DLN: 93493278006286

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

► Do not enter social security numbers on this form as it may be made public ► Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

Open to Public Inspection

A F	or the	e 201:	5 ca <mark>lendar year, or tax year beginn</mark>	ing 04-01-2015 , and ending 03-31-20	16		
<b>B</b> Ch	eck ıf a	applica	ble C Name of organization UNITED NEGRO COLLEGE FUND IN	NC		D Employer id	entification number
☐ Ad	dress cl	hange	omite means college ( and in			13-162424	11
Г№	me cha	ange	Doing business as				
┌ Inr	tial retu	um				E Telephone nu	mhor
_ Fir			100F 7th Charact NIM	mail is not delivered to street address) Room/si	ute	· ·	
•	urn/ter		eu			(202)810-	0274
	ended		Washington, DC 20001	ountry, and ZIP or foreign postal code		<b>G</b> Gross receipts	¢ 588 833 030
Г Ар	olicatio	n pend	ling			G Gloss receipts	
			F Name and address of pr	rıncıpal officer	H(a) I	s this a group retur	
			Dr Michael L Lomax 1805 7th Street NW			ubordinates?	ΓYes ΓNο
			Washington, DC 20001			re all subordinates icluded?	□ Yes □ No
							(see instructions)
I Ta	x-exen	mpt sta	atus 🔽 501(c)(3) 🗍 501(c)()	(insert no ) 4947(a)(1) or 527	H(c) (	Group exemption nu	umber <b>►</b>
J W	ebsit	e: 🕨	www uncf org				
<b>K</b> For	n of or	rganıza	ation Corporation Trust Associat	tion Other ►	L Year	of formation 1944	M State of legal domicile NY
Pa	rt I	S	ummary			•	
Governance	B q <u>s</u>	Build a Jualifi Studer	ed college graduates and ensure the total to and through college	pipeline of under-represented students hat our network of member institutions is	s a respect	ted model of best p	ractice in moving
	2 '	Chec	k this box 🔰 if the organization d	discontinued its operations or disposed (	of more tha	in 25% of its net a	ssets
Activities &	3	Numl	per of voting members of the gover	ning body (Part VI, line 1a)		з	37
≝	4	Numl	per of independent voting members	of the governing body (Part VI, line 1b	)	4	37
Ę	5	Total	number of individuals employed in	n calendar year 2015 (Part V, line 2a)		5	256
₫	6	Total	number of volunteers (estimate if	necessary)		6	2,147
	7a -	Total	unrelated business revenue from	Part VIII, column (C), line 12		7a	0
	<b>b</b> N	let ur	related business taxable income f	rom Form 990-T, line 34		7b	0
						Prior Year	Current Year
						riidi i cai	Current rear
a,	8			line 1h)		197,925,634	231,032,646
enne	9	Pr	ogram service revenue (Part VIII,	line 2g)		197,925,634	231,032,646 171,353
- Revenue	9 10	Pr In	ogram service revenue (Part VIII, vestment income (Part VIII, colun	line 2g)		197,925,634 0 23,280,982	231,032,646 171,353 19,096,347
Revenue	9 10 11	Pr In Ot	ogram service revenue (Part VIII, vestment income (Part VIII, colun her revenue (Part VIII, column (A	line 2g)		197,925,634	231,032,646 171,353
Revenue	9 10	Pr In Ot	ogram service revenue (Part VIII, vestment income (Part VIII, colun her revenue (Part VIII, column (A tal revenue—add lines 8 through 1	line 2g)		197,925,634 0 23,280,982	231,032,646 171,353 19,096,347
Revenue	9 10 11	Pr In Ot To 12	ogram service revenue (Part VIII, vestment income (Part VIII, colun her revenue (Part VIII, column (A tal revenue—add lines 8 through 1 )	line 2g)		197,925,634 0 23,280,982 163,140	231,032,646 171,353 19,096,347 0
Revenue	9 10 11 12	Pr In Ot To 12	ogram service revenue (Part VIII, vestment income (Part VIII, colun her revenue (Part VIII, column (A tal revenue—add lines 8 through 1 ) ants and similar amounts paid (Pa	Inne 2g)	ne	197,925,634 0 23,280,982 163,140 221,369,756	231,032,646 171,353 19,096,347 0 250,300,346
	9 10 11 12	Pr In Ot To 12 Gr Be	ogram service revenue (Part VIII, vestment income (Part VIII, colum her revenue (Part VIII, column (A tal revenue—add lines 8 through 1) ants and similar amounts paid (Panefits paid to or for members (Part laries, other compensation, emplo	nn (A), lines 3, 4, and 7d)	ne	197,925,634 0 23,280,982 163,140 221,369,756 124,363,424 0	231,032,646 171,353 19,096,347 0 250,300,346 132,026,503 0
