

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 20 16

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>UNITED WAY OF THE GREATER TRIANGLE</u>		D Employer identification number <u>56-1949103</u>
	Doing business as		E Telephone number <u>(919) 460-8687</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<u>2400 PERIMETER PARK DRIVE, STE 150</u>		City or town, state or province, country, and ZIP or foreign postal code <u>MORRISVILLE, NC 27560</u>
F Name and address of principal officer: <u>STANLEY M. KOONCE JR.</u> <u>2400 PERIMETER PARK DRIVE, MORRISVILLE, NC 27560</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

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: <u>UNITED WAY OF THE GREATER TRIANGLE'S MISSION IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES.</u>		
	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	<u>21</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>21</u>
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	<u>55</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>4,932</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>
b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>1,742,266</u>	<u>12,592,921</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>71,377</u>	<u>149,484</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>15,233</u>	<u>19,392</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>34,290</u>	<u>214,445</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>1,863,166</u>	<u>12,976,242</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>5,832,546</u>	<u>11,494,937</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>	<u>0</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>1,386,188</u>	<u>2,951,937</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,194,069</u>	<u>0</u>	<u>0</u>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>651,399</u>	<u>1,275,304</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>7,870,133</u>	<u>15,722,178</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>(6,006,967)</u>	<u>(2,745,936)</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>8,889,456</u>	<u>7,250,382</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>5,176,571</u>	<u>6,721,204</u>
			<u>3,712,885</u>	<u>529,178</u>

Part II Signature Block

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

Sign Here	Signature of officer	Date
	<u>STANLEY M. KOONCE JR., CEO/PRESIDENT</u> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <u>JANICE A. RATICA</u>	Preparer's signature	Date <u>05/12/17</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00358837</u>
	Firm's name ▶ <u>CHERRY BEKAERT LLP</u>	Firm's EIN ▶ <u>56-0574444</u>		Phone no. <u>(704) 377-1678</u>	
	Firm's address ▶ <u>1111 METROPOLITAN AVE. STE 1000, CHARLOTTE, NC 28204</u>				

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III 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 HEALTH WITHIN THE TRIANGLE REGION - DURHAM,
- 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 \$ 9,410,807 including grants of \$ 8,026,652) (Revenue \$ _____)
COMMUNITY IMPACT ACHIEVED THROUGH INVESTMENTS IN TWO PRIMARY STRATEGIES - CHANGING GENERATIONS AND
BASIC NEEDS. PLEASE VISIT [HTTPS://WWW.UNITEDWAYTRIANGLE.ORG/ABOUT-US/](https://www.unitedwaytriangle.org/about-us/) FOR IN DEPTH LOOK AT OUR
INVESTMENT STRATEGIES AND RESULTS.

4b (Code: _____) (Expenses \$ 2,563,931 including grants of \$ 2,563,931) (Revenue \$ _____)
COMMUNITY CAMPAIGN - DESIGNATED FUNDS RAISED FOR OTHER CHARITIES

4c (Code: _____) (Expenses \$ 673,949 including grants of \$ 634,285) (Revenue \$ _____)
PREMIUMHELP.ORG - FOR MANY RESIDENTS OF DURHAM, ORANGE, AND WAKE COUNTIES , HEALTHCARE IS STILL NOT
AFFORDABLE, EVEN WITH THE HEALTHCARE MARKETPLACE AND FEDERAL TAX ASSISTANCE TO HELP PAY FOR
PREMIUMS. PREMIUMHELP.ORG (UNITED WAY OF THE GREATER TRIANGLE) ASSISTS THOSE THAT MEET CERTAIN
INCOME AND RESIDENCY REQUIREMENTS BY PAYING THE REMAINDER OF THEIR HEALTH INSURANCE PREMIUM NOT
COVERED BY FEDERAL SUBSIDIES EACH MONTH, DIRECTLY TO THE INSURANCE CARRIER. THE PRIMARY OBJECTIVE IS
TO HELP FINANCIALLY DISADVANTAGED INDIVIDUALS AFFORD SUSTAINED HEALTH INSURANCE COVERAGE AND THEREBY
ACHIEVING GREATER LONG TERM HEALTH AND FINANCIAL OUTCOMES.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 781,266 including grants of \$ 270,070) (Revenue \$ 363,929)

4e Total program service expenses **▶** 13,429,953

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 type="checkbox"/>	<input checked="" 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"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	✓	
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>	✓	
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>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
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>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
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>		✓
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>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
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>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>		✓
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>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Part V Statements Regarding Other IRS Filings and Tax 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 of questions, and Yes/No columns. Includes sub-questions for various IRS forms and organizational requirements.

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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
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, address, and telephone number of the person who possesses the organization's books and records: ►
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) KEVIN TRAPANI BOARD CHAIR	1.0	✓		✓				0	0	0
(2) MAUREEN O'CONNOR VICE BOARD CHAIR	1.0	✓		✓				0	0	0
(3) KEITH WALLACE TREASURER	1.0	✓		✓				0	0	0
(4) MICHAEL PALMER SECRETARY	1.0	✓		✓				0	0	0
(5) BRYSON POWELL DIRECTOR	1.0	✓						0	0	0
(6) GREG WINKLER DIRECTOR	1.0	✓						0	0	0
(7) FARAD ALI DIRECTOR	1.0	✓						0	0	0
(8) AMY BAKER DIRECTOR	1.0	✓						0	0	0
(9) RICK BOWERS DIRECTOR	1.0	✓						0	0	0
(10) CHUCK PURVIS DIRECTOR	1.0	✓						0	0	0
(11) DEBRA SAUNDERS-WHITE DIRECTOR	1.0	✓						0	0	0
(12) KARI STOLTZ DIRECTOR	1.0	✓						0	0	0
(13) ERNEST WARD DIRECTOR	1.0	✓						0	0	0
(14) SUSAN GREENE DIRECTOR	1.0	✓						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) ROBERT ALBRIGHT DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(16) WENDELL DAVIS DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(17) PAUL GRIFFIN DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) GAYLE LANIER DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(19) DEL MISENHEIMER DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(20) JIM GIBSON DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(21) JR SHEARIN IMMEDIATE PAST BOARD CHAIR	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) STANLEY M. KOONCE, JR. PRESIDENT/CEO	40.0			<input checked="" type="checkbox"/>				261,578	0	40,562
(23) WILSON SIMMONS VP OF FINANCE	40.0			<input checked="" type="checkbox"/>				82,632	0	22,765
(24) MELANIE DAVIS-JONES SVP MARKETING AND COMMUNICATIONS	40.0					<input checked="" type="checkbox"/>		102,950	0	18,379
(25) ANGELA WELSH SVP COMMUNITY IMPACT	40.0					<input checked="" type="checkbox"/>		105,847	0	21,693
1b Sub-total								553,007	0	103,399
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								553,007	0	103,399

