

Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning 07/01/17 , and ending 06/30/18

-*9239

UNITED WAY OF ALAMANCE COUNTY, INC.

Net Asset / Fund Balance at Beginning of Year		<u>1,712,790</u>
Revenue		
Contributions	<u>1,204,095</u>	
Program service revenue		
Investment income	<u>14,004</u>	
Capital gain / loss	<u>-11,669</u>	
Fundraising / Gaming:		
Gross revenue	<u>58,740</u>	
Direct expenses	<u>23,789</u>	
Net income	<u>34,951</u>	
Other income	<u>13,852</u>	
Total revenue		<u>1,255,233</u>
Expenses		
Program services	<u>1,366,143</u>	
Management and general	<u>135,431</u>	
Fundraising	<u>233,289</u>	
Total expenses		<u>1,734,863</u>
Excess / (deficit)		<u>-479,630</u>
Changes		<u>179,213</u>
Net Asset / Fund Balance at End of Year		<u>1,412,373</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>1,154,993</u>
Less:	
Unrealized gains	<u>30,139</u>
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	<u>130,379</u>
Total revenue per return	<u>1,255,233</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,455,410</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	<u>279,453</u>
Total expenses per return	<u>1,734,863</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>1,967,175</u>	<u>1,667,307</u>	
Liabilities	<u>254,385</u>	<u>254,934</u>	
Net assets	<u>1,712,790</u>	<u>1,412,373</u>	<u>-300,417</u>

Miscellaneous Information

Amended return
Return / extended due date 11/15/18
Failure to file penalty _____

STOUT STUART McGOWEN & KING LLP
PO Box 1440
Burlington, NC 27216-1440
336-226-7343

November 2, 2018

CONFIDENTIAL

United Way of Alamance County, Inc.
220 East Front Street
Burlington, NC 27215

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

STOUT STUART McGOWEN & KING LLP

Filing Instructions

United Way of Alamance County, Inc.

Exempt Organization / Private Foundation Tax Return(s)

Taxable Year Ended June 30, 2018

Federal Filing Instructions

None is required. Your Form 990 for the year ended 6/30/18 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

STOUT STUART McGOWEN & KING LLP
PO Box 1440
Burlington, NC 27216-1440

***Important:* Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.** If previously signed and returned no further action is required.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 7/01, 2017, and ending 6/30, 2018

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

****-***9239**

Name and title of officer

**HEIDI NORWICK
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,255,233</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize STOUT STUART MCGOWEN & KING LLP to enter my PIN 01214 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date 11/02/18

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature PATRICIA B. RHODES

Date 11/02/18

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017
Open to Public Inspection

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

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

B Check if applicable: <input checked="" 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 <p style="text-align: center;">UNITED WAY OF ALAMANCE COUNTY, INC.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">220 EAST FRONT STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">BURLINGTON NC 27215</p>	D Employer identification number <p style="text-align: center;">**-***9239</p> E Telephone number <p style="text-align: center;">336-438-2000</p> G Gross receipts\$ 1,384,492
F Name and address of principal officer: <p style="text-align: center;">HEIDI NORWICK 220 EAST FRONT STREET BURLINGTON NC 27215</p>		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: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ UWALAMANCE.ORG		L Year of formation: 1953
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	350
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,240,804	1,204,095
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,220	2,335
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,407	48,803
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,301,431	1,255,233
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,100,212	1,058,166
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	391,145	427,397
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 233,289	301,246	249,300
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,792,603	1,734,863
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	-491,172	-479,630	
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,967,175	1,667,307
	21 Total liabilities (Part X, line 26)	254,385	254,934
22 Net assets or fund balances. Subtract line 21 from line 20	1,712,790	1,412,373	

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
	HEIDI NORWICK Type or print name and title	PRESIDENT

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PATRICIA B. RHODES	PATRICIA B. RHODES	11/02/18	<input checked="" type="checkbox"/>	*****
	Firm's name ▶ STOUT STUART MCGOWEN & KING LLP	Firm's EIN ▶ ** - *** 7874	Firm's address ▶ PO BOX 1440 BURLINGTON, NC 27216-1440		
				Phone no.	336-226-7343

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,058,166** including grants of\$ **1,058,166**) (Revenue \$)

COMMUNITY FUND:

COMMUNITY FUND IS COMPRISED OF UNDESIGNATED DONATIONS FROM MULTIPLE SOURCES. FUNDS ARE GRANTED OUT TO LOCAL NONPROFITS THROUGH A COMPETITIVE PROCESS. AGENCIES THAT HAVE THE GREATEST IMPACT AND BEST OUTCOMES IN ADDRESSING HEALTH, EDUCATION AND FINANCIAL STABILITY NEEDS RECEIVE FUNDING. 57,109 LIVES WERE IMPACTED BY 34 PROGRAMS THROUGH THIS FUNDING. 86% MET OR EXCEEDED PROPOSED OUTCOMES.

4b (Code:) (Expenses \$ **295,514** including grants of\$) (Revenue \$)

COLLECTIVE IMPACT PARTNERSHIPS:

\$25,000 WAS INVESTED FOR ANOTHER YEAR IN THE LINK TRANSIT FIXED ROUTE BUS SYSTEM TO ALAMANCE COMMUNITY COLLEGE WITH RIDERSHIP OF 17,772 TAKING PEOPLE TO SCHOOL, WORK AND APPOINTMENTS. NONPROFIT CAPACITY BUILDING PROGRAMS TRAINED 8 EXECUTIVE DIRECTORS IN FUNDRAISING AND DEVELOPMENT AND 12 IN LEADERSHIP SKILLS. STIPENDS WERE ALSO PROVIDED FOR FURTHER TRAINING UPON SUCCESSFUL COMPLETTION. STAFF HOLDS LEADERSHIP ROLES ON SEVERAL BOARDS AND COMMITTEES RELATED TO HEALTH, EDUCATION AND FINANCIAL STABILITY TO FOSTER COLLABORATION AND PROVIDE RESOURCES AND EXPERTISE.

4c (Code:) (Expenses \$ **12,463** including grants of\$) (Revenue \$)

COMMUNITY IMPACT PROGRAMS:

COMMUNITY COUNCIL CONVENES LEADERS FROM NONPROFITS, GOVERNMENT, EDUCATORS AND ELECTED OFFICIALS TO ADDRESS AND PROVIDE ADVOCACY FOR COMMUNITY NEEDS. 400 SUBSCRIBERS TO COMMUNITY COUNCIL BLOG RECEIVE PERTINENT UPDATES DAILY. VOLUNTEER ALAMANCE IS A WEB BASED PORTAL TO MATCH VOLUNTEERS WITH OPPORTUNITIES TO SERVE. 75 NONPROFITS AND 700 VOLUNTEERS ARE REGISTERED. VOLUNTARY INCOME TAX ASSISTANCE (VITA) PREPARES AND FILES TAX RETURNS FOR LOW INCOME, DISABLED AND ELDERLY. UWAC SCHEDULED 538 APPOINTMENTS FOR 4 SITES THAT BROUGHT BACK \$481,912 IN REFUNDS. 211, A DATABASE OF RESOURCES ACCESSED THROUGH CALLING 211 OR NC211.ORG 24/7/365. ALSO PROVIDES NON-EMERGENCY ASSISTANCE IN TIMES OF DISASTER.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses ► **1,366,143**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	25	
1b	Enter the number of voting members included in line 1a, above, who are independent	25	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?	X	
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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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: ►