	9 10 11 12 13 14 15	Pr In Ot To 12 Gr Be Sa 5-	ogram service revenue (Part VIII, vestment income (Part VIII, colum her revenue (Part VIII, column (A tal revenue—add lines 8 through 1) ants and similar amounts paid (Pa nefits paid to or for members (Part laries, other compensation, emplo 10)	Inne 2g)	ne .	197,925,634 0 23,280,982 163,140 221,369,756 124,363,424 0 18,816,923	231,032,646 171,353 19,096,347 0 250,300,346 132,026,503 0 19,875,107
	9 10 11 12 13 14 15	Pr In Ot To 12 Gr Be Sa 5-	ogram service revenue (Part VIII, vestment income (Part VIII, colum her revenue (Part VIII, column (A tal revenue—add lines 8 through 1) ants and similar amounts paid (Panefits paid to or for members (Part laries, other compensation, emplo 10)	Inne 2g)	ne .	197,925,634 0 23,280,982 163,140 221,369,756 124,363,424 0	231,032,646 171,353 19,096,347 0 250,300,346 132,026,503 0
Expenses Revenue	9 10 11 12 13 14 15 16a b	Pr In Ot To 12 Gr Be Sa 5- Pr	ogram service revenue (Part VIII, vestment income (Part VIII, colum ther revenue (Part VIII, column (A tal revenue—add lines 8 through 1) ants and similar amounts paid (Panefits paid to or for members (Part laries, other compensation, emploit 10) ofessional fundraising fees (Part I rail fundraising expenses (Part IX, column (	Inne 2g)	ie .	197,925,634 0 23,280,982 163,140 221,369,756 124,363,424 0 18,816,923	231,032,646 171,353 19,096,347 0 250,300,346 132,026,503 0 19,875,107
	9 10 11 12 13 14 15 16a b	Pr In Ot To 12 Gr Be Sa 5- Pr Tol	ogram service revenue (Part VIII, vestment income (Part VIII, colum her revenue (Part VIII, column (A tal revenue—add lines 8 through 1) ants and similar amounts paid (Panefits paid to or for members (Part laries, other compensation, emplosofessional fundraising fees (Part I tal fundraising expenses (Part IX, column (A))	Inne 2g)	ie .	197,925,634 0 23,280,982 163,140 221,369,756 124,363,424 0 18,816,923 0 27,853,763	231,032,646 171,353 19,096,347 0 250,300,346 132,026,503 0 19,875,107 0 28,351,432
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Expenses	9 10 11 12 13 14 15 16a b	Prr In Ot To Gr Be Sa 5- Pr Tol Ot	ogram service revenue (Part VIII, vestment income (Part VIII, column her revenue (Part VIII, column (A tal revenue—add lines 8 through 1) ants and similar amounts paid (Panefits paid to or for members (Part laries, other compensation, emplo 10) rofessional fundraising fees (Part I tal fundraising expenses (Part IX, column (A) tal expenses Add lines 13–17 (m	Inne 2g)		197,925,634 0 23,280,982 163,140 221,369,756 124,363,424 0 18,816,923 0 27,853,763	231,032,646 171,353 19,096,347 0 250,300,346 132,026,503 0 19,875,107 0 28,351,432
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Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Prr In Ot To 12 Gr Be Sa 5- Pr Tot Ot Re	ogram service revenue (Part VIII, vestment income (Part VIII, column her revenue (Part VIII, column (A tal revenue—add lines 8 through 1) ants and similar amounts paid (Panefits paid to or for members (Part laries, other compensation, emplo 10) rofessional fundraising fees (Part I val fundraising expenses (Part IX, column (A) tal expenses Add lines 13–17 (mixenue less expenses Subtract lines) tal assets (Part X, line 16)	Inne 2g)		197,925,634  0 23,280,982 163,140 221,369,756 124,363,424 0 18,816,923 0 27,853,763 171,034,110 50,335,646  ng of Current Year	231,032,646 171,353 19,096,347 0 250,300,346 132,026,503 0 19,875,107 0 28,351,432 180,253,042 70,047,304 End of Year
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May the IRS discuss this return with the preparer shown above? (see instructions)

