 20,390</td> </tr> </tbody> </table>	(a) Description	(b) Amount	FUNDRAISING EVENT EXPENSES	- 20,390
(a) Description	(b) Amount					
FUNDRAISING EVENT EXPENSES	- 20,390					
SCHEDULE D, PART XII, LINE 2D	OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>FUNDRAISING EVENT EXPENSES</td> <td>20,390</td> </tr> </tbody> </table>	(a) Description	(b) Amount	FUNDRAISING EVENT EXPENSES	20,390
(a) Description	(b) Amount					
FUNDRAISING EVENT EXPENSES	20,390					
SCHEDULE D, PART XII, LINE 4B	OTHER EXPENSES IN FORM 990 NOT IN AUDITED FINANCIAL STATEMENTS	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CONTRA REVENUE ITEMS - DESIGNATION & UNCOLLECTIBLE EXPENSE</td> <td>5,539,071</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CONTRA REVENUE ITEMS - DESIGNATION & UNCOLLECTIBLE EXPENSE	5,539,071
(a) Description	(b) Amount					
CONTRA REVENUE ITEMS - DESIGNATION & UNCOLLECTIBLE EXPENSE	5,539,071					

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF THE GREATER TRIANGLE

Employer identification number

56-1949103

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				0	0	0

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

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

		(a) Event #1 <u>WLC LUNCHEON</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events _____ (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	62,033			62,032
	2 Less: Contributions	38,378			38,378
	3 Gross income (line 1 minus line 2)	23,655	0	0	23,655
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	15,000			15,000
	7 Food and beverages	1,000			1,000
	8 Entertainment				0
	9 Other direct expenses	4,390			4,390
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				20,390
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				3,265	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

(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) TRIANGLE FAMILY SERVICES INC. 401 HILLSBOROUGH STREET, RALEIGH, NC 27603	56-0547491	501(C)3	546,450				SUPPORT AGENCY PROGRAMS
(2) 33430, AMERICAN RED CROSS TRIANGLE AREA 100 N. PEARTREE LANE, RALEIGH, NC 27610	53-0196605	501(C)3	452,249				SUPPORT AGENCY PROGRAMS
(3) BOYS & GIRLS CLUBS OF WAKE COUNTY 701 N. RALEIGH BLVD, RALEIGH, NC 27610	56-0863051	501(C)3	382,677				SUPPORT AGENCY PROGRAMS
(4) INTERACT 612 WADE AVENUE, RALEIGH, NC 27605	58-1320613	501(C)3	365,350				SUPPORT AGENCY PROGRAMS
(5) YMCA OF THE TRIANGLE PO BOX 10976, RALEIGH, NC 27605	56-0591307	501(C)3	255,994				SUPPORT AGENCY PROGRAMS
(6) SOUTHLIGHT INC. 3117 POPLARWOOD CT. SUITE 326, RALEIGH, NC 27604	56-0988422	501(C)3	254,291				SUPPORT AGENCY PROGRAMS
(7) LEARNING TOGETHER INC. 568 EAST LENOIR STREET, RALEIGH, NC 27601	51-0161593	501(C)3	239,691				SUPPORT AGENCY PROGRAMS
(8) URBAN MINISTRIES OF WAKE COUNTY PO BOX 26476, RALEIGH, NC 27611	58-1422700	501(C)3	229,417				SUPPORT AGENCY PROGRAMS
(9) GIRL SCOUTS-NORTH CAROLINA COASTAL PINES 6901 PINECREST ROAD, RALEIGH, NC 27613	56-0791500	501(C)3	215,915				SUPPORT AGENCY PROGRAMS
(10) FOOD BANK OF CENTRAL AND EASTERN NC 3808 TARHEEL DRIVE, RALEIGH, NC 27609	56-1283426	501(C)3	197,452				SUPPORT AGENCY PROGRAMS
(11) HAVEN HOUSE INC. 706 HILLSBOROUGH ST. SUITE 102, RALEIGH, NC 27603	56-1073632	501(C)3	187,760				SUPPORT AGENCY PROGRAMS
(12) CHILD CARE SERVICES ASSOCIATION PO BOX 901, CHAPEL HILL, NC 27514	56-1514058	501(C)3	185,594				SUPPORT AGENCY PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 193

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Cat. No. 50055P

Schedule I (Form 990) (2013)

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

Return Reference	Identifier	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS	UNITED WAY OF THE GREATER TRIANGLE'S RESOURCE INVESTMENT DEPARTMENT IS RESPONSIBLE FOR ENSURING DONORS' GIFTS ARE INVESTED WISELY IN THE COMMUNITY AND TO EXAMINE THE NEEDS IN EACH COUNTY AND TO DETERMINE HOW GIFTS TO THE UNITED WAY OF THE GREATER TRIANGLE CAN BE MAXIMIZED TO ACHIEVE MEASUREABLE RESULTS. THE ORGANIZATION'S VOLUNTEER TEAMS USE ASSESSMENT AND OTHER DATA TO IDENTIFY THE GAPS IN HUMAN SERVICES. THE ORGANIZATION ALSO HAS A COMMITTEE ASSIGNED TO ENSURE THAT ALL AGENCIES MEET ACCOUNTABILITY STANDARDS OF UNITED WAY MEMBERSHIP. THE COUNTY COMMUNITY CARE CABINETS CREATE COUNTY ACTION PLANS THAT WILL GUIDE HOW FUNDS ARE SPENT TO FUND PROGRAMS TO ACHIEVE SPECIFIC COMMUNITY OUTCOMES.