HEIDI NORWICK, PRESIDENT **220 E. FRONT STREET** **NC 27215** **336-438-2000**
BURLINGTON

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRIS BRYAN	5.00									
ASSISTANT TREASURER	0.00	X		X			0	0	0	
(2) TAMMY COBB	5.00									
ASSISTANT SECRETARY	0.00	X		X			0	0	0	
(3) PETER FELTEN	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) PAM FOX	5.00									
CHAIR	0.00	X		X			0	0	0	
(5) GERRY FRANCIS	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) MARCY GREEN	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) PRESTON HAMMOCK	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) BRENDLE LEGGETT	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) JACK LINDLEY	1.00									
DIRECTOR EMERITUS	0.00	X					0	0	0	
(10) BECKY LOY	5.00									
PAST CHAIR	0.00	X		X			0	0	0	
(11) TERESA MANSFIELD	1.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (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			
(12) GRIFFIN MCCLURE	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) LYNN MOSER	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) REBECCA PARKS	5.00									
SECRETARY	0.00	X		X			0	0	0	
(15) MEREDITH PEEFLEY	5.00									
COMMUNITY IMPACT VC	0.00	X		X			0	0	0	
(16) NIKKI RATLIFF	5.00									
COMMUNITY IMPACT CHA	0.00	X		X			0	0	0	
(17) CLAIRE RICCI	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) SUE RICH	1.00									
DIRECTOR	0.00	X					0	0	0	
(19) NOAH SANDERS	5.00									
CHAIR ELECT	0.00	X		X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A							68,080			
d Total (add lines 1b and 1c)							68,080			

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 **0**

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

Section B. Independent Contractors

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

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

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					
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,204,095				
	g Noncash contributions included in lines 1a-1f: \$	15,245				
	h Total. Add lines 1a-1f		1,204,095			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14,004		14,004	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		93,801		
	b Less: cost or other basis & sales exps.			105,470		
	c Gain or (loss)			-11,669		
	d Net gain or (loss)		-11,669	-11,669		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 58,740				
	b Less: direct expenses	b 23,789				
c Net income or (loss) from fundraising events		34,951				
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		Busn. Code				
11a OTHER RECEIPTS	900099	8,382	8,382			
b MANAGEMENT REVENUE	900099	4,409	4,409			
c MEETINGS & LUNCHEONS	900099	1,061	1,061			
d All other revenue						
e Total. Add lines 11a-11d		13,852				
12 Total revenue. See instructions.		1,255,233	2,183	0	14,004	

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	1,058,166	1,058,166		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	68,080	30,636	14,978	22,466
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	259,550	116,797	57,101	85,652
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,136	7,261	3,550	5,325
9 Other employee benefits	59,940	26,973	13,187	19,780
10 Payroll taxes	23,691	10,661	5,212	7,818
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	19,500	8,775	4,290	6,435
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
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				
13 Office expenses	8,313	3,741	1,829	2,743
14 Information technology	15,776	7,099	3,471	5,206
15 Royalties				
16 Occupancy	16,873	7,593	3,712	5,568
17 Travel	6,936	3,121	1,526	2,289
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,884	3,098	1,514	2,272
20 Interest				
21 Payments to affiliates	16,269	7,321	3,579	5,369
22 Depreciation, depletion, and amortization	25,550	23,096	981	1,473
23 Insurance	6,248	2,811	1,375	2,062
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 MARKETING AND DEVELOPMENT	53,985	24,293	11,877	17,815
b CAMPAIGN EXPENSES	37,240			37,240
c COMMUNITY IMPACT	19,553	19,553		
d OTHER EXPENSES	8,108	3,648	1,784	2,676
e All other expenses	8,065	1,500	5,465	1,100
25 Total functional expenses. Add lines 1 through 24e	1,734,863	1,366,143	135,431	233,289
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 SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	444,410	2	109,531
	3 Pledges and grants receivable, net	385,745	3	452,626
	4 Accounts receivable, net	6,569	4	13,017
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,775	9	800
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 616,659		
	b Less: accumulated depreciation	10b 48,270	10c	568,389
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	797,247	13	298,156
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	217,329	15	224,788
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,967,175	16	1,667,307	
Liabilities	17 Accounts payable and accrued expenses	118,029	17	145,073
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	40,000
	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	136,356	25	69,861
	26 Total liabilities. Add lines 17 through 25	254,385	26	254,934
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,006,828	27	725,437
	28 Temporarily restricted net assets	488,634	28	462,149
	29 Permanently restricted net assets	217,328	29	224,787
	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	1,712,790	33	1,412,373	
34 Total liabilities and net assets/fund balances	1,967,175	34	1,667,307	

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	1,255,233
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,734,863
3	Revenue less expenses. Subtract line 2 from line 1	3	-479,630
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,712,790
5	Net unrealized gains (losses) on investments	5	30,139
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	149,074
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,412,373

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (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			
(20) KELLY SHIRLEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(21) RENEE WARD	1.00									
DIRECTOR	0.00	X					0	0	0	
(22) MARISSA WEST	1.00									
DIRECTOR	0.00	X					0	0	0	
(23) GREG WESCOTT	1.00									
DIRECTOR	0.00	X					0	0	0	
(24) RICHARD WHITE	5.00									
TREASURER	0.00	X		X			0	0	0	
(25) CYNTHIA WINTERS	1.00									
DIRECTOR	0.00	X					0	0	0	
(26) HEIDI NORWICK	40.00									
PRESIDENT	0.00			X			68,080	0	0	
1b Sub-total							68,080			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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>		
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>		
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>		

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

****-***9239**

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,455,528	1,205,524	1,274,392	1,240,804	1,204,095	6,380,343
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,455,528	1,205,524	1,274,392	1,240,804	1,204,095	6,380,343
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						6,380,343

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	1,455,528	1,205,524	1,274,392	1,240,804	1,204,095	6,380,343
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,671	16,729	17,482	32,220	14,004	99,106
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	26,320	27,406	30,679	16,017		100,422
11 Total support. Add lines 7 through 10						6,579,871
12 Gross receipts from related activities, etc. (see instructions)					12	72,592

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	96.97%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	96.31%

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

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

PART II, LINE 10 - OTHER INCOME DETAIL

ADMINISTRATION FEES-TOTAL FOR YEARS \$ **41,081**

OTHER RECEIPTS-TOTAL FOR YEARS \$ **59,341**

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2017▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

UNITED WAY OF ALAMANCE COUNTY, INC.**** - *** 9239**

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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

-
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
-
-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
-
-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

-*9239

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	ALAMANCE REGIONAL MEDICAL CENTER 1240 HUFFMAN MILL ROAD BURLINGTON NC 27215	\$ 30,638	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ELON UNIVERSITY 100 CAMPUS DRIVE ELON NC 27244	\$ 27,333	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LABCORP 430 S. SPRING STREET BURLINGTON NC 27215	\$ 41,055	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PRIVATE DONOR 220 EAST FRONT STREET BURLINGTON NC 27215	\$ 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	IMPACT ALAMANCE 133 E. DAVIS STREET BURLINGTON NC 27215	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DUKE ENERGY 462 LAKE LATHAM ROAD MEBANE NC 27302	\$ 58,780	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF ALAMANCE COUNTY, INC.	Employer identification number ** - *** 9239
--	--

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
7	REID DUSENBERRY 7487 DANFORD ROAD GIBSONVILLE NC 27249	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF ALAMANCE COUNTY, INC.