Forn	n 990 (2015)					Page <b>2</b>					
Par	t IIII Stateme	nt of Program Serv	ice Accomp	lishments							
		<del>-</del>	_		III						
1		he organization's missio									
	ege graduates and e	, , , , , , , , , , , , , , , , , , , ,	•		pecause of UNCF support, becomedel of best practice in movin	3 , ,					
	Did the organizati	on undertake any signific	cant program se	ervices during the year	which were not listed on						
		he prior Form 990 or 990-EZ?									
	If "Yes," describe these new services on Schedule O										
3	services?	on cease conducting, or		nt changes in how it co	nducts, any program	⊤Yes ▼No					
4	Describe the orga expenses Section	nızatıon's program servi	ce accomplishn 4) organizations	s are required to report	ree largest program services, a the amount of grants and allo	•					
4a	(Code	) (Expenses \$	32,558,610	ıncludıng grants of \$	21,092,992 ) (Revenue \$	0)					
	Educational delivery	General/Other Direct progra	m expenditures for	r evaluating eligibility for sch	nolarships, providing technical assistar	nce to member institutions					
4b	(Code	) (Expenses \$	107,051,141	ıncludıng grants of \$	97,435,883 ) (Revenue \$	0)					
	Scholarship Program	Gates Millenium Scholars Pro	gram								
4c	(Code	) (Expenses \$	2,005,593	ıncludıng grants of \$	0) (Revenue \$	0)					
	Providing institutiona	Il services to member institution	ons								

See Additional Data

art IV	Chec	klist	of	Require	d	Scher	dule	5
					ч.		uui	

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$ ?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
L1	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
L5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
l <b>6</b>	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
L <b>7</b>	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 $11e^7$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		

Par	t IV Checklist of Required Schedules (continued)					
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes			
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>	23	Yes			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I					
26						
27						
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)					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,					
	Part IV	28a		No		
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No		
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ .	29	Yes			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No		
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b				
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes			

	990 (2015)			Page
Pai	TTV 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
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 407			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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	5		
b	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)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 <b>b</b>		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
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?			
0-	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	facilities  Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	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?	12a		
	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.			
-	To the comment of the control of the			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
L-	If "Vac " has it filed a Form 7.20 to report these payments 2.1f "No." provide an explanation in Schedule O	1 1 1 1	1	1

orm 990	(2015)				Page <b>6</b>				
Part VI	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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								
Sectio	n A. Governing Body and Management								
				Yes	No				
<b>1a</b> Ente	r the number of voting members of the governing body at the end of the tax	1a	37						
	ere are material differences in voting rights among members of the governing								