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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
(13) PLM FAMILIES TOGETHER, INC. PO BOX 6446, RALEIGH, NC 27628-6446	56-1278004	501(C) 3	184,448				SUPPORT AGENCY PROGRAMS
(14) TRANSITIONS LIFECARE 1300 ST. MARY'S STREET, FOURTH FLOOR, RALEIGH, NC 27605	56-1228779	501(C) 3	175,929				SUPPORT AGENCY PROGRAMS
(15) UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY 1709 BENJAMIN FRANKLIN PKWY., PHILADELPHIA, PA 19103	23-1556045	501(C) 3	164,154				SUPPORT AGENCY PROGRAMS
(16) TAMMY LYNN MEMORIAL INC 739 CHAPPELL DRIVE, RALEIGH, NC 27606-3299	56-0999619	501(C) 3	163,168				SUPPORT AGENCY PROGRAMS
(17) CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH 3000 HIGHWOODS BLVD., STE. 128, RALEIGH, NC 27604	56-0529943	501(C) 3	150,715				SUPPORT AGENCY PROGRAMS
(18) RESOURCES FOR SENIORS INC. 1110 NAVAHO DR. SUITE 400, RALEIGH, NC 27609	56-1035065	501(C) 3	140,214				SUPPORT AGENCY PROGRAMS
(19) INTER-FAITH FOOD SHUTTLE PO BOX 14638, RALEIGH, NC 27620	56-1753180	501(C) 3	130,950				SUPPORT AGENCY PROGRAMS
(20) REX HEALTHCARE FOUNDATION 2500 BLUE RIDGE ROAD, SUITE 325, RALEIGH, NC 27607	56-6052117	501(C) 3	130,580				SUPPORT AGENCY PROGRAMS
(21) WOMEN'S CENTER OF WAKE COUNTY 128 E. HARGETT STREET SUITE 10, RALEIGH, NC 27601	58-1316004	501(C) 3	130,043				SUPPORT AGENCY PROGRAMS
(22) VOLUNTEER CENTER OF GREATER DURHAM 136 E. CHAPEL HILL STREET, DURHAM, NC 27701	23-7128378	501(C) 3	117,973				SUPPORT AGENCY PROGRAMS
(23) INTER-FAITH COUNCIL FOR SOCIAL SERVICE, INC. 110 W. MAIN STREET, CARRBORO, NC 27510	59-1224041	501(C) 3	117,214				SUPPORT AGENCY PROGRAMS
(24) SALVATION ARMY BOYS & GIRLS CLUB PO BOX 1330, DURHAM, NC 27702	58-0660607	501(C) 3	93,041				SUPPORT AGENCY PROGRAMS
(25) MEALS ON WHEELS OF WAKE COUNTY INC PO BOX 37639, RALEIGH, NC 27627--7639, RALEIGH, NC 27627-7639	56-1061085	501(C) 3	84,423				SUPPORT AGENCY PROGRAMS
(26) THE HEALING PLACE OF WAKE COUNTY 1251 GOODE ST., RALEIGH, NC 27603	56-2135246	501(C) 3	80,503				SUPPORT AGENCY PROGRAMS
(27) DURHAM CRISIS RESPONSE CENTER PO BOX 52028, DURHAM, NC 27717-2028	58-1496427	501(C) 3	73,987				SUPPORT AGENCY PROGRAMS
(28) THRESHOLD INC. PO BOX 11706, DURHAM, NC 27703	56-1458745	501(C) 3	70,042				SUPPORT AGENCY PROGRAMS
(29) LEGAL AID OF NORTH CAROLINA INC. DEVELOPMENT OFFICER, PO BOX 26087,	31-1784161	501(C) 3	65,924				SUPPORT AGENCY PROGRAMS

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RALEIGH, NC 27611							
(30) UNITED WAY OF SAN DIEGO COUNTY PO BOX 501722, SAN DIEGO, CA 92150-1722	95-2213995	501(C) 3	59,904				SUPPORT AGENCY PROGRAMS
(31) CHILD AND PARENT SUPPORT SERVICES 3518 WESTGATE DR. STE. 100, DURHAM, NC 27707	58-1446309	501(C) 3	59,768				SUPPORT AGENCY PROGRAMS
(32) ORANGE CONGREGATIONS IN MISSION 300 MILLSTONE DRIVE, HILLSBOROUGH, NC 27278	58-1563438	501(C) 3	57,910				SUPPORT AGENCY PROGRAMS
(33) THE EXCHANGE CLUBS' FAMILY CENTER OF DURHAM COUNTY PREVENTION CENTER, 1200 BROAD STREET SUITE 209, DURHAM, NC 27705	58-1978668	501(C) 3	57,715				SUPPORT AGENCY PROGRAMS
(34) DURHAM LITERACY CENTER ATTN: REGINALD HODGES, 1410 W. CHAPEL HILL ST., DURHAM, NC 27701	56-1479534	501(C) 3	55,653				SUPPORT AGENCY PROGRAMS
(35) FREEDOM HOUSE RECOVERY CENTER 104 NEW STATESIDE DRIVE, CHAPEL HILL, NC 27516-1165	56-1082674	501(C) 3	53,804				SUPPORT AGENCY PROGRAMS
(36) COMPASS CENTER FOR WOMEN & FAMILIES PO BOX 1057, CHAPEL HILL, NC 27514-1057	56-1271474	501(C) 3	53,465				SUPPORT AGENCY PROGRAMS
(37) BIG BROTHERS BIG SISTERS OF THE TRIANGLE M&F BANK CORP CENTER, 2634 DURHAM CHAPEL HILL RD, STE 208, DURHAM, NC 27707	56-2109717	501(C) 3	52,824				SUPPORT AGENCY PROGRAMS
(38) HARBOR, INC PO BOX 1903, SMITHFIELD, NC 27577	56-1505174	501(C) 3	50,816				SUPPORT AGENCY PROGRAMS
(39) UNITED WAY OF CENTRAL CAROLINAS ATTN: SHELLY WHITE, 301 SOUTH BREVARD STREET, CHARLOTTE, NC 28202-2317	56-0529948	501(C) 3	50,589				SUPPORT AGENCY PROGRAMS
(40) COMMUNITY AND SENIOR SERVICES OF JOHNSTON COUNTY 1363 W. MARKET ST, SMITHFIELD, NC 27577	56-1034246	501(C) 3	49,547				SUPPORT AGENCY PROGRAMS
(41) UNITED WAY OF CHATHAM COUNTY INC. PO BOX 1066, PITTSBORO, NC 27312-1066	58-1897275	501(C) 3	49,391				SUPPORT AGENCY PROGRAMS
(42) ORANGE COUNTY RAPE CRISIS CENTER PO BOX 4722, CHAPEL HILL, NC 27515-4722	58-1356356	501(C) 3	48,582				SUPPORT AGENCY PROGRAMS
(43) LITERACY COUNCIL OF WAKE COUNTY 4208 SIX FORKS RD. STE. 246, RALEIGH, NC 27609	56-1530150	501(C) 3	47,611				SUPPORT AGENCY PROGRAMS
(44) STEP-UP MINISTRY 1704 OBERLIN ROAD, RALEIGH, NC 27608	56-1655255	501(C) 3	46,379				SUPPORT AGENCY PROGRAMS
(45) OCCONEECHEE COUNCIL OF THE BOY SCOUTS PO BOX 41229, RALEIGH, NC 27629-1229	56-0529984	501(C) 3	45,498				SUPPORT AGENCY PROGRAMS
(46) STUDENT U 3116 ACADEMY RD, DURHAM, NC 27707	27-3460491	501(C) 3	43,878				SUPPORT AGENCY PROGRAMS
(47) HOPELINE INC. PO BOX 10490, RALEIGH, NC 27605-0490	56-1096751	501(C) 3	43,731				SUPPORT AGENCY PROGRAMS