** - *** 9239

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	797,247	735,134	784,340	801,427	654,079
b Contributions					50,000
c Net investment earnings, gains, and losses	36,352	102,767	-9,927	19,849	132,012
d Grants or scholarships					
e Other expenditures for facilities and programs	530,711	30,505	29,222	26,454	24,447
f Administrative expenses	4,732	10,149	10,057	10,482	10,217
g End of year balance	298,156	797,247	735,134	784,340	801,427

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

- a** Board designated or quasi-endowment **▶ 100.00 %**
- b** Permanent endowment **▶** %
- c** Temporarily restricted endowment **▶** %

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

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

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X

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

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		495,788	7,050	488,738
c Leasehold improvements				
d Equipment		120,871	41,220	79,651
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **▶ 568,389**

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) ENDOWMENT - GENERAL	176,147	MARKET
(2) ENDOWMENT - FACILITIES	122,009	MARKET
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	298,156	

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) BENEFICIAL INTEREST IN PERPETUAL TRU	224,788
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	224,788

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) DISASTER FUNDS	69,861	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	69,861	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,154,993
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	30,139
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	30,139
3	Subtract line 2e from line 1	3	1,124,854
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	130,379
c	Add lines 4a and 4b	4c	130,379
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,255,233

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

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

1	Total expenses and losses per audited financial statements	1	1,455,410
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,455,410
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	279,453
c	Add lines 4a and 4b	4c	279,453
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,734,863

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE**ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES:****THE FASB ACCOUNTING STANDARDS CODIFICATION PROVIDES FOR RECOGNITION,****MEASUREMENT, PRESENTATION AND DISCLOSURE RELATING TO UNCERTAIN TAX****POSITIONS. MANAGEMENT IS UNAWARE OF ANY UNCERTAIN INCOME TAX POSITIONS****REFLECTED IN THESE FINANCIAL STATEMENTS THAT REQUIRE DISCLOSURE.****PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER****DESIGNATIONS RECEIVED** \$ **130,379****PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER****DESIGNATIONS PAID** \$ **279,453**

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

****-***9239**

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

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

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

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

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

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

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

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>LUMPSTERS</u> (event type)	<u>TASTE OF ALAMAN</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	40,855	17,885		58,740
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	40,855	17,885		58,740
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,153	9,636		23,789
	10 Direct expense summary. Add lines 4 through 9 in column (d)				23,789
11 Net income summary. Subtract line 10 from line 3, column (d)				34,951	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

****-***9239**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ACADEMIC AND CAREER READINESS - ACC 1304 PLAZA DRIVE BURLINGTON NC 27215	**--***2379	501C3	40,500				COMMUNITY SUPPORT
(2)	ALAMANCE COUNTY YMCA 1346 S. MAIN STREET BURLINGTON NC 27215	**--***1575	501C3	25,933				COMMUNITY SUPPORT
(3)	ALAMANCE COUNTY MEALS ON WHEELS 508 W. DAVIS STREET BURLINGTON NC 27215	**--***1980	501C3	48,201				COMMUNITY SUPPORT
(4)	ALAMANCE ELDERCARE, INC. PO BOX 202 BURLINGTON NC 27216	**--***6540	501C3	17,000				COMMUNITY SUPPORT
(5)	ALAMANCE PARTNERSHIP FOR CHILDREN PO BOX 202 BURLINGTON NC 27217	**--***4459	501C3	52,300				COMMUNITY SUPPORT
(6)	ALLIED CHURCHES OF ALAMANCE COUNTY, 3057 S. CHURCH STREET BURLINGTON NC 27215	**--***3388	501C3	86,753				COMMUNITY SUPPORT
(7)	THE AMERICAN RED CROSS PO BOX 875 BURLINGTON NC 27216	**--***0021	501C3	15,000				COMMUNITY SUPPORT
(8)	BURLINGTON DEVELOPMENT CORPORATION PO BOX 2380 BURLINGTON NC 27216	**--***8125	501C3	10,000				COMMUNITY SUPPORT
(9)	BURLINGTON SENIOR ADULT LEISURE SER PO BOX 1358 BURLINGTON NC 27216	**--***1189	501C3	6,000				COMMUNITY SUPPORT

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

****-***9239**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CATHOLIC CHARITIES / CENTRO LA COMU PO BOX 2061 BURLINGTON NC 27216	**--***9943	501C3	17,000				COMMUNITY SUPPORT
(2)	CHILDREN'S HOME SOCIETY PO BOX 14608 GREENSBORO NC 27415	**--***9946	501C3	20,000				COMMUNITY SUPPORT
(3)	CROSSROADS: SEXUAL ASSAULT RESPONSE PO BOX 673 BURLINGTON NC 27216	**--***0998	501C3	25,000				COMMUNITY SUPPORT
(4)	FAMILY ABUSE SERVICES OF ALAMANCE C PO BOX 2192 BURLINGTON NC 27216	**--***8802	501C3	42,120				COMMUNITY SUPPORT
(5)	HOSPICE & PALLIATIVE CARE CENTER 914 CHAPEL HILL ROAD BURLINGTON NC 27215	**--***4754	501C3	14,215				COMMUNITY SUPPORT
(6)	LIFESPAN 919 STOKES STREET BURLINGTON NC 27215	**--***2969	501C3	10,000				COMMUNITY SUPPORT
(7)	OE ENTERPRISE, INC. - ALAMANCE OFFI 717 N. PARK AVENUE BURLINGTON NC 27217	**--***0781	501C3	15,000				COMMUNITY SUPPORT
(8)	OPEN DOOR CLINIC OF ALAMANCE COUNTY 221A N. GREAHAM-HOPEDALE RD. BURLINGTON NC 27217	**--***4210	501C3	35,358				COMMUNITY SUPPORT
(9)	POSITIVE ATTITUDE YOUTH CENTER 229 N. GRAHAM-HOPEDALE RD. BURLINGTON NC 27217	**--***3994	501C3	12,500				COMMUNITY SUPPORT

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number
****-***9239**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	RESIDENTIAL TREATMENT SERVICES OF A PO BOX 427 BURLINGTON NC 27216	**--***8222	501C3	35,000				COMMUNITY SUPPORT
(2)	THE SALVATION ARMY OF ALAMANCE COUN PO BOX 1238 BURLINGTON NC 27216	**--***3227	501C3	97,285				COMMUNITY SUPPORT
(3)	ELON ACADEMY CAMPUS BOX 2108 ELON NC 27244	**--***2303	501C3	16,500				COMMUNITY SUPPORT
(4)	THE EXCHANGE CLUB FAMILY CENTER 200 N. MAIN ST. GRAHAM NC 27253	**--***3692	501C3	15,000				COMMUNITY SUPPORT
(5)	WOMEN'S RESOURCE CENTER IN ALAMANC 411-B FIFTH STREET BURLINGTON NC 27215	**--***7630	501C3	27,069				COMMUNITY SUPPORT
(6)	LEGAL AID OF NORTH CAROLINA PO BOX 1728 PITTSBORO NC 27278	**--***4161	501C3	12,000				COMMUNITY SUPPORT
(7)	PIEDMONT HEALTH SERVICES, INC. 299 LLOYD STREET CARRBORO NC 27510	**--***2737	501C3	20,000				COMMUNITY SUPPORT
(8)	FAMILY SERVICES OF THE PIEDMONT 902 BONNER DRIVE JAMESTOWN NC 27282	**--***1741	501C3	10,000				COMMUNITY SUPPORT
(9)	MEDICATION MANAGEMENT CLINIC P.O. BOX 202 BURLINGTON NC 27215	**--***9994	501C3	12,880				COMMUNITY SUPPORT