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O  b Enter the number of voting members included in line 1a, above, who are independent  1b			
	37		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit other officer, director, trustee, or key employee?	th any		Νo
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			Νo
4 Did the organization make any significant changes to its governing documents since the prior Form 990 w filed?	vas 4	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		Νo
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint of more members of the governing body?	one or <b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockly or persons other than the governing body?	holders, <b>7b</b>		Νo
8 Did the organization contemporaneously document the meetings held or written actions undertaken during year by the following	g the		
a The governing body?	8a	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reache organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>			No
Section B. Policies (This Section B requests information about policies not required by the Interest of the In	ternal Reven	ue Cod	e.)
		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	. 10a	Yes	<b>No</b>
<ul> <li>10a Did the organization have local chapters, branches, or affiliates?</li></ul>	ers,	Yes	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapte	ers, 5? <b>10b</b>	Yes	
<ul> <li>b If "Yes," did the organization have written policies and procedures governing the activities of such chapte affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes</li> <li>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before</li> </ul>	ers, 5? 10b ore filing		
<ul> <li>b If "Yes," did the organization have written policies and procedures governing the activities of such chapte affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes</li> <li>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before the form?</li> </ul>	ers, 5? 10b ore filing 11a		
<ul> <li>b If "Yes," did the organization have written policies and procedures governing the activities of such chapte affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes</li> <li>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before the form?</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990</li> </ul>	ers, 10b ore filing 11a 12a	Yes	
<ul> <li>b If "Yes," did the organization have written policies and procedures governing the activities of such chapte affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes</li> <li>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body befor the form?</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990</li> <li>Did the organization have a written conflict of interest policy? If "No," go to line 13</li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could</li> </ul>	ers, 10b ore filing 11a 12a d give 12b	Yes Yes Yes	
<ul> <li>b If "Yes," did the organization have written policies and procedures governing the activities of such chapte affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes</li> <li>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before the form?</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990</li> <li>Did the organization have a written conflict of interest policy? If "No," go to line 13</li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts?</li> <li>Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described the policy</li></ul>	ers, 10b ore filing 11a 12a d give 12b describe	Yes Yes Yes	
<ul> <li>b If "Yes," did the organization have written policies and procedures governing the activities of such chapte affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes</li> <li>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before the form?</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990</li> <li>12a Did the organization have a written conflict of interest policy? If "No," go to line 13</li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," din Schedule O how this was done</li> </ul>	ers, 10b ore filing 11a 12a di give describe describe 12c 13	Yes Yes Yes	
<ul> <li>b If "Yes," did the organization have written policies and procedures governing the activities of such chapte affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes</li> <li>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before the form?</li> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990</li> <li>12a Did the organization have a written conflict of interest policy? If "No," go to line 13</li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts?</li> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," din Schedule O how this was done</li> <li>13 Did the organization have a written whistleblower policy?</li> </ul>	ers, s? 10b ore filing 11a 12a d give 12b describe 12c 13	Yes Yes Yes Yes	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapte 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 the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," dean Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by	ers, s? 10b ore filing 12a d give 12b describe 12c 13 14	Yes Yes Yes Yes	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapte 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 the form?  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts?  12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," do in Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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 description.	ers, s? 10b ore filing 12a d give 12b describe 12c 13 14	Yes Yes Yes Yes Yes Yes	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapte 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 the form?  12b Did the organization have a written conflict of interest policy? If "No," go to line 13  12c Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts?  12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," din Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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 decapted and the organization's CEO, Executive Director, or top management official	ers, s? 10b ore filing	Yes Yes Yes Yes Yes Yes Yes	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapte 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 the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," din Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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 decinal theorems.	10b ore filing	Yes Yes Yes Yes Yes Yes Yes	

### Section C. Disclosure

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

AK, AL, AR, AZ, CA, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC , ND , NE , NH , NJ , NM , NV , NY , OH , OK , OR , PA , RI , SC, SD, TN, UT, VA, VT, WA, WI, WV, WY

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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)
- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ►Early Reese 1805 7th Street NW Washington, DC 20001 (202) 810-0215

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

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

1a Complete this table for all persons required to be listed 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, or 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) A verage hours per week (list any hours	more t perso	tion ( han d in is l	one b both	ox, an c	heck unless officer stee)	i	(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
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										
										Form <b>990</b> (2015)