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <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	268,275				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	277,456				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,047,190				
	g Noncash contributions included in lines 1a-1f: \$		93,226				
	h Total. Add lines 1a-1f		12,592,921				
Program Service Revenue	2a <u>TEAMING FOR TECHNOLOGY</u>		Business Code				
			900099	149,484	149,484		
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue .			0	0	0	
g Total. Add lines 2a-2f			149,484				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		19,392			19,392	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)		0	0		
		d Net rental income or (loss)					
	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)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a <u>MISC EXEMPT REV</u>		900099	8,397	8,397			
b <u>SERVICE FEES</u>		900099	206,048	206,048			
c -----							
d All other revenue			0	0	0	0	
e Total. Add lines 11a-11d			214,445				
12 Total revenue. See instructions.			12,976,242	363,929	0	19,392	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,860,652	10,860,652		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	634,285	634,285		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	742,898	316,596	240,857	185,445
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,686,117	771,479	315,143	599,495
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	126,254	56,176	23,180	46,898
9 Other employee benefits	231,011	101,432	48,928	80,651
10 Payroll taxes	165,657	72,710	37,895	55,052
11 Fees for services (non-employees):				
a Management	34,993	31,993	3,000	
b Legal	717		717	
c Accounting	37,350		37,350	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	75,377	6,092	59,411	9,874
13 Office expenses	217,754	120,576	65,988	31,190
14 Information technology	73,250	51,194	17,255	4,801
15 Royalties				
16 Occupancy	389,916	154,086	149,053	86,777
17 Travel	32,075	11,357	9,399	11,319
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	189,855	150,134	23,901	15,820
20 Interest	42		42	
21 Payments to affiliates	168,035	73,754	38,439	55,842
22 Depreciation, depletion, and amortization	21,136	6,474	9,267	5,395
23 Insurance	10,836	3,319	4,751	2,766
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>DUES AND SUBSCRIPTIONS</u>	17,574	6,220	10,302	1,052
b <u>MISCELLANEOUS</u>	6,394	1,424	3,278	1,692
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	15,722,178	13,429,953	1,098,156	1,194,069
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	886	1	882
	2 Savings and temporary cash investments	3,713,395	2	2,620,947
	3 Pledges and grants receivable, net	4,637,920	3	4,165,518
	4 Accounts receivable, net	289,597	4	99,603
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	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		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	50,026	9	92,268
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	474,864		
	b Less: accumulated depreciation	370,229	10c	104,635
	11 Investments—publicly traded securities	166,498	11	166,529
	12 Investments—other securities. See Part IV, line 11	1,885	12	0
	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)	8,889,456	16	7,250,382	
Liabilities	17 Accounts payable and accrued expenses	154,459	17	163,505
	18 Grants payable	60,359	18	12,996
	19 Deferred revenue		19	110,608
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	167,474	21	18,443
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,794,279	25	6,415,652
	26 Total liabilities. Add lines 17 through 25	5,176,571	26	6,721,204
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,434,696	27	342,619
	28 Temporarily restricted net assets	248,189	28	103,689
	29 Permanently restricted net assets	30,000	29	82,870
	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	3,712,885	33	529,178
34 Total liabilities and net assets/fund balances	8,889,456	34	7,250,382	

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	12,976,242
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,722,178
3	Revenue less expenses. Subtract line 2 from line 1	3	(2,745,936)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,712,885
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	(437,770)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	529,179

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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,303,526	14,257,622	16,118,072	15,445,891	1,742,266	62,867,377
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	15,303,526	14,257,622	16,118,072	15,445,891	1,742,266	62,867,377
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)						2,923,387
6 Public support. Subtract line 5 from line 4.						59,943,990

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	15,303,526	14,257,622	16,118,072	15,445,891	1,742,266	62,867,377
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,302	21,378	26,192	25,947	15,233	113,052
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 VI.)	11,242	18,714	43,880	71,786	0	145,622
11 Total support. Add lines 7 through 10						63,126,051
12 Gross receipts from related activities, etc. (see instructions)					12	1,927,394
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 2015 (line 6, column (f) divided by line 11, column (f))	14	94.96 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	93.73 %
16a 33 1/3% support test—2015. 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—2014. 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—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2015. 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—2014. 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 Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . .			
d Excess from 2014 . . .			
e Excess from 2015 . . .			

Part VI

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

Return Reference - Identifier	Explanation
SCHEDULE A, PART II, LINE 1 - PUBLIC SUPPORT	ITEMS IN COLUMN (D) REPRESENT REVENUES FROM A SHORT PERIOD RETURN FILING COVERING THE PERIOD FROM JANUARY 1, 2015 TO JUNE 30, 2015.

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	FUNDRAISING REVENUE	11,242	18,714	23,625	18,080		71,661
	OTHER EXCLUDED REVENUE			20,255	53,706		73,961
	Total	11,242	18,714	43,880	71,786	0	145,622

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

▶ 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.

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GLAXOSMITHKLINE ----- 5 MOORE DRIVE ----- RTP, NC 27709 -----	\$ 400,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DUKE UNIVERSITY HEALTH SYSTEM INC. ----- 615 DOUGLAS STREET ----- DURHAM, NC 27705 -----	\$ 579,411	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF THE GREATER TRIANGLE	Employer identification number 56-1949103
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(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., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this 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

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor advisement.