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

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****-***9239**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SPECIAL OLYMPICS 3916 R. DEAN COLEMAN ROAD BURLINGTON NC 27215	** - ***9607	501C3	5,708				COMMUNITY SUPPORT
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2017)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

**** - ***9239****FORM 990 - ORGANIZATION'S MISSION**

THE MISSION OF UNITED WAY OF ALAMANCE COUNTY IS TO MOBILIZE THE CARING
POWER OF OUR COMMUNITY TO ADVANCE THE COMMON GOOD.

TO DO THIS, WE WILL LEAD COLLECTIVE ACTION AROUND BOLD GOALS IN EDUCATION,
FINANCIAL STABILITY, AND HEALTH.

MORE SPECIFICALLY, WE WILL LIVE UNITED BY CONVENING PARTNERS AROUND SHARED
COMMUNITY GOALS; ALIGNING COMMUNITY GIVING, ADVOCATING, VOLUNTEERING TO
ACHIEVE THE GOALS; AND SUPPORTING STRATEGIC WORK THAT ADVANCES THE GOALS.
EACH YEAR, UNITED WAY OF ALAMANCE COUNTY RAISES FUNDS THROUGH SPONSORSHIPS,
CORPORATE GIFTS, INDIVIDUAL GIFTS AND WORKPLACE CAMPAIGNS IN ORDER TO FUND
PRIORITY NEEDS IDENTIFIED IN THE COMMUNITY ASSESSMENT.

GOALS AND STRATEGIES FOR CONTINUOUS IMPROVEMENT ARE FOCUSED AROUND THREE
PRIORITY AREAS (HEALTH, EDUCATION, AND INCOME/FINANCIAL STABILITY) AND
OTHER PROGRAMMING. THESE PROGRAMS AND AGENCIES IMPACT 57,109 LIVES OR 1 IN
3 RESIDENTS IN ALAMANCE COUNTY.

UNITED WAY OF ALAMANCE COUNTY IS THE LEADING CONVENER OF NONPROFITS,
DONORS, BUSINESSES AND STAKEHOLDERS ADDRESSING COMMUNITY ISSUES. WE HAVE
THE GREATEST CAPACITY TO LEVERAGE GIVING AND OTHER RESOURCES TO IMPROVE
OUTCOMES FOR OUR CITIZENS IN ALAMANCE COUNTY. OUR UNIQUE ABILITY TO WORK
ACROSS COMPLEX ISSUES WITH HUNDREDS OF COMMUNITY PARTNERS IS UNMATCHED. WE
MONITOR TRENDS, IDENTIFY GAPS AND COORDINATE BROAD RESPONSES TO ENSURE THAT
FINANCIAL CONTRIBUTIONS MAXIMIZE RESULTS. GOALS AND STRATEGIES FOR OUTCOMES
THAT MOVE THE NEEDLE IN AREAS OF IMPORTANCE AS IDENTIFIED IN THE ALAMANCE
COUNTY COMMUNITY ASSESSMENT ARE THE FOCUS OF OUR WORK. WE USE A CONTINUOUS
IMPROVEMENT MODEL TO CREATE POSITIVE CHANGES AND OPPORTUNITIES FOR ALL IN

Name of the organization

Employer identification number

UNITED WAY OF ALAMANCE COUNTY, INC.

-*9239

ALAMANCE COUNTY. WE ALL WIN WHEN A CHILD SUCCEEDS IN SCHOOL, WHEN FAMILIES ARE FINANCIALLY STABLE AND WHEN PEOPLE ARE IN GOOD HEALTH. INVESTMENTS AND DONATIONS ARE MULTIPLIED WHEN COMBINED WITH OTHERS IN ORDER TO FOSTER COLLECTIVE SUCCESS.

UNITED WAY OF ALAMANCE COUNTY WORKS TO ADDRESS THE FOLLOWING GOALS:
 IMPROVE THE HEALTH OF CHILDREN, ADULTS & SENIORS BY FOCUSING ON PREVENTION, EDUCATION, AND ACCESS TO HEALTH RELATED PROGRAMS.
 HELP INDIVIDUALS AND FAMILIES MEET BASIC NEEDS AND ACHIEVE FINANCIAL INDEPENDENCE.
 PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN AND INCREASE THE NUMBER OF STUDENTS WHO ARE CAREER & COLLEGE READY.

FORM 990 - ADDITIONAL INFORMATION

FORM 990, PART IV, LINE 28A AND 28C:

SCHEDULE L IS NOT REQUIRED BECAUSE BUSINESS TRANSACTIONS WITH INTERESTED PERSONS ARE BELOW THE THRESHOLD OF \$100,000 OR THE GREATER OF \$10,000 OR 1% OF THE ORGANIZATION'S TOTAL REVENUE FOR THE YEAR.

FORM 990, PART VI - ADDITIONAL INFORMATION

FORM 990, PART VI, SECTION A, LINE 2:

THE FOLLOWING FAMILY AND/OR BUSINESS RELATIONSHIPS EXIST FOR OFFICERS OR DIRECTORS:

TAMMY COBB IS ON THE BOARD OF A FUNDED AGENCY, IS EMPLOYED AT ONE OF THE FUNDED AGENCIES AND HAS A BUSINESS RELATIONSHIP WITH THE UNITED WAY OF ALAMANCE COUNTY.

PETER FELTEN IS EMPLOYED AT ONE THE FUNDED AGENCIES AND HAS A BUSINESS RELATIONSHIP WITH THE UNITED WAY OF ALAMANCE COUNTY.

Name of the organization

Employer identification number

UNITED WAY OF ALAMANCE COUNTY, INC.

-*9239

PAM FOX IS ON THE BOARD OF A FUNDED AGENCY AND HAS A BUSINESS RELATIONSHIP WITH THE UNITED WAY OF ALAMANCE COUNTY.

MARCY GREEN HAS A BUSINESS RELATIONSHIP WITH THE UNITED WAY OF ALAMANCE COUNTY.

JACK LINDLEY IS ON THE BOARD OF A FUNDED AGENCY.

BECKY LOY IS ON THE BOARD OF A FUNDED AGENCY.

TERESA MANSFIELD IS ON THE BOARD OF FUNDED AGENCIES AND HAS A BUSINESS RELATIONSHIP WITH THE UNITED WAY OF ALAMANCE COUNTY.

LYN MOSER IS A BOARD MEMBER OF A FUNDED AGENCY AND SHE AND HER HUSBAND HAVE A BUSINESS RELATIONSHIP WITH THE UNITED WAY OF ALAMANCE COUNTY.