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	tion ( han d on is	one l both	box, an	heck unless officer stee)		Repor comper from organiza	table nsation the tion (W	table Reportable sation compensati the from relate ion (W- organizations		tion ed s (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/:	1099-MI	.SC)	organization and related organizations
See	Additional Data Table													
											+			
1b	Sub-Total						<u> </u> 							
c d	Total from continuation sheet						. •		2 10	6,394			0	458,308
2	Total (add lines 1b and 1c).  Total number of individuals (in \$100,000 of reportable compe	cluding but not	limited	to the	ose I	ıste		e) w			than		-	,
3	Did the organization list any <b>fc</b> on line 1a? <i>If "Yes," complete S</i>					key	-	yee,	or highes	t compe	nsated •	l employ		Yes No
4	For any individual listed on line organization and related organ individual											m the		4 Yes
5	Did any person listed on line 1 services rendered to the organ			•					-	anızatıd	n or in	dıvıdual 1		5 No
	ection B. Independent Co			ل		٠						#100	000 -	£
<u> </u>	Complete this table for your fiv compensation from the organiz	zation Report co									vithin t	he organ		n's tax year
Torch	N 2014 Inc	(A) ame and business	address							D National	escriptio	( <b>B)</b> n of service	es	(C) Compensation 2,887,140
5555 Wılde	Melrose Avenue ir Building Suite 214 wood, CA 90038									National	Toduction	,,,,		2,007,140
Moore	e Wallace DBA RR Donnelley, ox 809284									Direct Ma	ıl and pr	inting		2,117,095
	go, IL 60680 ern Asset Management									Investme	nt Mana	gement		1,041,356
	East Colorado Blvd Ste 250 dena, CA 91101													
_	e Technologies Inc									Infrastruc	ture Sup	port		730,036
Suite	Wilson Blvd 420 ton, VA 22201													
Rack	space									Cloud Ma	nageme	nt		726,559
City	natical Place of Windcrest Antonio, TX 78218													
2	Total number of independent coi \$100,000 of compensation from		-		lımıt	ed t	o thos	e list	ed above)	who red	eıved	more tha	n	

Part V	4 🛊 🛊 1	Statement o						
		Check if Schedu	ule O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated camp	paigns 1a	1,380,538				512-514
nts nts		Membership du						
Grants mounts	b							
s, G Am	C	Fundraising eve		7,896,715				
Gifts, iilar Ai	d	Related organiz	ations 1d					
	e	Government grants	s (contributions) <b>1e</b>					
tior sr S	f	All other contribution	ons, gifts, grants, and <b>1f</b>	221,755,393				
tributic Other	g		ons included in lines	34,151				
Contributions, and Other Sin		1a-1f \$		31,131	231,032,646			
<u>ة</u> ك	n	Total. Add lines	s l a - 1 f	· · · · •	231,032,646			
e L				Business Code				
Program Serwoe Revenue	2a	Rental Income		900099	171,353	171,353	0	0
8년 2년	b							
Š.	d							
Š	e							
ran	f	All other progra	ım service revenue		0	0	0	0
ر م						Ğ	Ç	ű
	g 3		s 2a-2f ome (including dividend		171,353			
		and other simila	aramounts)	•	19,880,691	0	0	19,880,691
	4		tment of tax-exempt bond	oroceeds 🕨	0	0	0	0
	5	Royalties	() Papl	(··) Paragrah	0	0	0	Ü
	6a	Gross rents	(ı) Real 0	(II) Personal				
		Loop routel	0	0				
	b	Less rental expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental incor	me or (loss)		0	0	0	0
	7a	Gross amount	(ı) Securities	(II) Other				
	, <b>,</b> a	from sales of assets other than inventory	333,614,198	0				
	ь	Less cost or other basis and	334,398,542	0				
		sales expenses Gain or (loss)	-784,344	0				
	C d	Net gain or (los			-784,344	0	ol	-784,344
Other Revenue	8a	Gross income frevents (not incl \$7,896,	rom fundraising luding ,715 : reported on line 1c)	r				
ē		Jeer are IV, IIII	a a	4,099,990				
ĕ	b	Less direct exp	penses <b>b</b>	4,099,990				
	С		loss) from fundraising (	events 🛌	0		0	0
	9a	Gross income fr See Part IV, lin	rom gamıng actıvıtıes e 19					
		,	а	34,151				
	b		penses b	34,151				
			loss) from gaming activ	vities	0	0	0	0
	10a	Gross sales of i returns and allo						
			a					
	ь		oods sold <b>b</b>					
	С	Net income or ( Miscellaneous	loss) from sales of inve					
	11a	rnscellaneous	s veseure	Business Code				
	b							
	С							
	d	All other revenu	ue		0	0	0	0
	e	Total. Add lines	s 11a-11d	🕨	0			
	12	Total revenue.	See Instructions		250,300,346	171,353	0	19,096,347
				1	230,300,340	1,1,000	્રા	±2,020,0T1