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

Form for Part II Conservation Easements, including questions about purpose, monitoring, and expenses, and a table for 'Held at the End of the Tax Year'.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
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, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	178,133	220,153	339,723	228,541	261,518
b Contributions	52,870	0	96,997	170,739	58,891
c Net investment earnings, gains, and losses		0	0	0	0
d Grants or scholarships	28,850	42,020	216,567	59,557	75,039
e Other expenditures for facilities and programs		0	0	0	16,829
f Administrative expenses		0	0	0	0
g End of year balance	202,153	178,133	220,153	339,723	228,541

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

- a** Board designated or quasi-endowment ▶ 59.00 %
- b** Permanent endowment ▶ 41.00 %
- c** Temporarily restricted endowment ▶ 0.00 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	✓	
3a(ii)		✓
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		6,054	4,134	1,920
d Equipment		202,812	192,984	9,828
e Other		265,998	173,111	92,887

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 104,635

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	30,098	
(3) DESIGNATIONS PAYABLE	1,204,433	
(4) ALLOCATIONS PAYABLE	5,181,121	
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	6,415,652	

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

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 XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	DESIGNATION EXPENSE	- 2,563,931
	UNCOLLECTIBLE PLEDGES	- 437,770
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	DESIGNATION EXPENSE	2,563,931

Part XIII

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

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT</p>	<p>BROUGHTON SCHOLARSHIP \$8,033 - 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 \$10,410 - 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>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p>	<p>BOARD DESIGNATED ENDOWMENT FUNDS: RESPONSE FUNDS ARE INTENDED TO BE USED AS ONE-TIME GRANTS TO NONPROFIT HEALTH AND HUMAN SERVICE AGENCIES TO ADDRESS NEEDS IN THE FOLLOWING CATEGORIES: UNANTICIPATED EMERGENCIES, COMMUNITY PARTNERSHIP OPPORTUNITIES AND DISCRETIONARY FUNDS FOR INDIVIDUAL/FAMILY NEEDS.</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>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> <p>TRIANGLE COMMUNITY FOUNDATION MAINTAINS A LEGACY SOCIETY FUND FOR THE FUTURE BENEFIT OF THE ORGANIZATION. THIS FUND INCLUDES A PERMANENTLY RESTRICTED BALANCE OF \$62,870 AS OF JUNE 30, 2016</p>
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(A). CERTAIN NON-EXEMPT ACTIVITIES ARE SUBJECT TO FEDERAL INCOME TAXES. NO SUCH NONEXEMPT ACTIVITIES WERE UNDERTAKEN DURING THE PERIODS ENDING JUNE 30, 2016 AND 2015.</p> <p>THE ORGANIZATION FOLLOWS THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS BY PRESCRIBING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION TAKEN THAT IS BENEFICIAL TO THE ORGANIZATION, INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS "MORE LIKELY THAN NOT" (MORE THAN A 50% LIKELIHOOD)</p> <p>THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO A TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH POSITIONS AS OF JUNE 30, 2016 AND 2015 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED.</p>

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

56-1949103

UNITED WAY OF THE GREATER TRIANGLE

Part I General Information on Grants and Assistance

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

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

(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) 33152 - AMERICAN RED CROSS CENTRAL NC PO BOX 52509, DURHAM, NC 27717-2509	53-0196605	501 (C) 3	6,629				(SEE STATEMENT)
(2) 33430, AMERICAN RED CROSS TRIANGLE AREA 100 N. PEARTREE LANE, RALEIGH, NC 27610	53-0196605	501 (C) 3	148,832				(SEE STATEMENT)
(3) ACHIEVEMENT ACADEMY OF DURHAM P.O. BOX 15656, DURHAM, NC 27704	41-2167219	501 (C) 3	22,334				(SEE STATEMENT)
(4) ADVOCATES FOR HEALTH IN ACTION C/O YMCA OF THE TRIANGLE, 801 CORPORATE CENTER DR., RALEIGH, N	56-0591307	501 (C) 3	20,564				(SEE STATEMENT)
(5) ALLIANCE MEDICAL MINISTRY 2610 NEW BERN AVE., RALEIGH, NC 27610	56-2168673	501 (C) 3	49,146				(SEE STATEMENT)
(6) ALZHEIMERS NORTH CAROLINA 1305 NAVAHO DR, SUITE 101, RALEIGH, NC 27609	56-1501117	501 (C) 3	5,188				(SEE STATEMENT)
(7) AMERICAN HEART ASSOCIATION SOUTHWEST AFFILIATE ACCOUNTS RECEIVABLE, PO BOX 50040, PRESCOTT, AZ 86304-5040	13-5613797	501 (C) 3	10,000				(SEE STATEMENT)
(8) ANIMAL PROTECTION SOCIETY OF DURHAM 2117 E. CLUB BLVD, DURHAM, NC 27704	56-1047100	501 (C) 3	5,228				(SEE STATEMENT)
(9) ASSISTANCE LEAGUE OF THE TRIANGLE AREA P.O. BOX 98477, RALEIGH, NC 27624	56-2013094	501 (C) 3	13,526				(SEE STATEMENT)
(10) AUTISM SOCIETY OF NC 505 OBERLIN ROAD SUITE 230, RALEIGH, NC 27605	23-7087887	501 (C) 3	5,041				(SEE STATEMENT)
(11) BIG BROTHERS BIG SISTERS OF THE TRIANGLE M&F BANK CORP CENTER, 2634 DURHAM CHAPEL HILL RD, STE 208, DUR	56-2109717	501 (C) 3	35,777				(SEE STATEMENT)
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 145