REBECCA PARKS IS A BOARD MEMBER OF A FUNDED AGENCY.

MEREDITH PEFFLEY HAS A BUSINESS RELATIONSHIPS WITH FUNDED AGENCIES.

NIKKI RATLIFF IS A BOARD MEMBER OF FUNDED AGENCIES AND IS EMPLOYED BY A FUNDED AGENCY.

CLAIRE RICCI IS EMPLOYED BY A FUNDED AGENCY.

NOAH SANDERS IS ON THE BOARD OF A FUNDED AGENCY.

RENEE WARD HAS A BUSINESS RELATIONSHIP WITH THE UNITED WAY OF ALAMANCE COUNTY.

CYNTHIA WINTERS HAS A BUSINESS RELATIONSHIP WITH THE UNITED WAY OF ALAMANCE COUNTY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE AUDIT COMMITTEE REVIEWS THE 990 WITH THE TAX PREPARER BEFORE IT IS FILED. THE AUDIT COMMITTEE ALSO REVIEWS THE FORM 990 WITH THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

Name of the organization

Employer identification number

UNITED WAY OF ALAMANCE COUNTY, INC.

-*9239

BOARD MEMBERS ARE ASKED TO COMPLETE A CONFLICT OF INTEREST POLICY AND LIST AFFILIATIONS AND ASSOCIATIONS ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL A PRESIDENT'S REVIEW IS PERFORMED ANNUALLY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FINANCIAL INFORMATION IS AVAILABLE FOR PUBLIC INSPECTION BOTH ON THE INTERNET AND UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

DONOR DESIGNATED PORTION OF INCOME	\$ -130,379
DONOR DESIGNATED PORTION OF EXPENDITURES	\$ 279,453
TOTAL	\$ 149,074

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. **179**

UNITED WAY OF ALAMANCE COUNTY, INC.

Identifying number
****-***9239**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	510,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2017	17	4,460
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		16,827	5.0	HY	200DB	3,367
c 7-year property		75,965	7.0	HY	200DB	10,855
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	12/31/17	338,039	39 yrs.	MM	S/L	4,695
	VARIOUS	156,479	39.0	MM	S/L	2,173

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	25,550
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

Year Ended: June 30, 2018

_*9239

United Way of Alamance County, Inc.
220 East Front Street
Burlington, NC 27215

**Electing out of Bonus Depreciation Allowance for
All Eligible Depreciable Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
58	Reception Area - Dell OptiPlex Computer	12/31/17	860			860	5 HY 200DB	0	172
63	Conference Room - ViewSonic 55 Display	12/31/17	1,513			1,513	5 HY 200DB	0	303
64	Conference Room - ViewSonic 55 Inter Dis	12/31/17	4,094			4,094	5 HY 200DB	0	819
65	Conference Room - Lenovo ThinkPad E570	12/31/17	810			810	5 HY 200DB	0	162
66	Conference Room - ViewSonic 55 Display	12/31/17	1,513			1,513	5 HY 200DB	0	303
67	Conference Room - Lenovo ThinkPad E570	12/31/17	810			810	5 HY 200DB	0	162
68	Conference Room - Lenovo ThinkPad E570	12/31/17	810			810	5 HY 200DB	0	162
69	Conference Room - Lenovo ThinkPad E570	12/31/17	810			810	5 HY 200DB	0	162
70	Rear Conference Room - Table	12/31/17	189			189	5 HY 200DB	0	38
88	Intern Work Area - Lenovo ThinkPad	12/31/17	625			625	5 HY 200DB	0	125
100	Direct. Resource Dev. Off. - Lenovo Think	12/31/17	550			550	5 HY 200DB	0	110
106	Server	12/31/17	4,243			4,243	5 HY 200DB	0	849
			<u>16,827</u>			<u>16,827</u>		<u>0</u>	<u>3,367</u>
7-year GDS Property:									
55	Reception Area - Accessories	12/31/17	1,131			1,131	7 HY 200DB	0	162
56	Reception Area - Furniture	12/31/17	1,173			1,173	7 HY 200DB	0	168
57	Reception Area - Desk Chair	12/31/17	337			337	7 HY 200DB	0	48
59	Reception Area - File Cabinet	12/31/17	70			70	7 HY 200DB	0	10
60	Conference Room - (12) Training Tables	12/31/17	8,752			8,752	7 HY 200DB	0	1,250
61	Conference Room - (35) Chairs	12/31/17	5,915			5,915	7 HY 200DB	0	845
62	Conference Room - Podium	12/31/17	284			284	7 HY 200DB	0	41
71	Rear Conference Room - (3) Chairs	12/31/17	303			303	7 HY 200DB	0	43
72	Rear Conference Room - (3) Chairs	12/31/17	134			134	7 HY 200DB	0	19
73	Kitchen - Downstairs - Refrigerator	12/31/17	1,299			1,299	7 HY 200DB	0	186
74	Kitchen - Downstairs- Dishwasher	12/31/17	699			699	7 HY 200DB	0	100
75	Kitchen - Downstairs - Keurig	12/31/17	140			140	7 HY 200DB	0	20
76	Kitchen - Downstairs - Sink	12/31/17	405			405	7 HY 200DB	0	58
77	Upstairs Loft Area -- (2) Chairs	12/31/17	133			133	7 HY 200DB	0	19
78	Kitchen - Upstairs - Refrigerator	12/31/17	849			849	7 HY 200DB	0	121
79	Kitchen - Upstairs - Keurig	12/31/17	140			140	7 HY 200DB	0	20
80	Kitchen - Upstairs - Sink	12/31/17	303			303	7 HY 200DB	0	43
81	Kitchen - Upstairs - Microwave	12/31/17	90			90	7 HY 200DB	0	13
82	Bathrooms - Lighting	12/31/17	306			306	7 HY 200DB	0	44
83	Intern Work Area - Storage Cabinet	12/31/17	199			199	7 HY 200DB	0	28
84	Intern Work Area - (2) Chairs	12/31/17	190			190	7 HY 200DB	0	27
85	Intern Work Area - Rolling Desk	12/31/17	164			164	7 HY 200DB	0	23
86	Intern Work Area - Rolling Desk	12/31/17	164			164	7 HY 200DB	0	23
87	Intern Work Area - File Cabinet	12/31/17	70			70	7 HY 200DB	0	10
89	Accessories - Misc.	12/31/17	168			168	7 HY 200DB	0	24
90	President's Office - Desk, Chair and Hutch	12/31/17	4,974			4,974	7 HY 200DB	0	711
91	President's Office - Table and Chairs	12/31/17	500			500	7 HY 200DB	0	71
92	President's Office - Shades	12/31/17	298			298	7 HY 200DB	0	43
93	President's Office - Shades	12/31/17	298			298	7 HY 200DB	0	43
94	Direct. Fin./Admin. - Desk, Chair and Hutch	12/31/17	6,029			6,029	7 HY 200DB	0	861
95	Direct. Fin./Admin. - Shades	12/31/17	298			298	7 HY 200DB	0	43
96	Direct. Fin./Admin. - Shades	12/31/17	298			298	7 HY 200DB	0	43
97	Comm. Outreach Coord. Office - Desk and Chair	12/31/17	4,974			4,974	7 HY 200DB	0	711
98	Direct. Resource Dev. Office - Desk and Chair	12/31/17	4,974			4,974	7 HY 200DB	0	711
99	Direct. Resource Dev. Office - Table	12/31/17	78			78	7 HY 200DB	0	11
101	Direct. Comm. Impact. Office - Desk and Chair	12/31/17	4,974			4,974	7 HY 200DB	0	711
102	Direct. Comm. Impact. Office - Table	12/31/17	74			74	7 HY 200DB	0	11
103	Market. and PR Coord. - Desk, Chair and Hutch	12/31/17	4,974			4,974	7 HY 200DB	0	711
104	Signage- Windows, Plaques, Offices	12/31/17	6,256			6,256	7 HY 200DB	0	894
105	Network - Install, Set-up, General Work	12/31/17	12,278			12,278	7 HY 200DB	0	1,754
110	Security System	12/31/17	1,270			1,270	7 HY 200DB	0	181
			<u>75,965</u>			<u>75,965</u>		<u>0</u>	<u>10,855</u>
Non-Residential Real Property:									
107	Building - 220 E. Front Street, Burlington	12/31/17	338,039			338,039	39 MMS/L	0	4,695
108	Architectural/Engineering Work	12/31/17	6,551			6,551	39 MMS/L	0	91
109	Upfit	12/31/17	149,928			149,928	39 MMS/L	0	2,082