# Part IX Statement of Functional Expenses

Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns	All other organız	atıons must com	plete column (A )	
	Check if Schedule O contains a response or note to any line in t	hıs Part IX		<del></del>	<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	77,456,556	77,456,556		
2	Grants and other assistance to domestic individuals See Part IV, line 22	54,569,947	54,569,947		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,279,975		2,279,975	
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	13,740,423	5,533,258	2,728,245	5,478,920
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	603,803	248,547	106,298	248,958
9	Other employee benefits	2,018,882	728,820	667,389	622,673
10	Payroll taxes	1,232,024	439,386	352,527	440,111
11	Fees for services (non-employees)				
а	Management	4,303,415	3,035,763	871,692	395,960
b	Legal	374,044	247,116	126,928	0
C	Accounting	283,651	0	283,651	0
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	1,515,217	1,468,379	46,838	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,983,217	2,978,656	363	4,198
12	Advertising and promotion	926,678	836,573	26,326	63,779
13	Office expenses	4,997,920	723,578	1,362,519	2,911,823
14	Information technology	1,733,768	3,325,825	-2,220,526	628,469
15	Royalties				
16	Occupancy	2,778,629	1,025,381	841,897	911,351
17	Travel	3,598,724	2,704,767	425,497	468,460
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				_
19	Conferences, conventions, and meetings	2,364,712	2,254,321	53,516	56,875
20	Interest	255,425		255,425	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,125,477	301,028	824,449	
23	Insurance				
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)				
а	Indirect cost recovery	0	2,690,019	-2,690,019	0
b	Bad debt expense	1,110,555	56,500	178,049	876,006
c	·	,,	,	1,2,2,2	-,
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24 e	180,253,042	160,624,420	6,521,039	13,107,583
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)		. ,		

Form 990 (2015) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . . . . (A) (B) Beginning of year End of year 8,436,978 1 1 9.337.316 Cash-non-interest-bearing . . . . . 2 Savings and temporary cash investments . . 73,581,667 2 76,205,057 53,855,123 3 3 23,973,143 Pledges and grants receivable, net . . . 4 4 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 7 Notes and loans receivable, net . . . . . . 8 8 Inventories for sale or use . . . . 9 4,174,383 9 2,178,756 Prepaid expenses and deferred charges . . . . Land, buildings, and equipment cost or other basis 10a 34,355,546 Complete Part VI of Schedule D 10a 10b 5.333.641 28.425.503 10c 29.021.905 b Less accumulated depreciation . 650.839.121 612.925.490 11 11 86,320,978 110,463,112 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . 14 14 15,557,620 9.302.105 15 15 Other assets See Part IV, line 11 . . . . . . Total assets.Add lines 1 through 15 (must equal line 34) . . 921,191,373 16 873,406,884 16 9.547.913 **17** 8.034.611 **17** Accounts payable and accrued expenses . 0 18 18 0 Grants payable 0 19 0 19 25,335,415 20 Tax-exempt bond liabilities . . . . 20 31,120,000 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified Ω 22 Ω 23 5,004,688 23 3,897,618 Secured mortgages and notes payable to unrelated third parties . . 24 0 24 0 Unsecured notes and loans payable to unrelated third parties . . . . 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 107,714,492 25 6,527,206 147.602.508 49.579.435 26 26 **Total liabilities.**Add lines 17 through 25 . . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete **Fund Balances** lines 27 through 29, and lines 33 and 34. 27 11,668,674 27 1,954,843 Unrestricted net assets . . . . . . 28 694,691,270 28 753,667,646 Temporarily restricted net assets . . . . . . 67.228.921 68.204.960 29 29 Permanently restricted net assets . . . . . . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 

and complete lines 30 through 34. Net Assets or 30 30 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds 33 773,588,865 823,827,449 Total net assets or fund balances 33 Total liabilities and net assets/fund balances . . . . . . . . . . . 921.191.373 34 873,406,884