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

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
(12) BOOK HARVEST 2501 UNIVERSITY DRIVE, DURHAM, NC 27707	45-2610533	501 (C) 3	61,438				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(13) BOYS & GIRLS CLUBS OF DURHAM AND ORANGE COUNTIES PO BOX 446, DURHAM, NC 27702-0446	56-6001906	501 (C) 3	13,925				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(14) BOYS & GIRLS CLUBS OF JOHNSTON COUNTY PO BOX 784, SELMA, NC 27576	56-0706013	501 (C) 3	5,470				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(15) BOYS & GIRLS CLUBS OF WAKE COUNTY 701 N. RALEIGH BLVD, RALEIGH, NC 27610	56-0863051	501 (C) 3	315,349				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(16) CAPE FEAR AREA UNITED WAY PO BOX 1503, WILMINGTON, NC 28402-1503	56-0529949	501 (C) 3	5,661				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(17) CAROLINA BIBLE CAMP & RETREAT CENTER P.O. BOX 1234, MOCKSVILLE, NC 27028-1234	23-7282936	501 (C) 3	10,625				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(18) CARY ACADEMY 1500 N. HARRISON AVE., CARY, NC 27513	56-1934619	501 (C) 3	6,001				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(19) CASA P.O. BOX 12545, RALEIGH, NC 27605	56-1778714	501 (C) 3	36,817				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(20) CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH 3000 HIGHWOODS BLVD., STE. 128, RALEIGH, NC 27604	56-0529943	501 (C) 3	97,045				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(21) CENTER FOR CHILD & FAMILY HEALTH 3518 WESTGATE DR. STE. 100, DURHAM, NC 27707	58-1446309	501 (C) 3	45,951				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(22) CHABAD-LUBAVITCH OF DELAWARE 1811 SILVERSIDE RD., WILMINGTON, DE 19810	22-2842237	501 (C) 3	12,121				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(23) CHAPEL HILL - CARRBORO PUBLIC SCHOOL FOUNDATION BLUE RIBBON MENTOR-ADVOCATE, 750 S. MERRITT MILLS ROAD, CHAPEL HILL, NC 27516	56-1421977	501 (C) 3	10,215				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(24) CHAPEL HILL TRAINING OUTREACH PROJECT 800 EASTOWNE DRIVE SUITE 105, CHAPEL HILL, NC 27514	58-2046321	501 (C) 3	56,359				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(25) CHAPEL HILL-CARRBORO MEALS ON WHEELS PO BOX 2102, CHAPEL HILL, NC 27514	59-1721954	501 (C) 3	27,103				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(26) CHILD CARE SERVICES ASSOCIATION PO BOX 901, CHAPEL HILL, NC 27514	56-1514058	501 (C) 3	157,034				SUPPORT AGENCY PROGRAMS - DESIGNATIONS

(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
(27) CHILDREN'S HOME SOCIETY OF NC P.O. BOX 14608, GREENSBORO, NC 27415-4608	56-0529946	501 (C) 3	8,159				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(28) CHRISTIAN LIFE HOME P.O. BOX 31705, RALEIGH, NC 27622-1705	56-1469206	501 (C) 3	7,461				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(29) CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS WAKE FOREST 1ST WARD BISHOP, 260 OAK GROVE CHURCH RD, YOUNGSVILLE, NC 27596	CHURCH	501 (C) 3	7,894				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(30) CLUB NOVA COMMUNITY INC. 103-D W. MAIN STREET, CARRBORO, NC 27510	27-0103430	501 (C) 3	40,659				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(31) COMMUNITIES IN SCHOOLS OF DURHAM 411 WEST CHAPEL HILL STREET, DURHAM, NC 27701	56-1791366	501 (C) 3	59,478				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(32) COMMUNITIES IN SCHOOLS OF WAKE COUNTY 971 HARP STREET, RALEIGH, NC 27604	56-1704570	501 (C) 3	16,196				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(33) COMMUNITY AND SENIOR SERVICES OF JOHNSTON COUNTY 1363 W. MARKET ST, SMITHFIELD, NC 27577	56-1034246	501 (C) 3	50,805				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(34) COMMUNITY PARTNERSHIPS INC. 3522 HAWORTH DRIVE, RALEIGH, NC 27609	58-1605761	501 (C) 3	191,200				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(35) COMPASS CENTER FOR WOMEN & FAMILIES PO BOX 1057, CHAPEL HILL, NC 27514-1057	56-1271474	501 (C) 3	72,491				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(36) DANIEL CENTER FOR MATH AND SCIENCE 735 ROCK QUARRY ROAD, RALEIGH, NC 27610	27-1597059	501 (C) 3	7,749				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(37) DOCTORS WITHOUT BORDERS USA 333 7TH AVE., FL 2, NEW YORK, NY 10001	13-3433452	501 (C) 3	5,325				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(38) DRESS FOR SUCCESS TRIANGLE NC 1058 WEST CLUB BLVD., STE. 634, DURHAM, NC 27701	26-2229898	501 (C) 3	11,816				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(39) DURHAM CENTER FOR SENIOR LIFE 807 SOUTH DUKE STREET, DURHAM, NC 27701	56-0886647	501 (C) 3	36,606				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(40) DURHAM CRISIS RESPONSE CENTER PO BOX 52028, DURHAM, NC 27717-2028	58-1496427	501 (C) 3	39,865				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(41) DURHAM LITERACY CENTER ATTN: REGINALD HODGES, 1410 W. CHAPEL HILL ST., DURHAM, NC 27701	56-1479534	501 (C) 3	52,724				SUPPORT AGENCY PROGRAMS - DESIGNATIONS