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(48) TUSCARORA COUNCIL BOY SCOUTS OF AMERICA PO BOX 1436, GOLDSBORO, NC 27530	56-0543259	501(C) 3	39,537				SUPPORT AGENCY PROGRAMS
(49) GENESIS HOME INC. PO BOX 25426, DURHAM, NC 27702	56-1633998	501(C) 3	37,921				SUPPORT AGENCY PROGRAMS
(50) ORANGE COUNTY LITERACY COUNCIL 503 W. FRANKLIN STREET, CHAPEL HILL, NC 27516	56-1433933	501(C) 3	37,443				SUPPORT AGENCY PROGRAMS
(51) UNITED WAY OF CHESTER COUNTY TWO WEST MARKET STREET, WEST CHESTER, PA 19382	23-2131877	501(C) 3	37,400				SUPPORT AGENCY PROGRAMS
(52) WAKE ENTERPRISES INC 2421 TIMBER DRIVE, RALEIGH, NC 27604	56-1248778	501(C) 3	36,132				SUPPORT AGENCY PROGRAMS
(53) CHABAD-LUBAVITCH OF DELAWARE 1811 SILVERSIDE RD., WILMINGTON, DE 19810	22-2842237	501(C) 3	35,946				SUPPORT AGENCY PROGRAMS
(54) EL FUTURO 110 W. MAIN ST., SUITE 2H, CARRBORO, NC 27510	80-0122334	501(C) 3	33,410				SUPPORT AGENCY PROGRAMS
(55) COMMUNITIES IN SCHOOLS OF DURHAM 411 WEST CHAPEL HILL STREET, DURHAM, NC 27701	56-1791366	501(C) 3	32,824				SUPPORT AGENCY PROGRAMS
(56) HILLTOP HOME PO BOX 46749, RALEIGH, NC 27620	56-0727843	501(C) 3	32,269				SUPPORT AGENCY PROGRAMS
(57) DANIEL CENTER FOR MATH AND SCIENCE 735 ROCK QUARRY ROAD, RALEIGH, NC 27610	27-1597059	501(C) 3	31,230				SUPPORT AGENCY PROGRAMS
(58) COMMUNITY PARTNERSHIPS INC. 3522 HAWORTH DRIVE, RALEIGH, NC 27609	58-1605761	501(C) 3	30,978				SUPPORT AGENCY PROGRAMS
(59) CHAPEL HILL TRAINING OUTREACH PROJECT 800 EASTOWNE DRIVE SUITE 105, CHAPEL HILL, NC 27514	58-2046321	501(C) 3	29,087				SUPPORT AGENCY PROGRAMS
(60) UNITED WAY TAR RIVER REGION 2501 SUNSET AVE, ROCKY MOUNT, NC 27804-2534	56-0611545	501(C) 3	28,468				SUPPORT AGENCY PROGRAMS
(61) ALLIANCE MEDICAL MINISTRY 2610 NEW BERN AVE., RALEIGH, NC 27610	56-2168673	501(C) 3	28,201				SUPPORT AGENCY PROGRAMS
(62) CASA P.O. BOX 12545, RALEIGH, NC 27605	56-1778714	501(C) 3	27,175				SUPPORT AGENCY PROGRAMS
(63) LIFE EXPERIENCES INC. 260 TOWERVIEW COURT, CARY, NC 27513	56-1201695	501(C) 3	26,354				SUPPORT AGENCY PROGRAMS
(64) PASSAGE HOME, INC. PO BOX 10347, RALEIGH, NC 27605	56-1765360	501(C) 3	25,961				SUPPORT AGENCY PROGRAMS
(65) JOHN AVERY BOYS & GIRLS CLUB PO BOX 446, DURHAM, NC 27702-0446	56-6001906	501(C) 3	25,949				SUPPORT AGENCY PROGRAMS
(66) CHAPEL HILL/CARRBORO YMCA 980 MARTIN LUTHER KING JR. BLVD, CHAPEL HILL, NC 27514	56-0899075	501(C) 3	25,715				SUPPORT AGENCY PROGRAMS
(67) CHAPEL HILL-CARRBORO MEALS ON	59-1721954	501(C) 3	25,439				SUPPORT AGENCY

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WHEELS PO BOX 2102, CHAPEL HILL, NC 27514							PROGRAMS
(68) REINVESTMENT PARTNERS 331 WEST MAIN STREET, SUITE 408, DURHAM, NC 27701	31-1587628	501(C) 3	25,209				SUPPORT AGENCY PROGRAMS
(69) RALEIGH RESCUE MISSION P.O. BOX 27391, RALEIGH, NC 27611	56-6024168	501(C) 3	25,012				SUPPORT AGENCY PROGRAMS
(70) DURHAM RESCUE MISSION PO BOX 11858, DURHAM, NC 27703-1858	58-1482590	501(C) 3	24,162				SUPPORT AGENCY PROGRAMS
(71) COMMUNITIES IN SCHOOLS OF WAKE COUNTY 971 HARP STREET, RALEIGH, NC 27604	56-1704570	501(C) 3	24,127				SUPPORT AGENCY PROGRAMS
(72) VOLUNTEERS FOR YOUTH INC. 205 LLOYD STREET SUITE 103, CARRBORO, NC 27510	58-1457945	501(C) 3	22,696				SUPPORT AGENCY PROGRAMS
(73) WAKE INTERFAITH HOSPITALITY NETWORK 903 METHOD ROAD, RALEIGH, NC 27606	56-1843022	501(C) 3	22,633				SUPPORT AGENCY PROGRAMS
(74) UNITED WAY OF BERKS COUNTY PO BOX 702, READING, PA 19603-0302	23-1655375	501(C) 3	22,086				SUPPORT AGENCY PROGRAMS
(75) UNITED WAY OF ALLEGHENY COUNTY PA 200 ROSS STREET, PO BOX 735, PITTSBURGH, PA 15230-0735	25-1043578	501(C) 3	21,504				SUPPORT AGENCY PROGRAMS
(76) METHODIST HOME FOR CHILDREN 1041 WASHINGTON ST., RALEIGH, NC 27605	56-2259577	501(C) 3	21,347				SUPPORT AGENCY PROGRAMS
(77) BOYS & GIRLS CLUBS OF JOHNSTON COUNTY PO BOX 784, SELMA, NC 27576	56-0706013	501(C) 3	21,323				SUPPORT AGENCY PROGRAMS
(78) DRESS FOR SUCCESS TRIANGLE NC 1058 WEST CLUB BLVD., STE. 662, DURHAM, NC 27701	26-2229898	501(C) 3	21,259				SUPPORT AGENCY PROGRAMS
(79) UNITED WAY OF GREATER GREENSBORO PO BOX 14998, GREENSBORO, NC 27415-4998	56-0668555	501(C) 3	21,228				SUPPORT AGENCY PROGRAMS
(80) THE ALLIANCE OF AIDS SERVICES-CAROLINA PO BOX 12583, RALEIGH, NC 27605	56-2158082	501(C) 3	20,831				SUPPORT AGENCY PROGRAMS
(81) 33152 - AMERICAN RED CROSS CENTRAL NC PO BOX 52509, DURHAM, NC 27717-2509	53-0196605	501(C) 3	20,777				SUPPORT AGENCY PROGRAMS
(82) ORANGE COUNTY'S UNITED WAY 18012 MITCHELL AVENUE SOUTH, IRVINE, CA 92614	33-0047994	501(C) 3	20,666				SUPPORT AGENCY PROGRAMS
(83) SAFECHILD 864 W. MORGAN ST., RALEIGH, NC 27603	56-1817816	501(C) 3	20,377				SUPPORT AGENCY PROGRAMS
(84) HAMPTON ROADS COMMUNITY FOUNDATION 1 COMMERCIAL PLACE #1410, NORFOLK, VA 23510	54-2035996	501(C) 3	20,000				SUPPORT AGENCY PROGRAMS