	(2013)				aye <b>12</b>
Par	Reconcilliation of Net Assets  Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		250,3	300,346
2	Total expenses (must equal Part IX, column (A), line 25)	2 180,25			253,042
3	Revenue less expenses Subtract line 2 from line 1	3		70,0	047,304
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		773,	88,865
5	Net unrealized gains (losses) on investments	5		-13,6	595,766
6	Donated services and use of facilities	6		(	87,046
7	Investment expenses	7			0
8	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-6,8	300,000
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		823,8	327,449
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				.
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepasis, consolidated basis, or both	parate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversiof the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	:he	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	9	3b		

### **Additional Data**

**Software ID:** 15000352

**Software Version:** v1.00

**EIN:** 13-1624241

Name: UNITED NEGRO COLLEGE FUND INC

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	19,009,076	including grants of \$	13,497,628 ) (Revenue \$	171,353 )
Unrestricted Membe	er Distributions, information te	chnology and	f proceeds from rental inc	come from subleases	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde		ntracto	rs			•	-	 I	I	1 1
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more the perso and a	ion (d han o n is b	ne b oth	ox, ι an o	ınless fficer	5	( <b>D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Mr William F Stasior Chair of the Board	0 0	х		х				0	0	0
Mr Alfred G Goldstein	0 0	х		х				0	0	0
Dr Haywood L Strickland	0	х		х				0	0	0
Vice Chair Mr Kevin W Williams	0 0	х		X				0	0	0
Vice Chair Dr Larry L Earvin	0 0									
Vice Chair  Dr A Charles Thomas	0	X						0	0	0
Board Member	0 0	Х						0	0	0
Mr Aloysius Ish Mclaughlin Board Member	0	х						0	0	0
Mr Andrew P Swiger  Board Member	0 0	х						0	0	0
Dr Beverly Wade Hogan Board Member	0 0	х						0	0	0
Dr Billy C Hawkins Board Member	0	х						0	0	0
Dr Brian L Johnson Board Member	0	х						0	0	0
Dr Claude G Perkins Board Member	0	х						0	0	0
Dr Carlton E Brown Board Member	0 0	х						0	0	0
Ms Celia Colbert  Board Member	0 0	х						0	0	0
Dr Cleveland L Sellers Jr Board Member	0 0	x						0	0	0
Mr David Sable Board Member	0 0	х						0	0	0
Ms Dorothy Buckhanan Wilson Board Member	0	х						0	0	0
Dr Edison Jackson Board Member	0	х						0	0	0
DR George T French Jr  Board Member	0	х						0	0	0
Ms Glenda Goodly McNeal Board Member	0 0	х						0	0	0
Dr H James Williams Board Member	0 0	х						0	0	0
Ms Jennifer Hunter Board Member	0	х						0	0	0
Dr Jimmy R Jenkins Sr Board Member	0	х						0	0	0
Mr John K Martın Board Member	0	х						0	0	0
Dr John S Wilson JR Board Member	0	х						0	0	0
	I U	<u> </u>				1		1	<u> </u>	<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Ind		ntracto	rs			•	•	, .	l	1 1
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more the perso	ion (d han o n is b	ne b oth	ox, ι an o	ınless fficer		(D) Reportable compensation from the organization (W- 2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Mr Kevin Rhein  Board Member	0	х						0	0	0
Mr Kristin Oliver	0 0	х						0	0	0
Ms Laurie Readhead	0	х						0	0	0
Board Member  Dr Leslie N Pollard	0 0									
Board Member	0	Х						0	0	0
Dr Lester C Newman Board Member	0	х						0	0	0
Ms Linda Johnson Rice	0	X						0	0	0
Board Member  Mr Michael Norris	0							-		
Board Member	0	Х						0	0	0
Mr Milton H Jones Jr Board Member	0	x						0	0	0
Dr Peter E Millet	0	Х						0	0	0
Board Member  Dr Ronald L Carter	0 0									
Board Member	0	Х						0	0	0
Dr Rosalınd Fuse-Hall Board Member	0	х						0	0	0
Dr Roslyn Clark Artis	0	х						0	0	0
Mr Sol Gindi	0	.,								
Board Member	0	Х						0	0	0
Ms Teresa M Sebastian Board Member	0	х						0	0	0
Mr Tobin J Williams Board Member	0	х						0	0	0
Ms Tracey Griffin	0 0	х						0	0	0
Dr Walter M Kımbrough	0	х						0	0	0
Board Member  Mr William Gipson	0									
Board Member	0	Х						0	0	0
Mr William Shaw Board Member	0 0	х						0	0	0
Dr Michael L Lomax President & CEO	50 			х				496,345	0	188,642
Ms Amma Felix	50			Х				170,190	0	6,532
VP - Strategy & Secretary  Ms Desiree C Boykin	0 50			,.						
General Legal Counsel & Asst Secretary	0 50			Х				175,114	0	23,151
Ms Malvina Rollins Kay Senior VP/CFO/Treasurer	0			х				237,028	0	8,344
Mr Early Reese Chief Operating Officer	50				х			362,477	0	51,914
Mr Maurice E Jenkins	50				X			292,816	0	22,293
Executive VP & Chief Developmt Officer	0									,