(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
(42) DURHAM PARTNERSHIP FOR CHILDREN 2634 CHAPEL HILL BLVD. SUITE 102, DURHAM, NC 27707	56-1892432	501 (C) 3	18,665				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(43) DURHAM RESCUE MISSION PO BOX 11858, DURHAM, NC 27703-1858	58-1482590	501 (C) 3	11,761				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(44) EARTHSHARE NORTH CAROLINA PO BOX 196, DURHAM, NC 27702	56-1775025	501 (C) 3	5,123				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(45) EAST DURHAM CHILDREN'S INITIATIVE ATTN: DEVELOPMENT OFFICE, 107 N. DRIVER ST., 3RD FLOOR, DURHAM, NC 27703	32-0263133	501 (C) 3	265,299				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(46) EASTER SEALS UCP NORTH CAROLINA & VIRGINIA 5171 GLENWOOD AVE, SUITE 400, RALEIGH, NC 27612	56-0670676	501 (C) 3	5,579				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(47) EL FUTURO 136 E. CHAPEL HILL ST, DURHAM, NC 27701	80-0122334	501 (C) 3	63,982				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(48) EL PUEBLO INC 4 N. BLOUNT ST., SUITE 200, RALEIGH, NC 27601	56-1934310	501 (C) 3	12,333				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(49) EXCHANGE FAMILY CENTER 3708 LYCKAN PARKWAY, SUITE 103, DURHAM, NC 27707	58-1978668	501 (C) 3	83,999				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(50) FAMILIES MOVING FORWARD PO BOX 25426, DURHAM, NC 27702	56-1633998	501 (C) 3	245,392				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(51) FAMILIES TOGETHER PO BOX 6446, RALEIGH, NC 27628-6446	56-1278004	501 (C) 3	189,285				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(52) FAMILY PROMISE OF WAKE COUNTY 903 METHOD ROAD, RALEIGH, NC 27606	56-1843022	501 (C) 3	24,315				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(53) FAMILY RESOURCE CENTER SOUTH ATLANTIC 3825 BARRETT DR., STE 104, RALEIGH, NC 27609	20-1257901	501 (C) 3	18,968				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(54) FOOD BANK OF CENTRAL AND EASTERN NC 3808 TARHEEL DRIVE, RALEIGH, NC 27609	56-1283426	501 (C) 3	110,427				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(55) FREEDOM HOUSE RECOVERY CENTER 104 NEW STATESIDE DRIVE, CHAPEL HILL, NC 27516-1165	56-1082674	501 (C) 3	48,637				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(56) GIRL SCOUTS - NORTH CAROLINA COASTAL PINES PO BOX 52294, RALEIGH, NC 27612-0294	56-0791500	501 (C) 3	127,597				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(57) HARBOR, INC PO BOX 1903, SMITHFIELD, NC 27577	56-1505174	501 (C) 3	30,861				SUPPORT AGENCY PROGRAMS - DESIGNATIONS

(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
(58) HAVEN HOUSE INC. 706 HILLSBOROUGH ST. SUITE 102, RALEIGH, NC 27603	56-1073632	501 (C) 3	103,688				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(59) HOPELINE INC. PO BOX 10490, RALEIGH, NC 27605-0490	56-1096751	501 (C) 3	35,871				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(60) INTERACT 612 WADE AVENUE, RALEIGH, NC 27605	58-1320613	501 (C) 3	318,750				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(61) INTER-FAITH COUNCIL FOR SOCIAL SERVICE, INC. 110 W. MAIN STREET, CARRBORO, NC 27510	59-1224041	501 (C) 3	102,883				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(62) INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR. STE. 120, RALEIGH, NC 27603	56-1753180	501 (C) 3	175,298				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(63) JOHNSTON COUNTY DEPARTMENT OF SOCIAL SERVICES PO BOX 911, SMITHFIELD, NC 27577	GOVERNMENT	501 (C) 3	12,306				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(64) JOHNSTON COUNTY INDUSTRIES INC. 1100 E. PRESTON ST, SELMA, NC 27576	56-1101999	501 (C) 3	37,000				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(65) JOHNSTON COUNTY YOUTH SERVICES PO BOX 1633, SMITHFIELD, NC 27577-1633	31-1768667	501 (C) 3	5,493				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(66) JOHNSTON LEE HARNETT COMMUNITY ACTION 225 S. STEELE ST., SANFORD, NC 27330	56-0859623	501 (C) 3	20,291				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(67) JUNIOR ACHIEVEMENT OF EASTERN NC 402 EAST HARGETT ST., RALEIGH, NC 27601	56-1107715	501 (C) 3	7,112				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(68) LEARNING TOGETHER INC. 568 EAST LENOIR STREET, RALEIGH, NC 27601	51-0161593	501 (C) 3	201,248				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(69) LEGAL AID OF NORTH CAROLINA INC. DEVELOPMENT OFFICER, PO BOX 26087, RALEIGH, NC 27611	31-1784161	501 (C) 3	38,488				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(70) LIFE EXPERIENCES INC. 260 TOWERVIEW COURT, CARY, NC 27513	56-1201695	501 (C) 3	7,170				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(71) MADE IN DURHAM 307 WEST MAIN STREET, DURHAM, NC 27701	56-0894222	501 (C) 3	88,324				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(72) MEALS ON WHEELS OF DURHAM INC. 2506 NORTH ROXBORO ROAD, DURHAM, NC 27704	56-1729111	501 (C) 3	31,287				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(73) MEALS ON WHEELS OF WAKE COUNTY INC PO BOX 37639, RALEIGH, NC 27627--7639	56-1061085	501 (C) 3	63,376				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(74) METHODIST HOME FOR CHILDREN 1041 WASHINGTON ST., RALEIGH, NC 27605	56-2259577	501 (C) 3	21,427				SUPPORT AGENCY PROGRAMS - DESIGNATIONS

(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
(75) NC COALITION TO END HOMELESSNESS PO BOX 27692, RALEIGH, NC 27611	56-2227722	501 (C) 3	8,260				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(76) NORTH CAROLINA SOCIETY OF HISPANIC PROFESSIONALS 8450 CHAPEL HILL RD, SUITE 209, CARY, NC 27513	56-2113090	501 (C) 3	15,303				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(77) OCCONEECHEE COUNCIL OF THE BOY SCOUTS PO BOX 41229, RALEIGH, NC 27629-1229	56-0529984	501 (C) 3	29,606				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(78) ORANGE CONGREGATIONS IN MISSION 300 MILLSTONE DRIVE, HILLSBOROUGH, NC 27278	58-1563438	501 (C) 3	49,399				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(79) ORANGE COUNTY RAPE CRISIS CENTER PO BOX 4722, CHAPEL HILL, NC 27515-4722	58-1356356	501 (C) 3	44,179				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(80) ORANGE LITERACY 503 W. FRANKLIN STREET, CHAPEL HILL, NC 27516	56-1433933	501 (C) 3	52,380				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(81) PARTNERSHIP FOR CHILDREN OF JOHNSTON COUNTY 1406-A S. POLLOCK ST., SELMA, NC 27576	56-2063680	501 (C) 3	84,108				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(82) PASSAGE HOME, INC. PO BOX 10347, RALEIGH, NC 27605	56-1765360	501 (C) 3	13,656				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(83) PLANNED PARENTHOOD OF CENTRAL NC P.O. BOX 3258, CHAPEL HILL, NC 27515	58-1484820	501 (C) 3	7,524				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(84) RALEIGH RESCUE MISSION P.O. BOX 27391, RALEIGH, NC 27611	56-6024168	501 (C) 3	10,324				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(85) REBUILDING TOGETHER OF THE TRIANGLE, INC 324 S. WILMINGTON ST. #118, RALEIGH, NC 27601	56-1955629	501 (C) 3	17,413				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(86) REINVESTMENT PARTNERS PO BOX 1929, DURHAM, NC 27702	31-1587628	501 (C) 3	41,204				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(87) RESOURCES FOR SENIORS INC. 1110 NAVAHO DR. SUITE 400, RALEIGH, NC 27609	56-1035065	501 (C) 3	87,393				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(88) REX HEALTHCARE FOUNDATION 2500 BLUE RIDGE ROAD, SUITE 325, RALEIGH, NC 27607	56-6052117	501 (C) 3	67,221				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(89) SAFECHILD 864 W. MORGAN ST., RALEIGH, NC 27603	56-1817816	501 (C) 3	95,283				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(90) SALVATION ARMY BOYS & GIRLS CLUB PO BOX 1330, DURHAM, NC 27702	58-0660607	501 (C) 3	25,866				SUPPORT AGENCY PROGRAMS - DESIGNATIONS