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
			494,518				494,518		0	6,868
Prior MACRS:										
1	Paint Interior of Building Sold/Scrapped: 2/28/18	6/12/09	5,278			X	2,639	5 HY 200DB	5,278	0
3	Building Sold/Scrapped: 2/28/18	6/30/98	90,260				90,260	39 MMS/L	44,070	1,447
4	Acquisition Fees Sold/Scrapped: 2/28/18	6/30/98	780				780	39 MMS/L	381	12
5	Improvements Sold/Scrapped: 2/28/18	3/12/99	36,674				36,674	39 MMS/L	17,200	588
6	Improvements Sold/Scrapped: 2/28/18	6/30/04	6,414				6,414	39 MMS/L	2,145	103
7	Improvements to parking lots Sold/Scrapped: 2/28/18	10/02/00	7,200				7,200	15 HY 150DB	7,200	0
8	Sound Equipment Sold/Scrapped: 12/31/17	7/24/08	500			X	250	5 HY 200DB	500	0
9	Phone System Sold/Scrapped: 12/31/17	3/12/99	35,645				35,645	7 HY 200DB	35,645	0
10	Trane 5 Ton 13 Seer Air Cond Sold/Scrapped: 12/31/17	3/23/12	3,441				3,441	5 HY S/L	3,441	0
11	Outside Sign 803 Hermitage Sold/Scrapped: 12/31/17	4/05/99	3,593				3,593	7 HY 200DB	3,593	0
12	Outside Sign 803 Hermitage Sold/Scrapped: 12/31/17	5/05/99	1,202				1,202	7 HY 200DB	1,202	0
13	Fence Surround for A/C Sold/Scrapped: 12/31/17	4/04/12	1,495			X	928	15 HY 150DB	567	48
14	Parallel Printer Switch Sold/Scrapped: 12/31/17	7/14/99	202				202	5 HY 200DB	202	0
15	Phone Upgrade Sold/Scrapped: 12/31/17	8/15/11	1,490			X	0	5 HY 200DB	1,490	0
16	Lawn Sprinkler Irrigation System Sold/Scrapped: 12/31/17	8/30/11	1,300			X	250	5 HY S/L	1,050	0
17	Telephone & Software Install Sold/Scrapped: 12/31/17	5/12/00	2,065				2,065	7 HY 200DB	2,065	0
18	Refrigerator Sold/Scrapped: 12/31/17	5/10/00	300				300	7 HY 200DB	300	0
20	Computer (Barrett) Sold/Scrapped: 12/31/17	10/07/13	1,462			X	731	5 HY 200DB	1,210	84
21	Phone Sold/Scrapped: 12/31/17	8/30/00	105				105	7 HY 200DB	105	0
22	Fire Extinguishers Sold/Scrapped: 12/31/17	10/17/00	225				225	7 HY 200DB	225	0
23	Phone Upgrade Sold/Scrapped: 12/31/17	4/06/01	3,773				3,773	7 HY 200DB	3,773	0
24	Conference Room Monitor Sold/Scrapped: 12/31/17	8/15/13	6,183			X	3,091	5 HY 200DB	5,115	712
25	Qumi Pocket Projector Sold/Scrapped: 12/31/17	12/15/14	650			X	325	5 HY 200DB	463	37
26	Outside Signs Sold/Scrapped: 12/31/17	10/12/00	421				421	7 HY 200DB	421	0
27	Laptop - Office Sold/Scrapped: 12/31/17	6/30/09	12,614			X	6,307	5 HY 200DB	12,614	0
28	Lenovo Notebook Thinkpad Sold/Scrapped: 12/13/17	12/23/09	1,144			X	572	5 HY 200DB	1,144	0
30	Workstation: i362M Desktop Sold/Scrapped: 12/31/17	4/14/11	689			X	0	5 HY 200DB	689	0
31	Workstation: i362M Desktop Sold/Scrapped: 12/31/17	4/14/11	689			X	0	5 HY 200DB	689	0
32	Dell Vostro 330 FT 13-RW's Sold/Scrapped: 12/31/17	6/23/11	1,271			X	0	5 HY 200DB	1,271	0
33	Printer Sold/Scrapped: 12/31/17	2/27/12	574			X	287	5 HY 200DB	574	0
34	Computer workstation, Lenovo Sold/Scrapped: 12/31/17	5/04/15	1,064			X	532	5 HY 200DB	719	138
36	Digital Camera Sold/Scrapped: 12/31/17	12/15/07	280				280	5 HY 200DB	280	0
37	Southwood Chair Sold/Scrapped: 12/31/17	1/21/89	236				236	7 HY 200DB	236	0
38	Buttom Tufted Chairs Sold/Scrapped: 12/31/17	1/21/89	575				575	7 HY 200DB	575	0
39	Print Sold/Scrapped: 12/31/17	1/21/89	127				127	7 HY 200DB	127	0