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(85) SALVATION ARMY OF SMITHFIELD P.O. BOX 27584, RALEIGH, NC 27611	58-0660607	501(C) 3	18,647				SUPPORT AGENCY PROGRAMS
(86) CLUB NOVA COMMUNITY INC. 103-D W. MAIN STREET, CARRBORO, NC 27510	27-0103430	501(C) 3	18,459				SUPPORT AGENCY PROGRAMS
(87) JOHNSTON LEE HARNETT COMMUNITY ACTION 225 S. STEELE ST., SANFORD, NC 27330	56-0859623	501(C) 3	18,400				SUPPORT AGENCY PROGRAMS
(88) SENIOR PHARMASSIST INC. 123 MARKET STREET, DURHAM, NC 27701	56-2084639	501(C) 3	18,208				SUPPORT AGENCY PROGRAMS
(89) UNITED WAY OF HENDERSON COUNTY (NC) P.O. BOX 487, HENDERSONVILLE, NC 28793-0487	56-0890133	501(C) 3	18,148				SUPPORT AGENCY PROGRAMS
(90) UNITED WAY OF FRANKLIN COUNTY-NC P.O. BOX 342, LOUISBURG, NC 27549	56-1875455	501(C) 3	17,714				SUPPORT AGENCY PROGRAMS
(91) LUCY DANIELS CENTER FOR EARLY CHILDHOOD 9003 WESTON PARKWAY, CARY, NC 27513	58-1863104	501(C) 3	17,553				SUPPORT AGENCY PROGRAMS
(92) UNITED WAY OF AIKEN COUNTY PO BOX 699, AIKEN, SC 29802-0699	57-0360086	501(C) 3	17,242				SUPPORT AGENCY PROGRAMS
(93) MEALS ON WHEELS OF DURHAM INC. 2506 NORTH ROXBORO ROAD, DURHAM, NC 27704	56-1729111	501(C) 3	16,462				SUPPORT AGENCY PROGRAMS
(94) UNITED WAY OF ALAMANCE COUNTY 803 HERMITAGE RD, BURLINGTON, NC 27215	56-0599239	501(C) 3	16,397				SUPPORT AGENCY PROGRAMS
(95) DURHAM ECONOMIC RESOURCE CENTER % UNION BAPTIST CHURCH, 904 N ROXBORO ST, DURHAM, NC 27701	26-3742480	501(C) 3	16,305				SUPPORT AGENCY PROGRAMS
(96) NC STATE UNIVERSITY FOUNDATION NCSU BOX 7474, RALEIGH, NC 27695	56-6049503	501(C) 3	16,224				SUPPORT AGENCY PROGRAMS
(97) DURHAM CENTER FOR SENIOR LIFE 807 SOUTH DUKE STREET, DURHAM, NC 27701	56-0886647	501(C) 3	16,175				SUPPORT AGENCY PROGRAMS
(98) ELNA B. SPAULDING CONFLICT RESOLUTION CENTER 634 FOSTER ST., DURHAM, NC 27701	56-0938146	501(C) 3	15,979				SUPPORT AGENCY PROGRAMS
(99) SMITHFIELD RESCUE MISSION PO BOX 681, SMITHFIELD, NC 27577-0681	56-1245638	501(C) 3	15,414				SUPPORT AGENCY PROGRAMS
(100) THE CENTER FOR VOLUNTEER CAREGIVING 1150 SE MAYNARD ROAD,, SUITE 210, CARY, NC 27511	58-2067482	501(C) 3	15,073				SUPPORT AGENCY PROGRAMS
(101) DISPUTE SETTLEMENT CENTER, INC. 302 WEAVER STREET, CARRBORO, NC 27510	56-1216584	501(C) 3	14,234				SUPPORT AGENCY PROGRAMS
(102) UNITED WAY OF BUCKS COUNTY 413 HOOD BOULEVARD, FAIRLESS HILLS, PA 19030	23-1409706	501(C) 3	14,173				SUPPORT AGENCY PROGRAMS
(103) JOHNSTON COUNTY YOUTH SERVICES PO BOX 1633, SMITHFIELD, NC 27577-1633	31-1768667	501(C) 3	14,168				SUPPORT AGENCY PROGRAMS