(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
(91) SAVE THE CHILDREN 54 WILTON RD, WESTPORT, CT 06880	06-0726487	501 (C) 3	5,891				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(92) SENIOR PHARMASSIST INC. 123 MARKET STREET, DURHAM, NC 27701	56-2084639	501 (C) 3	31,864				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(93) SOUTHLIGHT INC. 3117 POPLARWOOD CT. SUITE 326, RALEIGH, NC 27604	56-0988422	501 (C) 3	173,434				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(94) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE, MEMPHIS, TN 38105	35-1044585	501 (C) 3	5,404				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(95) STEP-UP MINISTRY 1704 OBERLIN ROAD, RALEIGH, NC 27608	56-1655255	501 (C) 3	129,591				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(96) STOP HUNGER NOW 2501 CLARK AVE., SUITE 301, RALEIGH, NC 27607	16-1541024	501 (C) 3	6,981				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(97) STUDENT ACTION WITH FARMWORKERS PO BOX 90803, DURHAM, NC 27708	56-1789014	501 (C) 3	12,249				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(98) STUDENT U 3116 ACADEMY RD, DURHAM, NC 27707	27-3460491	501 (C) 3	90,544				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(99) TAMMY LYNN MEMORIAL INC 739 CHAPPELL DRIVE, RALEIGH, NC 27606-3299	56-0999619	501 (C) 3	76,901				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(100) THE ALLIANCE OF AIDS SERVICES-CAROLINA PO BOX 12583, RALEIGH, NC 27605	56-2158082	501 (C) 3	9,394				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(101) THE CENTER FOR VOLUNTEER CAREGIVING 1150 SE MAYNARD ROAD,, SUITE 210, CARY, NC 27511	58-2067482	501 (C) 3	19,983				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(102) THE HEALING PLACE OF WAKE COUNTY 1251 GOODE ST., RALEIGH, NC 27603	56-2135246	501 (C) 3	73,267				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(103) THE HOPE CENTER AT PULLEN 1801 HILLSBOROUGH STREET, RALEIGH, NC 27605	61-1570567	501 (C) 3	275,898				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(104) THE SALVATION ARMY OF WAKE COUNTY PO BOX 27584, RALEIGH, NC 27611-7584	58-0660607	501 (C) 3	34,954				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(105) THE SALVATION ARMY, DURHAM COUNTY PO BOX 1330, DURHAM, NC 27702-1330	58-0660607	501 (C) 3	17,793				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(106) THRESHOLD INC. PO BOX 11706, DURHAM, NC 27703	56-1458745	501 (C) 3	55,858				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(107) TRANSITIONS LIFECARE 1300 ST. MARY'S STREET, FOURTH FLOOR, RALEIGH, NC 27605	56-1228779	501 (C) 3	89,922				SUPPORT AGENCY PROGRAMS - DESIGNATIONS

(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
(108) TRIANGLE COMMUNITY FOUNDATION PO BOX 12834, RESEARCH TRIANGLE PK, NC 27709-2834	56-1380796	501 (C) 3	6,707				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(109) TRIANGLE FAMILY SERVICES INC. 118 ST. MARY'S ST., RALEIGH, NC 27605	56-0547491	501 (C) 3	316,819				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(110) TRIANGLE GOLF FOUNDATION NCSU, CAMPUS BOX 8004, RALEIGH, NC 27695	56-2266025	501 (C) 3	14,098				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(111) TRIANGLE LITERACY COUNCIL 4208 SIX FORKS RD. STE. 246, RALEIGH, NC 27609	56-1530150	501 (C) 3	20,094				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(112) TUSCARORA COUNCIL BOY SCOUTS OF AMERICA PO BOX 1436, GOLDSBORO, NC 27530	56-0543259	501 (C) 3	7,231				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(113) UNC SCHOLARS' LATINO INITIATIVE FEDEX GLOBAL EDUCATION CENTER, SUITE 3021, CHAPEL HILL, NC 27599	56-6001393	501 (C) 3	11,543				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(114) UNITED ARTS COUNCIL OF RALEIGH & WAKE COUNTY, INC. 336 FAYETTEVILLE STREET MALL STE 44, RALEIGH, NC 27601	56-0770175	501 (C) 3	6,533				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(115) UNITED WAY CALIFORNIA CAPITAL REGION SUITE 200, 8912 VOLUNTEER LANE, SACRAMENTO, CA 95826	94-1225382	501 (C) 3	9,258				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(116) UNITED WAY OF ALAMANCE COUNTY 803 HERMITAGE RD, BURLINGTON, NC 27215	56-0599239	501 (C) 3	5,079				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(117) UNITED WAY OF ASHEVILLE & BUNCOMBE COUNTY 50 S. FRENCH BROAD AVE., ASHEVILLE, NC 28801-3218	56-0576157	501 (C) 3	12,791				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(118) UNITED WAY OF BUCKS COUNTY 413 HOOD BOULEVARD, FAIRLESS HILLS, PA 19030	23-1409706	501 (C) 3	5,948				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(119) UNITED WAY OF CENTRAL CAROLINAS ATTN: SHELLY WHITE, 301 SOUTH BREVARD STREET, CHARLOTTE, NC 28202-2317	56-0529948	501 (C) 3	14,718				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(120) UNITED WAY OF CHATHAM COUNTY INC. PO BOX 1066, PITTSBORO, NC 27312-1066	58-1897275	501 (C) 3	16,047				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(121) UNITED WAY OF CHESTER COUNTY TWO WEST MARKET STREET, WEST CHESTER, PA 19382	23-2131877	501 (C) 3	8,774				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(122) UNITED WAY OF CUMBERLAND COUNTY PO BOX 303, FAYETTEVILLE, NC 28302-0303	56-0564342	501 (C) 3	7,258				SUPPORT AGENCY PROGRAMS - DESIGNATIONS