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Sold/Scrapped: 12/31/17									
40	4 Side Arm Chairs	4/27/89	601				601	7 HY 200DB	601	0
	Sold/Scrapped: 12/31/17									
41	Tables & Chairs (Susan)	2/21/91	1,065				1,065	7 HY 200DB	1,065	0
	Sold/Scrapped: 12/31/17									
42	J. Troutman Painting	7/01/93	1,000				1,000	10 HY 200DB	1,000	0
	Sold/Scrapped: 12/31/17									
43	2 Jill Troutman Paintings	7/01/95	2,000				2,000	10 HY 200DB	2,000	0
	Sold/Scrapped: 12/31/17									
44	Framed Jill Troutman Print	7/01/96	150				150	7 HY 200DB	150	0
	Sold/Scrapped: 12/31/17									
45	Office Furniture	3/12/99	13,388				13,388	7 HY 200DB	13,388	0
	Sold/Scrapped: 12/31/17									
46	Carpet and tile replacement	8/10/09	5,439				5,439	7 HY 200DB	5,439	0
	Sold/Scrapped: 12/31/17									
47	Executive Desk for RW's office	6/23/11	700			X	57	7 HY 200DB	643	57
	Sold/Scrapped: 12/31/17									
48	Lateral Files - 2 Drawer	6/23/11	300			X	25	7 HY 200DB	275	25
49	Conference Room Table	6/30/12	1,500			X	750	5 HY 200DB	1,500	0
	Sold/Scrapped: 12/31/17									
50	14 Conference Room Chairs	8/21/13	3,136			X	1,568	7 HY 200DB	2,156	140
	Sold/Scrapped: 12/31/17									
51	Various lamps, mirrors	12/15/14	1,350			X	675	5 HY 200DB	961	156
52	Dell OptiPlex 3020, Monitors and Speakers	6/05/16	3,637			X	1,818	5 MQ200DB	2,601	414
53	Lenovo Tower and Server	9/28/15	2,525			X	1,262	5 MQ200DB	2,033	197
54	Dell XPS 8900 Server	12/31/16	944				944	5 HY 200DB	189	302
			<u>267,656</u>				<u>240,172</u>		<u>190,560</u>	<u>4,460</u>
Other Depreciation:										
2	Land	6/30/98	35,000				35,000	0 -- Land	0	0
	Sold/Scrapped: 2/28/18									
35	ANDAR Computer Software	12/31/04	12,077			X	6,039	3 MOAmort	12,077	0
			<u>47,077</u>				<u>41,039</u>		<u>12,077</u>	<u>0</u>
Total Other Depreciation										
Total ACRS and Other Depreciation			<u>47,077</u>				<u>41,039</u>		<u>12,077</u>	<u>0</u>
Grand Totals			902,043				868,521		202,637	25,550
Less: Dispositions and Transfers			285,382				266,825		177,396	2,516
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>616,661</u>				<u>601,696</u>		<u>25,241</u>	<u>23,034</u>

Bonus Depreciation Report

FYE: 6/30/2018

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
35	ANDAR Computer Software	12/31/04	12,077		0	0	6,038	6,039
1	Paint Interior of Building	6/12/09	5,278		0	0	2,639	2,639
8	Sound Equipment	7/24/08	500		0	0	250	250
13	Fence Surround for A/C	4/04/12	1,495		0	0	567	928
15	Phone Upgrade	8/15/11	1,490		0	0	1,490	0
16	Lawn Sprinkler Irrigation System	8/30/11	1,300		0	0	1,050	250
20	Computer (Barrett)	10/07/13	1,462		0	0	731	731
24	Conference Room Monitor	8/15/13	6,183		0	0	3,092	3,091
25	Qumi Pocket Projector	12/15/14	650		0	0	325	325
27	Laptop - Office	6/30/09	12,614		0	0	6,307	6,307
28	Lenovo Notebook Thinkpad	12/23/09	1,144		0	0	572	572
30	Workstation: i362M Desktop	4/14/11	689		0	0	689	0
31	Workstation: i362M Desktop	4/14/11	689		0	0	689	0
32	Dell Vostro 330 FT 13-RW's	6/23/11	1,271		0	0	1,271	0
33	Printer	2/27/12	574		0	0	287	287
34	Computer workstation, Lenovo	5/04/15	1,064		0	0	532	532
47	Executive Desk for RW's office	6/23/11	700		0	0	643	57
48	Lateral Files - 2 Drawer	6/23/11	300		0	0	275	25
49	Conference Room Table	6/30/12	1,500		0	0	750	750
50	14 Conference Room Chairs	8/21/13	3,136		0	0	1,568	1,568
51	Various lamps, mirrors	12/15/14	1,350		0	0	675	675
52	Dell OptiPlex 3020, Monitors and Speakers	6/05/16	3,637		0	0	1,819	1,818
53	Lenovo Tower and Server	9/28/15	2,525		0	0	1,263	1,262
	Form 990, Page 1		61,628		0	0	33,522	28,106
	*Less: Dispositions and Transfers		33,221		0	0	18,557	14,664
	Net Form 990, Page 1		28,407		0	0	14,965	13,442
	Grand Total		61,628		0	0	33,522	28,106
	Less: Dispositions and Transfers		33,221		0	0	18,557	14,664
	Net Grand Total		28,407		0	0	14,965	13,442

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<p>There are no assets that meet the criteria of this report</p>						

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
24	Conference Room Monitor	8/15/13	6,183	356	0
32	Dell Vostro 330 FT 13-RW's	6/23/11	1,271	0	0
34	Computer workstation, Lenovo	5/04/15	1,064	138	0
48	Lateral Files - 2 Drawer	6/23/11	300	0	0
51	Various lamps, mirrors	12/15/14	1,350	155	0
52	Dell OptiPlex 3020, Monitors and Speakers	6/05/16	3,637	249	0
53	Lenovo Tower and Server	9/28/15	2,525	139	0
54	Dell XPS 8900 Server	12/31/16	944	181	0
55	Reception Area - Accessories	12/31/17	1,131	276	0
56	Reception Area - Furniture	12/31/17	1,173	287	0
57	Reception Area - Desk Chair	12/31/17	337	83	0
58	Reception Area - Dell OptiPlex Computer	12/31/17	860	275	0
59	Reception Area - File Cabinet	12/31/17	70	17	0
60	Conference Room - (12) Training Tables	12/31/17	8,752	2,144	0
61	Conference Room - (35) Chairs	12/31/17	5,915	1,449	0
62	Conference Room - Podium	12/31/17	284	69	0
63	Conference Room - ViewSonic 55 Display	12/31/17	1,513	484	0
64	Conference Room - ViewSonic 55 Inter Display	12/31/17	4,094	1,310	0
65	Conference Room - Lenovo ThinkPad E570	12/31/17	810	259	0
66	Conference Room - ViewSonic 55 Display	12/31/17	1,513	484	0
67	Conference Room - Lenovo ThinkPad E570	12/31/17	810	259	0
68	Conference Room - Lenovo ThinkPad E570	12/31/17	810	259	0
69	Conference Room - Lenovo ThinkPad E570	12/31/17	810	259	0
70	Rear Conference Room - Table	12/31/17	189	60	0
71	Rear Conference Room - (3) Chairs	12/31/17	303	75	0
72	Rear Conference Room - (3) Chairs	12/31/17	134	33	0
73	Kitchen - Downstairs - Refrigerator	12/31/17	1,299	318	0
74	Kitchen - Downstairs- Dishwasher	12/31/17	699	171	0
75	Kitchen - Downstairs - Keurig	12/31/17	140	34	0
76	Kitchen - Downstairs - Sink	12/31/17	405	99	0
77	Upstairs Loft Area - (2) Chairs	12/31/17	133	33	0
78	Kitchen - Upstairs - Refrigerator	12/31/17	849	208	0
79	Kitchen - Upstairs - Keurig	12/31/17	140	34	0
80	Kitchen - Upstairs - Sink	12/31/17	303	74	0
81	Kitchen - Upstairs - Microwave	12/31/17	90	22	0
82	Bathrooms - Lighting	12/31/17	306	75	0
83	Intern Work Area - Storage Cabinet	12/31/17	199	49	0
84	Intern Work Area - (2) Chairs	12/31/17	190	47	0
85	Intern Work Area - Rolling Desk	12/31/17	164	41	0
86	Intern Work Area - Rolling Desk	12/31/17	164	41	0
87	Intern Work Area - File Cabinet	12/31/17	70	17	0
88	Intern Work Area - Lenovo ThinkPad	12/31/17	625	200	0
89	Accessories - Misc.	12/31/17	168	41	0
90	President's Office - Desk, Chair and Hutch	12/31/17	4,974	1,218	0
91	President's Office - Table and Chairs	12/31/17	500	123	0
92	President's Office - Shades	12/31/17	298	72	0
93	President's Office - Shades	12/31/17	298	72	0
94	Direct. Fin./Admin. - Desk, Chair and Hutch	12/31/17	6,029	1,477	0
95	Direct. Fin./Admin. - Shades	12/31/17	298	72	0
96	Direct. Fin./Admin. - Shades	12/31/17	298	72	0
97	Comm. Outreach Coord. Office - Desk and Chair	12/31/17	4,974	1,218	0
98	Direct. Resource Dev. Office - Desk and Chair	12/31/17	4,974	1,218	0
99	Direct. Resource Dev. Office - Table	12/31/17	78	19	0
100	Direct. Resource Dev. Off. - Lenovo Think Cen	12/31/17	550	176	0
101	Direct. Comm. Impact. Office - Desk and Chair	12/31/17	4,974	1,218	0
102	Direct. Comm. Impact. Office - Table	12/31/17	74	18	0
103	Market. and PR Coord. - Desk, Chair and Hutch	12/31/17	4,974	1,218	0
104	Signage- Windows, Plaques, Offices	12/31/17	6,256	1,532	0
105	Network - Install, Set-up, General Work	12/31/17	12,278	3,007	0
106	Server	12/31/17	4,243	1,357	0
107	Building - 220 E. Front Street, Burlington	12/31/17	338,039	8,668	0
108	Architectual/Engineering Work	12/31/17	6,551	168	0
109	Upfit	12/31/17	149,928	3,845	0
110	Security System	12/31/17	1,270	311	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
			604,584	37,883	0
<u>Other Depreciation:</u>					
35	ANDAR Computer Software	12/31/04	12,077	0	0
	Total Other Depreciation		12,077	0	0
	Total ACRS and Other Depreciation		12,077	0	0
	Grand Totals		616,661	37,883	0