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(104) THE EDUCATIONAL FOUNDATION, INC ATTN: DIRECTOR OF GIFT SERVICES, PO BOX 309, CHAPEL HILL, NC 27514	56-6058412	501(C) 3	13,550				SUPPORT AGENCY PROGRAMS
(105) UNITED WAY OF ASHEVILLE & BUNCOMBE COUNTY 50 S. FRENCH BROAD AVE., ASHEVILLE, NC 28801-3218	56-0576157	501(C) 3	13,274				SUPPORT AGENCY PROGRAMS
(106) BOYS & GIRLS CLUB OF GREATER WASHINGTON 8555 16TH ST., SUITE 400, SILVER SPRING, MD 20910	53-0236759	501(C) 3	12,600				SUPPORT AGENCY PROGRAMS
(107) NORTH CAROLINA PREVENTION PARTNERS 88 VILCOM CENTER DRIVE, SUITE 110, CHAPEL HILL, NC 27514	31-1722051	501(C) 3	12,240				SUPPORT AGENCY PROGRAMS
(108) UNITED WAY OF NORTHERN NEW JERSEY 60 S FULLERTON AVE, MONTCLAIR, NJ 07042	22-1487247	501(C) 3	12,148				SUPPORT AGENCY PROGRAMS
(109) UWGPSNJ IN CAMDEN COUNTY 1709 BENJAMIN FRANKLIN PKWY, PHILADELPHIA, PA 19103	23-1556045	501(C) 3	12,128				SUPPORT AGENCY PROGRAMS
(110) RALEIGH NURSERY SCHOOL INC. 1035 HALIFAX STREET, RALEIGH, NC 27604	56-0616606	501(C) 3	11,421				SUPPORT AGENCY PROGRAMS
(111) UNITED WAY OF CUMBERLAND COUNTY PO BOX 303, FAYETTEVILLE, NC 28302-0303	56-0564342	501(C) 3	11,403				SUPPORT AGENCY PROGRAMS
(112) WHITE PLAINS CHILDREN'S CENTER INC 313 SE MAYNARD ROAD, CARY, NC 27511	58-1792551	501(C) 3	11,370				SUPPORT AGENCY PROGRAMS
(113) UNITED WAY OF THE NATIONAL CAPITAL AREA 95 M STREET S. W., WASHINGTON, DC 20024	53-0234290	501(C) 3	11,352				SUPPORT AGENCY PROGRAMS
(114) THE ARC OF WAKE COUNTY INC. 343 E. SIX FORKS ROAD, SUITE 370, RALEIGH, NC 27609	56-0846545	501(C) 3	11,347				SUPPORT AGENCY PROGRAMS
(115) UWGPSNJ IN SOUTHEAST DELAWARE COUNTY 1709 BENJAMIN FRANKLIN PKWY, PHILADELPHIA, PA 19103	23-1556045	501(C) 3	11,318				SUPPORT AGENCY PROGRAMS
(116) UNITED WAY OF THE MIDLANDS SC PO BOX 152, COLUMBIA, SC 29202-0152	57-0314396	501(C) 3	11,263				SUPPORT AGENCY PROGRAMS
(117) UNITED WAY OF GREATER KANSAS CITY 801 W. 47TH STREET, SUITE 500, KANSAS CITY, MO 64112	44-0545812	501(C) 3	11,102				SUPPORT AGENCY PROGRAMS
(118) NORTH PENN UNITED WAY PO BOX 99, HATFIELD, PA 19440	23-1576820	501(C) 3	11,023				SUPPORT AGENCY PROGRAMS
(119) DORCAS MINISTRIES 187 HIGH HOUSE RD, CARY, NC 27511	56-0953873	501(C) 3	10,813				SUPPORT AGENCY PROGRAMS
(120) UNCW FOUNDATION 601 S. COLLEGE RD., WILMINGTON, NC 28403	56-6050338	501(C) 3	10,558				SUPPORT AGENCY PROGRAMS
(121) CAROLINA BIBLE CAMP & RETREAT CENTER	23-7282936	501(C) 3	10,394				SUPPORT AGENCY PROGRAMS

(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
P.O. BOX 1234, MOCKSVILLE, NC 27028-1234							
(122) TRIANGLE GOLF FOUNDATION NCSU, CAMPUS BOX 8004, RALEIGH, NC 27695	56-2266025	501(C) 3	10,328				SUPPORT AGENCY PROGRAMS
(123) UNITED WAY OF FORSYTH COUNTY 301 NORTH MAIN STREET, SUITE 1700, WINSTON SALEM, NC 27101	23-7357234	501(C) 3	10,024				SUPPORT AGENCY PROGRAMS
(124) JOHNSTON COUNTY COALITION ON ADOLESCENT PREGNANCY PREVENTION, PO BOX 1983, SMITHFIELD, NC 27577	58-1985879	501(C) 3	9,964				SUPPORT AGENCY PROGRAMS
(125) EARTHSHARE NORTH CAROLINA PO BOX 196, DURHAM, NC 27702	56-1775025	501(C) 3	9,776				SUPPORT AGENCY PROGRAMS
(126) MATERNITY CARE COALITION 2000 HAMILTON ST., STE. 205, PHILADELPHIA, PA 19130	23-2200410	501(C) 3	9,618				SUPPORT AGENCY PROGRAMS
(127) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE, MEMPHIS, TN 38105	35-1044585	501(C) 3	9,488				SUPPORT AGENCY PROGRAMS
(128) UNITED WAY OF DUPAGE/WEST COOK 100 S YORK RD STE 224, ELMHURST, IL 60126	45-1534557	501(C) 3	9,484				SUPPORT AGENCY PROGRAMS
(129) PLANNED PARENTHOOD OF CENTRAL NC P.O. BOX 3258, CHAPEL HILL, NC 27515	58-1484820	501(C) 3	9,277				SUPPORT AGENCY PROGRAMS
(130) FOUNDATION FOR LEARNING IN TREDYFFRIN-EASTTOWN PO BOX 806, SOUTHEASTERN, PA 19399	20-3974816	501(C) 3	9,228				SUPPORT AGENCY PROGRAMS
(131) CHILDREN'S HOME SOCIETY OF NC P.O. BOX 14608, GREENSBORO, NC 27415-4608	56-0529946	501(C) 3	9,221				SUPPORT AGENCY PROGRAMS
(132) THE SALVATION ARMY OF WAKE COUNTY PO BOX 27584, RALEIGH, NC 27611-7584	58-0660607	501(C) 3	9,186				SUPPORT AGENCY PROGRAMS
(133) SILVER SPRINGS MARTIN LUTHER SCHOOL 512 WEST TOWNSHIP LINE ROAD, PLYMOUTH MEETING, PA 19462	23-2310084	501(C) 3	9,116				SUPPORT AGENCY PROGRAMS
(134) COMMUNITY HEALTH CHARITIES OF NC 104 SOUTH WHITE STREET, SUITE 208, WAKE FOREST, NC 27587	56-1173133	501(C) 3	8,916				SUPPORT AGENCY PROGRAMS
(135) THE ARC OF ORANGE COUNTY INC. 1777 N FORDHAM BLVD., SUITE 201, CHAPEL HILL, NC 27514	56-1214133	501(C) 3	8,901				SUPPORT AGENCY PROGRAMS
(136) THE FUND FOR RAVALLI COUNTY P.O. BOX 7395, MISSOULA, MT 59806	81-0287854	501(C) 3	8,744				SUPPORT AGENCY PROGRAMS
(137) TRIANGLE LAND CONSERVANCY 514 S. DUKE ST, DURHAM, NC 27701-3116	58-1514406	501(C) 3	8,583				SUPPORT AGENCY PROGRAMS
(138) HABITAT FOR HUMANITY OF WAKE COUNTY 2400 ATLANTIC COURT, RALEIGH, NC 27604	56-1492703	501(C) 3	8,440				SUPPORT AGENCY PROGRAMS