(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
(123) UNITED WAY OF FRANKLIN COUNTY-NC P.O. BOX 342, LOUISBURG, NC 27549	56-1875455	501 (C) 3	7,651				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(124) UNITED WAY OF GREATER GREENSBORO PO BOX 14998, GREENSBORO, NC 27415-4998	56-0668555	501 (C) 3	8,857				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(125) UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY 1709 BENJAMIN FRANKLIN PKWY., PHILADELPHIA, PA 19103	23-1556045	501 (C) 3	92,996				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(126) UNITED WAY OF HENDERSON COUNTY (NC) P.O. BOX 487, HENDERSONVILLE, NC 28793-0487	56-0890133	501 (C) 3	7,946				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(127) UNITED WAY OF LUBBOCK INC 1655 MAIN ST., SUITE 101, LUBBOCK, TX 79401	75-0961812	501 (C) 3	11,364				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(128) UNITED WAY OF MASSACHUSETTS BAY AND MERRIMACK VALLEY 245 SUMMER STREET #1401, BOSTON, MA 02210-1121	04-2382233	501 (C) 3	6,900				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(129) UNITED WAY OF MISSOULA COUNTY ATTN: THE FUND FOR RAVALLI COUNTY, PO BOX 7395, MISSOULA, MT 59806	81-0287854	501 (C) 3	6,230				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(130) UNITED WAY OF NORTHERN NEW JERSEY PO BOX 1948, MORRISTOWN, NJ 07962	22-1487247	501 (C) 3	8,678				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(131) UNITED WAY OF ONSLOW COUNTY, INC. P.O. BOX 5125, JACKSONVILLE, NC 28540-5124	23-7356577	501 (C) 3	8,428				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(132) UNITED WAY OF SOUTHWESTERN PENNSYLVANIA 200 ROSS STREET, PO BOX 735, PITTSBURGH, PA 15230-0735	25-1043578	501 (C) 3	12,125				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(133) UNITED WAY OF THE NATIONAL CAPITAL AREA 95 M STREET S. W., WASHINGTON, DC 20024	53-0234290	501 (C) 3	20,357				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(134) UNITED WAY TAR RIVER REGION 2501 SUNSET AVE, ROCKY MOUNT, NC 27804-2534	56-0611545	501 (C) 3	25,999				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(135) UNITED WAY WORLDWIDE PO BOX 418607, BOSTON, MA 02241-8607	13-1635294	501 (C) 3	127,773				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(136) URBAN MINISTRIES OF WAKE COUNTY PO BOX 26476, RALEIGH, NC 27611	58-1422700	501 (C) 3	208,150				SUPPORT AGENCY PROGRAMS - DESIGNATIONS
(137) VOLUNTEERS FOR YOUTH INC. 205 LLOYD STREET SUITE 103, CARRBORO, NC 27510	58-1457945	501 (C) 3	16,892				SUPPORT AGENCY PROGRAMS - DESIGNATIONS

(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
(138) WAKE COUNTY HUMAN SERVICES PO BOX 46833, RALEIGH, NC 27620	GOVERNMENT	501 (C) 3	37,464				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(139) WAKE COUNTY PUBLIC SCHOOL SYSTEM 110 CORNING RD., CARY, NC 27511	56-1137759	501 (C) 3	111,244				SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
(140) WAKE ENTERPRISES INC 2421 TIMBER DRIVE, RALEIGH, NC 27604	56-1248778	501 (C) 3	7,872				SUPPORT AGENCY PROGRAMS-ALLOCATIONS AND DESIGNATIONS
(141) WEE CARE CHILDREN'S ENRICHMENT PROGRAM PO BOX 30413, RALEIGH, NC 27622-0413	20-8173267	501 (C) 3	5,914				SUPPORT AGENCY PROGRAMS-ALLOCATIONS AND DESIGNATIONS
(142) WESTERN WAKE CRISIS MINISTRY 1600 OLIVE CHAPEL RD, STE 408, APEX, NC 27502	56-1585440	501 (C) 3	6,488				SUPPORT AGENCY PROGRAMS-ALLOCATIONS AND DESIGNATIONS
(143) WOMEN'S CENTER OF WAKE COUNTY 128 E. HARGETT STREET SUITE 10, RALEIGH, NC 27601	58-1316004	501 (C) 3	116,359				SUPPORT AGENCY PROGRAMS-ALLOCTIONS AND DESIGNATIONS
(144) WUNC RADIO UNC CHAPEL HILL SWAIN HALL, CB 0915, CHAPEL HILL, NC 27599	56-6001393	501 (C) 3	8,777				SUPPORT AGENCY PROGRAMS-ALLOCATIONS AND DESIGNATIONS
(145) YMCA OF THE TRIANGLE PO BOX 10976, RALEIGH, NC 27605	56-0591307	501 (C) 3	106,930				SUPPORT AGENCY PROGRAMS-ALLOCATIONS AND DESIGNATIONS