Form **990****Two Year Comparison Report****2016 & 2017**For calendar year 2017, or tax year beginning **07/01/17**, ending **06/30/18**

Name

Taxpayer Identification Number

UNITED WAY OF ALAMANCE COUNTY, INC.**** - *** 9239**

		2016	2017	Differences
Revenue	1. Contributions, gifts, grants	1,240,804	1,204,095	-36,709
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	32,220	14,004	-18,216
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		-11,669	-11,669
	8. Net income or (loss) from fundraising events	12,390	34,951	22,561
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	16,017	13,852	-2,165
	12. Total revenue. Add lines 1 through 11	1,301,431	1,255,233	-46,198
Expenses	13. Grants and similar amounts paid	1,100,212	1,058,166	-42,046
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	61,702	68,080	6,378
	16. Salaries, other compensation, and employee benefits	329,443	359,317	29,874
	17. Professional fundraising fees			
	18. Other professional fees	28,700	19,500	-9,200
	19. Occupancy, rent, utilities, and maintenance	14,211	16,873	2,662
	20. Depreciation and Depletion	7,743	25,550	17,807
	21. Other expenses	250,592	187,377	-63,215
	22. Total expenses. Add lines 13 through 21	1,792,603	1,734,863	-57,740
	23. Excess or (Deficit). Subtract line 22 from line 12	-491,172	-479,630	11,542
Other Information	24. Total exempt revenue	1,301,431	1,255,233	-46,198
	25. Total unrelated revenue			
	26. Total excludable revenue	48,237	16,187	-32,050
	27. Total assets	1,967,175	1,667,307	-299,868
	28. Total liabilities	254,385	254,934	549
	29. Retained earnings	1,712,790	1,412,373	-300,417
	30. Number of voting members of governing body	31	25	
31. Number of independent voting members of governing body	31	25		
32. Number of employees	10	8		
33. Number of volunteers	350	350		

Form **990****Tax Return History****2017**

Name

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer Identification Number

**** - ***9239**

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants			1,274,392	1,240,804	1,204,095	
Membership dues						
Program service revenue						
Capital gain or loss			-13,671		-11,669	
Investment income			17,482	32,220	14,004	
Fundraising revenue (income/loss)			60,121	12,390	34,951	
Gaming revenue (income/loss)						
Other revenue			30,679	16,017	13,852	
Total revenue			1,369,003	1,301,431	1,255,233	
Grants and similar amounts paid			1,183,169	1,100,212	1,058,166	
Benefits paid to or for members						
Compensation of officers, etc.			68,980	61,702	68,080	
Other compensation			310,114	329,443	359,317	
Professional fees			35,145	28,700	19,500	
Occupancy costs			4,860	14,211	16,873	
Depreciation and depletion			12,795	7,743	25,550	
Other expenses			212,366	250,592	187,377	
Total expenses			1,827,429	1,792,603	1,734,863	
Excess or (Deficit)			-458,426	-491,172	-479,630	
Total exempt revenue			1,369,003	1,301,431	1,255,233	
Total unrelated revenue						
Total excludable revenue			34,490	48,237	16,187	
Total Assets			2,209,751	1,967,175	1,667,307	
Total Liabilities			261,481	254,385	254,934	
Net Fund Balances			1,948,270	1,712,790	1,412,373	

FYE: 6/30/2018

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 14,004		32			
TOTAL	\$ <u>14,004</u>					

Federal Statements**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
INVESTMENT FEES	\$ 4,732	\$	\$ 4,732	\$
REPAIRS AND MAINTENANCE	3,333	1,500	733	1,100
TOTAL	<u>\$ 8,065</u>	<u>\$ 1,500</u>	<u>\$ 5,465</u>	<u>\$ 1,100</u>

Federal Statements**Schedule A, Part II, Line 1(e)**

<u>Description</u>	<u>Amount</u>
	\$ 896,289
ALAMANCE REGIONAL MEDICAL CENTER	
CASH CONTRIBUTION	30,638
ELON UNIVERSITY	
CASH CONTRIBUTION	27,333
LABCORP	
CASH CONTRIBUTION	41,055
PRIVATE DONOR	
CASH CONTRIBUTION	65,000
IMPACT ALAMANCE	
CASH CONTRIBUTION	60,000
DUKE ENERGY	
CASH CONTRIBUTION	58,780
REID DUSENBERRY	
CASH CONTRIBUTION	25,000
TOTAL	<u>\$ 1,204,095</u>

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
	\$ 14,004
TOTAL	<u>\$ 14,004</u>

Federal Statements**Schedule A, Part II, Line 12 - Current year**

<u>Description</u>	<u>Amount</u>
MANAGEMENT REVENUE	\$ 4,409
OTHER RECEIPTS	8,382
MEETINGS & LUNCHEONS	1,061
TASTE OF ALAMANCE	17,885
LUMPSTERS	<u>40,855</u>
TOTAL	<u>\$ 72,592</u>