(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
(139) GREATER TWIN CITIES UNITED WAY 404 SOUTH EIGHT STREET, MINNEAPOLIS, MN 55404-1084	41-1973442	501(C) 3	8,421				SUPPORT AGENCY PROGRAMS
(140) WASHINGTON BACH CONSORT 1220 19TH STREET, NW, SUITE 300, WASHINGTON, DC 20036	52-1107948	501(C) 3	8,400				SUPPORT AGENCY PROGRAMS
(141) NEWHOPE CHURCH 7619 FAYETTEVILLE ROAD, DURHAM, NC 27713	91-2159956	501(C) 3	8,400				SUPPORT AGENCY PROGRAMS
(142) WESTERN WAKE CRISIS MINISTRY 103 1/2 E. CHATHAM ST., APEX, NC 27502	56-1585440	501(C) 3	8,365				SUPPORT AGENCY PROGRAMS
(143) UNITED WAY OF METROPOLITAN CHICAGO 333 S WABASH AVE., 30TH FLOOR, CHICAGO, IL 60604	30-0200478	501(C) 3	8,327				SUPPORT AGENCY PROGRAMS
(144) NORTH CAROLINA COMMUNITY SHARES P.O. BOX 783, DURHAM, NC 27702	58-1792141	501(C) 3	8,293				SUPPORT AGENCY PROGRAMS
(145) CATHOLIC PARISH OUTREACH 2539-C NOBLIN RD., RALEIGH, NC 27604	56-0529943	501(C) 3	8,118				SUPPORT AGENCY PROGRAMS
(146) THE CAROLINAS CENTER FOR HOSPICE AND END OF LIFE CARE PO BOX 4449, CARY, NC 27519-4440	56-1179547	501(C) 3	8,044				SUPPORT AGENCY PROGRAMS
(147) REBUILDING TOGETHER OF THE TRIANGLE, INC 324 S. WILMINGTON ST. #118, RALEIGH, NC 27601	56-1955629	501(C) 3	8,019				SUPPORT AGENCY PROGRAMS
(148) PERSON COUNTY UNITED WAY INC. P.O. BOX 854, ROXBORO, NC 27573-0854	23-7121137	501(C) 3	8,009				SUPPORT AGENCY PROGRAMS
(149) ALZHEIMERS NORTH CAROLINA 1305 NAVAHO DR, SUITE 101, RALEIGH, NC 27609	56-1501117	501(C) 3	7,751				SUPPORT AGENCY PROGRAMS
(150) WEIRTON UNITED WAY WV 3200 MAIN ST., WEIRTON, WV 26062-4714	55-0583651	501(C) 3	7,616				SUPPORT AGENCY PROGRAMS
(151) UNITED WAY OF WAYNE COUNTY P. O. BOX 73, GOLDSBORO, NC 27533	56-0611553	501(C) 3	7,598				SUPPORT AGENCY PROGRAMS
(152) UNITED WAY OF MISSOULA COUNTY PO BOX 7395, MISSOULA, MT 59807	81-0287854	501(C) 3	7,399				SUPPORT AGENCY PROGRAMS
(153) UNITED WAY OF GREATER HIGH POINT 201 CHURCH AVENUE, HIGH POINT, NC 27262-4805	56-0547486	501(C) 3	7,384				SUPPORT AGENCY PROGRAMS
(154) CHILD ABUSE COUNCIL 525 16TH ST., MOLINE, IL 61265	36-2937848	501(C) 3	7,309				SUPPORT AGENCY PROGRAMS
(155) FELLOWSHIP OF CHRISTIAN ATHLETES 6511 CREEDMOOR ROAD, STE. 206, RALEIGH, NC 27613	44-0610626	501(C) 3	7,292				SUPPORT AGENCY PROGRAMS
(156) ANIMAL PROTECTION SOCIETY OF DURHAM 2117 E. CLUB BLVD, DURHAM, NC 27704	56-1047100	501(C) 3	7,226				SUPPORT AGENCY PROGRAMS
(157) SAVE THE CHILDREN 54 WILTON RD, WESTPORT, CT 06880	06-0726487	501(C) 3	7,211				SUPPORT AGENCY PROGRAMS

(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
(158) GRANVILLE COUNTY UNITED WAY PO BOX 1542, OXFORD, NC 27565-1542	56-1596219	501(C) 3	7,141				SUPPORT AGENCY PROGRAMS
(159) PLANNED PARENTHOOD OF SE PENNSYLVANIA 1144 LOCUST STREET, PHILADELPHIA, PA 19107	23-1352509	501(C) 3	7,108				SUPPORT AGENCY PROGRAMS
(160) UNITED ARTS COUNCIL OF RALEIGH & WAKE COUNTY, INC. 336 FAYETTEVILLE STREET MALL STE 44, RALEIGH, NC 27601	56-0770175	501(C) 3	7,024				SUPPORT AGENCY PROGRAMS
(161) UNITED WAY OF METROPOLITAN ATLANTA 100 EDGEWOOD AVE NE, ATLANTA, GA 30303	58-0566194	501(C) 3	6,875				SUPPORT AGENCY PROGRAMS
(162) FUQUAY-VARINA EMERGENCY FOOD PANTRY PO BOX 1463, FUQUAY VARINA, NC 27526	56-2270632	501(C) 3	6,857				SUPPORT AGENCY PROGRAMS
(163) WENDELL UNITED METHODIST CHURCH PO BOX 1925, WENDELL, NC 27591	56-1255448	501(C) 3	6,667				SUPPORT AGENCY PROGRAMS
(164) P.G. FOX SOCIETY ATTN: PATRICA PITTMAN, 3400 WAKE FOREST RD., RALEIGH, NC 27609	56-2070036	501(C) 3	6,631				SUPPORT AGENCY PROGRAMS
(165) PHILABUNDANCE 3616 SOUTH GALLOWAY STREET, PHILADELPHIA, PA 19148	23-2290505	501(C) 3	6,605				SUPPORT AGENCY PROGRAMS
(166) CAPE FEAR AREA UNITED WAY PO BOX 1503, WILMINGTON, NC 28402-1503	56-0529949	501(C) 3	6,512				SUPPORT AGENCY PROGRAMS
(167) SPCA OF WAKE COUNTY 210 PETFINDER LANE, RALEIGH, NC 27603	56-0891732	501(C) 3	6,508				SUPPORT AGENCY PROGRAMS
(168) UWGPSNJ IN BURLINGTON COUNTY 1709 BENJAMIN FRANKLIN PARKWAY, PHILADELPHIA, PA 19103	23-1556045	501(C) 3	6,479				SUPPORT AGENCY PROGRAMS
(169) HABITAT FOR HUMANITY OF ORANGE COUNTY, NC, INC. 88 VILCOM CENTER DRIVE, SUITE L110, CHAPEL HILL, NC 27514	58-1603427	501(C) 3	6,456				SUPPORT AGENCY PROGRAMS
(170) UNITED WAY OF ONSLOW COUNTY, INC. P.O. BOX 5125, JACKSONVILLE, NC 28540-5124	23-7356577	501(C) 3	6,400				SUPPORT AGENCY PROGRAMS
(171) UNITED WAY OF BUFFALO & ERIE COUNTY 742 DELAWARE AVE, BUFFALO, NY 14209	16-0743969	501(C) 3	6,368				SUPPORT AGENCY PROGRAMS
(172) HABITAT FOR HUMANITY, DURHAM COUNTY 215 NORTH CHURCH STREET, DURHAM, NC 27701	58-1674794	501(C) 3	6,216				SUPPORT AGENCY PROGRAMS
(173) AMERICAN CANCER SOCIETY, SOUTH ATLANTIC DIVISION 8300 HEALTH PARK, SUITE 10, RALEIGH, NC 27615	13-1788491	501(C) 3	6,058				SUPPORT AGENCY PROGRAMS
(174) AUTISM SOCIETY OF NC 505 OBERLIN ROAD SUITE 230, RALEIGH, NC 27605	23-7087887	501(C) 3	6,020				SUPPORT AGENCY PROGRAMS