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	33152 - AMERICAN RED CROSS CENTRAL NC: SUPPORT AGENCY PROGRAMS - DESIGNATIONS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	33430, AMERICAN RED CROSS TRIANGLE AREA: SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ACHIEVEMENT ACADEMY OF DURHAM: SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ADVOCATES FOR HEALTH IN ACTION: SUPPORT AGENCY PROGRAMS - DESIGNATIONS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ALLIANCE MEDICAL MINISTRY: SUPPORT AGENCY PROGRAMS - DESIGNATIONS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ALZHEIMERS NORTH CAROLINA: SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	AMERICAN HEART ASSOCIATION SOUTHWEST AFFILIATE: SUPPORT AGENCY PROGRAMS - DESIGNATIONS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ANIMAL PROTECTION SOCIETY OF DURHAM: SUPPORT AGENCY PROGRAMS - DESIGNATIONS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ASSISTANCE LEAGUE OF THE TRIANGLE AREA: SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	AUTISM SOCIETY OF NC: SUPPORT AGENCY PROGRAMS - DESIGNATIONS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BIG BROTHERS BIG SISTERS OF THE TRIANGLE: SUPPORT AGENCY PROGRAMS - ALLOCATIONS AND DESIGNATIONS
SCHEDULE I, PART III , COLUMN B - ESTIMATED NUMBER OF RECIPIENTS	SUPPLEMENTAL HEALTH INSURANCE PREMIUM ASSISTANCE : APPROXIMATE NUMBER OF PROGRAM PARTICIPANTS AT PEAK ENROLLMENT. DUE TO MID YEAR ADDITIONS AND ATTRITION, TOTAL NUMBER COULD VARY SLIGHTLY.
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	UNITED WAY OF THE GREATER TRIANGLE'S COMMUNITY IMPACT DEPARTMENT IS RESPONSIBLE FOR ENSURING DONORS' GIFTS ARE INVESTED WISELY IN THE COMMUNITY BY EXAMINING COMMUNITY NEEDS AND DETERMINING HOW UNITED WAY OF THE GREATER TRIANGLE FUNDS CAN BE INVESTED TO ACHIEVE MAXIMIZED MEASURABLE RESULTS. THE ORGANIZATION ALONG WITH VOLUNTEER COMMITTEES USE COMMUNITY WIDE DATA TO ASSESS AND IDENTIFY GAPS IN HUMAN SERVICE DELIVERY SYSTEMS. THE PRIMARY VOLUNTEER BASED COMMITTEE, THE COMMUNITY IMPACT COMMITTEE, A SUB-COMMITTEE OF THE BOARD OF DIRECTORS, CREATES ACTION AND FUNDING PLANS THAT WILL GUIDE HOW FUNDS ARE SPENT TO ACHIEVE SPECIFIC COMMUNITY OUTCOMES. THE ORGANIZATION ENSURES THAT ALL AGENCIES MEET ACCOUNTABILITY STANDARDS OF UNITED WAY MEMBERSHIP.

**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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

56-1949103

Part I Questions Regarding Compensation

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

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

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?

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

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

- | | | | |
|--|-----------|--------------------------|-------------------------------------|
| a Receive a severance payment or change-of-control payment? | 4a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

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

- | | | | |
|--|-----------|--------------------------|-------------------------------------|
| a The organization? | 5a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Any related organization? | 5b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- If "Yes" to line 5a or 5b, describe in Part III.

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

- | | | | |
|--|-----------|--------------------------|-------------------------------------|
| a The organization? | 6a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Any related organization? | 6b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STANLEY M. KOONCE ,JR. PRESIDENT/CEO	(i)	252,578	0	9,000	27,630	12,932	302,140	30,000
	(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)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**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	✓		22,400	SELLING COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	15	70,826	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 through 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. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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 CLOTHING AND HOUSEHOLD GOODS - : 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.

2015

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	JOHNSTON, ORANGE, AND WAKE COUNTIES IN NORTH CAROLINA-UWGT ADDRESSESSES SOME OF THE MOST PRESSING ISSUES FACING OUR CITIES AND TOWNS TODAY.				
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$270,070 INCLUDING GRANTS OF \$270,070)(REVENUE \$214,445) 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 CITIZENS 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.				
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$263,624 INCLUDING GRANTS OF)(REVENUE) 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 ASSISTANCE, COUNSELING AND MORE. BILINGUAL ASSOCIATES AND AN ONLINE WEB PORTAL FOR ACCESS TO THE DATABASE ARE ALSO AVAILABLE.				
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$247,572 INCLUDING GRANTS OF)(REVENUE \$149,484) 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 VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE OFFICERS AND CHAIRS OF THE STANDING COMMITTEES.CHIEF EXECUTIVE OFFICER, THE IMMEDIATE PAST CHAIR MAY SERVE AS A VOTING MEMBER AND THE CHIEF EXECUTIVE OFFICER SHALL SERVE AS EX-OFFICIO, NON-VOTING MEMBER OF THE EXECUTIVE COMMITTEE. THE BOARD WILL STRIVE TO ENSURE REPRESENTATION FROM EACH COUNTY ON THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL SELECT OFFICER NOMINEES FOR THE CONSIDERATION AND ELECTION OF THE BOARD. THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CORPORATION DURING INTERVALS BETWEEN MEETINGS. THE EXECUTIVE COMMITTEE SHALL KEEP MINUTES OF ITS PROCEEDINGS AND SHALL REPORT TO THE BOARD ON ACTION TAKEN.				
FORM 990, PART VI, LINE 3 - 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, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	A DETAILED REVIEW WAS COMPLETED BY THE VICE PRESIDENT OF FINANCE 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, 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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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. COMPARATIVE DATA FROM UNITED WAY WORLDWIDE AND OTHER NON-PROFITS IN OUR REGION IS UTILIZED.				
FORM 990, PART VI, 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" data-bbox="467 1795 1513 1864"> <thead> <tr> <th data-bbox="467 1795 1304 1835">(a) Description</th> <th data-bbox="1304 1795 1513 1835">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1835 1304 1864">UNCOLLECTIBLE PLEDGES</td> <td data-bbox="1304 1835 1513 1864">- 437,770</td> </tr> </tbody> </table>	(a) Description	(b) Amount	UNCOLLECTIBLE PLEDGES	- 437,770
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