(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
(175) CASA OF PHILADELPHIA COUNTY 1217 SANSOM STREET, 3RD FLOOR, PHILADELPHIA, PA 19107	20-0744446	501(C) 3	5,989				SUPPORT AGENCY PROGRAMS
(176) CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDATION LOCKBOX #1352, P.O. BOX 8500, PHILADELPHIA, PA 19178-1352	23-2237932	501(C) 3	5,920				SUPPORT AGENCY PROGRAMS
(177) CHRISTIAN LIFE HOME P.O. BOX 31705, RALEIGH, NC 27622-1705	56-1469206	501(C) 3	5,893				SUPPORT AGENCY PROGRAMS
(178) URBAN MINISTRIES OF DURHAM INC. 410 LIBERTY STREET, DURHAM, NC 27701	58-1505891	501(C) 3	5,806				SUPPORT AGENCY PROGRAMS
(179) MILE HIGH UNITED WAY UNITED WAY CENTENNIAL PLAZA, 2505-18TH STREET, DENVER, CO 80211	84-0404235	501(C) 3	5,781				SUPPORT AGENCY PROGRAMS
(180) UNITED WAY OF METROPOLITAN DALLAS 1800 N. LAMAR, DALLAS, TX 75202-1998	75-6005352	501(C) 3	5,715				SUPPORT AGENCY PROGRAMS
(181) SAFE HAVEN FOR CATS 8804 WHITBY COURT, RALEIGH, NC 27615	56-1916620	501(C) 3	5,640				SUPPORT AGENCY PROGRAMS
(182) UNITED WAY OF GLOUCESTER COUNTY 454 CROWN POINT ROAD, THOROFARE, NJ 08086	21-6006822	501(C) 3	5,608				SUPPORT AGENCY PROGRAMS
(183) UNITED WAY OF WILSON COUNTY ATTN: SHARON PIERCE, P. O. BOX 1147, WILSON, NC 27894-1147	56-6021445	501(C) 3	5,531				SUPPORT AGENCY PROGRAMS
(184) CONESTOGA CREW CLUB PO BOX 162, BERWYN, PA 19312	23-2995935	501(C) 3	5,516				SUPPORT AGENCY PROGRAMS
(185) THE ARC OF DURHAM COUNTY INC. 3500 WESTGATE DR. STE. 401, DURHAM, NC 27707	56-0689237	501(C) 3	5,397				SUPPORT AGENCY PROGRAMS
(186) PLANNED PARENTHOOD HEALTH SYSTEMS 100 SOUTH BOYLAN AVENUE, RALEIGH, NC 27603	56-1282557	501(C) 3	5,324				SUPPORT AGENCY PROGRAMS
(187) AUTISM SPEAKS FOUNDATION 99 WALL ST., RESEARCH PARK, PRINCETON, NY 08540	20-2329938	501(C) 3	5,232				SUPPORT AGENCY PROGRAMS
(188) UNITED WAY OF GREATER ST. LOUIS ATTN: PLEDGE PROCESSING, P.O. BOX 500280, SAINT LOUIS, MO 63150	43-0714167	501(C) 3	5,170				SUPPORT AGENCY PROGRAMS
(189) UNITED WAY OF SOUTHEAST LOUISIANA 2515 CANAL STREET, NEW ORLEANS, LA 70119	72-0471369	501(C) 3	5,118				SUPPORT AGENCY PROGRAMS
(190) JUNIOR ACHIEVEMENT OF EASTERN NC 402 EAST HARGETT ST., RALEIGH, NC 27601	56-1107715	501(C) 3	5,030				SUPPORT AGENCY PROGRAMS
(191) UNITED WAY OF THE MID-SOUTH P.O. BOX 750730, MEMPHIS, TN 38175-0730	56-1010742	501(C) 3	5,022				SUPPORT AGENCY PROGRAMS
(192) URBAN AFFAIRS COALITION 1207 CHESTNUT STREET 7TH FLOOR, PHILADELPHIA, PA 19107	23-7046393	501(C) 3	5,021				SUPPORT AGENCY PROGRAMS

(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
⁽¹⁹³⁾ RONALD MCDONALD HOUSE OF DURHAM 506 ALEXANDER AVENUE, DURHAM, NC 27705	56-1220376	501(C) 3	5,012				SUPPORT AGENCY PROGRAMS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE GREATER TRIANGLE

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

56-1949103

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	✓
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	✓
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	✓
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	✓
b Any related organization?	5b	✓
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	✓
b Any related organization?	6b	✓
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	✓
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	✓
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)	216,778	0	9,300	44,790	13,298	284,166	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III

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

Return Reference	Identifier	Explanation
SCHEDULE J, PART I, LINE 4A	SEVERANCE OR CHANGE-OF- CONTROL PAYMENT	DAVID LANGFORD - \$34,031.35 - SEVERANCE AGREEMENT STRUCTURED CONSISTENT WITH PRIOR EMPLOYEE SEVERANCE AGREEMENTS FOR ALL STAFF LEVELS. TOTAL SEVERANCE AMOUNT CALCULATED USING EMPLOYEES CURRENT SALARY AT THE TIME OF INVOLUNTARY TERMINATION FOR 3 WEEKS PAY PLUS AN ADDITIONAL WEEK FOR EVERY YEAR OF SERVICE TO THE ORGANIZATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

UNITED WAY OF THE GREATER TRIANGLE

Employer identification number

56-1949103

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	14	65,001	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

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

Part II

Supplemental Information Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Return Reference	Identifier	Explanation
SCHEDULE M, PART I	EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED: NUMBER OF CONTRIBUTIONS

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.

2013

Open to Public Inspection

Name of the Organization
UNITED WAY OF THE GREATER TRIANGLE

Employer Identification Number
56-1949103

Return Reference	Identifier	Explanation
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION	(CONTINUED FROM FORM 990, PART III, LINE 1) HEALTH WITHIN THE TRIANGLE REGION - DURHAM, JOHNSTON, ORANGE, AND WAKE COUNTIES IN NORTH CAROLINA – UWGT ADDRESSES SOME OF THE MOST PRESSING ISSUES FACING OUR CITIES AND TOWNS TODAY.
FORM 990, PART III, LINE 4A	PROGRAM SERVICE DESCRIPTION	(CONTINUED FROM FORM 990, PART III, LINE 4A) -1,045 STUDENTS IMPROVED THEIR GRADES -219 STUDENTS IMPROVED ON STANDARDIZED TEST SCORES READY FOR LIFE -14,693 YOUTH PARTICIPATED IN CHARACTER-BUILDING PROGRAMS -1,151 PARENTS IMPROVED INTERACTIONS WITH THEIR CHILDREN -484 ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES RECEIVED SUPPORT -327 ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES ACHIEVED THEIR VOCATIONAL GOALS HEALTH BASIC NEEDS -OVER 17 MILLIONS MEALS WERE SERVED TO THE HUNGRY AND MALNOURISHED -26,419 ARTICLES OF CLOTHING WERE DISTRIBUTED TO THOSE IN NEED AND TO THOSE WHO HAVE BEEN DISPLACED -17,674 SENIORS AND PEOPLE WITH DISABILITIES CONTINUE TO LIVE INDEPENDENTLY DUE TO PROVIDED SERVICES ACCESS TO CARE -10,991 UNDER-INSURED PEOPLE RECEIVED MEDICAL SUPPLIES OR PRESCRIPTIONS TO DEAL WITH THEIR HEALTH ISSUES -5,546 UNDER-INSURED INDIVIDUALS RECEIVED MENTAL HEALTH CARE TO IMPROVE THEIR WELL-BEING -4,202 PEOPLE RECEIVED SUBSTANCE ABUSE TREATMENT AND REDUCED THEIR DEPENDANCIES CRISIS PREVENTION AND RESPONSE -12,538 ADULTS AND CHILDREN SEEKING HELP FOR NEGLECT, ABUSE AND VIOLENCE GOT THE SUPPORT THEY NEEDED TO STAY SAFE -307 FAMILIES OF ARMED SERVICES MEMBERS WERE ASSISTED WITH PERSONAL CRISIS FINANCIAL STABILITY AFFORDABLE HOUSING -1,195 HOUSEHOLDS AT RISK OF LOSING THEIR HOMES RECEIVED PREVENTION ASSISTANCE -1,068 HOUSEHOLDS MAINTAINED HOUSING FOR 6 MONTHS -887 HOMELESS HOUSEHOLDS MOVED INTO PERMANENT HOUSING -509 HOMELESS HOUSEHOLDS MAINTAINED PERMANENT HOUSING FOR 12 MONTHS SUSTAINING EMPLOYMENT -1,252 INDIVIDUALS INCREASED EMPLOYMENT RELATED INCOME THROUGH PROGRAMS AND JOB SUPPORTS -1,087 INDIVIDUALS BECAME EMPLOYED -2,160 INDIVIDUALS SUCCESSFULLY APPLIED FOR BENEFITS FINANCIAL MANAGEMENT -2,482 INDIVIDUALS WHO RECEIVED FINANCIAL EDUCATION SERVICES DEMONSTRATED NEW SKILLS TO HELP THEM IMPROVE THEIR FINANCIAL SITUATION -487 INDIVIDUALS WHO RECEIVED FINANCIAL EDUCATION SERVICES INCREASED THEIR SAVINGS -546 INDIVIDUALS WHO RECEIVED FINANCIAL EDUCATION SERVICES REDUCED THEIR DEBT
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$ 164,575 INCLUDING GRANTS OF \$(REVENUE \$ 153,361) TEAMING FOR TECHNOLOGY HELPS TO BRIDGE THE DIGITAL DIVIDE BETWEEN THOSE WHO HAVE ACCESS TO A COMPUTER AND THOSE WHO DO NOT BY PROVIDING SCHOOL, NONPROFITS, AND ECONOMICALLY DISADVANTAGED INDIVIDUALS WITH REFURBISHED COMPUTERS. STUDIES SHOW INCREASED COMPUTER ACCESS IN THE HOME AND SCHOOL LESSENS BEHAVIORAL PROBLEMS, IMPROVES GRADES, LOWERS DROPOUT RATES, AND BETTER PREPARES A PERSON FOR LIFE IN THE TWENTY-FIRST CENTURY.
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$ 141,291 INCLUDING GRANTS OF \$) UNITED WAY 2-1-1 IS A SINGLE SOURCE FOR FREE AND CONFIDENTIAL INFORMATION AND REFERRAL TO IMPORTANT COMMUNITY SERVICES AND VOLUNTEER OPPORTUNITIES. TRIANGLE RESIDENTS CAN CALL 2-1-1 FOR HELP WITH FOOD, HOUSING, EMPLOYMENT, HEALTH CARE, SUBSTANCE ABUSE, SUPPORT GROUPS, DOMESTIC VIOLENCE, FINANCIAL

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		ASSISTANCE, COUNSELING AND MORE. BILINGUAL ASSOCIATES AND AN ONLINE WEB PORTAL FOR ACCESS TO THE DATABASE ARE ALSO AVAILABLE.				
FORM 990, PART VI, LINE 3	DELEGATION OF AUTHORITY	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.				
FORM 990, PART VI, SEC B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	A DETAILED REVIEW WAS COMPLETED BY THE CONTROLLER AND FINANCE STAFF PRIOR TO FILING THE RETURN. THE BOARD OF DIRECTORS WAS PROVIDED WITH A COPY OF THE RETURN PRIOR TO FILING, HOWEVER DUE TO TIMING, THE FORMAL REVIEW PRESENTATION OF THE RETURN TO THE BOARD OF DIRECTORS WILL OCCUR AFTER THE RETURN IS FILED.				
FORM 990, PART VI, SEC B, LINE 12C	CONFLICT OF INTEREST POLICY	THE CONFLICT OF INTEREST POLICY IS HANDED OUT TO THE 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 CONFLICTED PERSONS ARE RECUSED FROM DISCUSSIONS AND VOTING.				
FORM 990, PART VI, SEC B, LINE 15A	PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	OUR EXECUTIVE COMMITTEE IS RESPONSIBLE FOR SETTING THE COMPENSATION OF THE PRESIDENT. THE PRESIDENT IS RESPONSIBLE FOR SETTING COMPENSATION FOR ALL OTHER OFFICERS AND EMPLOYEES BASED ON THE BUDGET APPROVED BY THE BOARD. WE USE COMPARATIVE DATA FROM UNITED WAY WORLDWIDE AND COMPARATIVE DATA FROM OTHER NON-PROFITS IN OUR REGION.				
FORM 990, PART VI, SEC C, LINE 19	REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	FINANCIAL STATEMENTS CAN BE FOUND ON OUR WEBSITE. OTHER POLICIES AND DOCUMENTS ARE AVAILABLE UPON REQUEST.				
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>BALANCING ENTRY FOR ROUNDING</td> <td>1</td> </tr> </tbody> </table>	(a) Description	(b) Amount	BALANCING ENTRY FOR ROUNDING	1
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