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Ms LaJuan Lyles	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Positi Pore th person a Individual trustice or director	tion (d han o n is b	one bo both a ctor/	ox, u an of /trust	inless fficer tee)	(D) Reportable compensation from the organization (W- 2/1099-MISC)	( <b>E)</b> Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
X   236,751   0   23,465     Senior VP, Scholarships & Programs   0   X   236,751   0   23,465     Ms Cheryl Smith   50   X   258,328   0   17,585     Senior VP, Public Policy & Govt   0   X   195,839   0   8,258     VP, Mktg/Branding/Communications   0   X   195,839   0   8,258     Dr Brian Bridges   50   X   184,681   0   33,517     VP, Research & Member Engagement   0   X   183,103   0   17,404     VP, IT & Project Mgmt Office   0   7,404     VP, IT & Project Mgmt Office   0   7,404     VR   VR   VR   VR   VR   VR   VR	,					х		228,182	0	32,890
X   258,328   0   17,585						X		236,751	0	23,465
X   195,839   0   8,258	,						х	258,328	0	17,585
X   184,681   0   33,517							х	195,839	0	8,258
VP, IT & Project Mgmt Office  X 183,103 0 17,404							х	184,681	0	33,517
Mr Fred D Mitchell 50							х	183,103	0	17,404
X   175,540   0   24,313     VP, Northern Region   0   0   0   0   0   0   0   0   0							х	175,540	0	24,313

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DLN: 93493278006286

**Employer identification number** 

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

ONTIEL	) NEGR	O COLLEGE FUND INC					1.0.4.04.044			
D		Danasa fan Dobli	- Chaulta C				13-1624241			
Par				tatus (All organiza			•	ns.		
The o	rganız —	zation is not a private fo								
1	<u> </u>	A church, convention	•							
2	<u> </u>	A school described in	=		•					
3	Г	A hospital or a cooper	atıve hospıtal	service organization of	described in <b>sec</b>	tion 170(b)(1)	(A)(iii).			
4	Γ	A medical research or	ganızatıon ope	erated in conjunction v	vith a hospital d	lescribed in <b>se</b>	ction 170(b)(1)(A)(iii	<b>).</b> Enter the		
_	_	hospital's name, city,						<del> </del>		
5	ı			nefit of a college or un	iversity owned	or operated by	a governmental unit o	escribed in <b>section</b>		
6	$\overline{}$	170(b)(1)(A)(iv). (Co			described in se	action 170(b)(1	1)( <b>A</b> )(v)			
7	<u> </u>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general public								
,	Į*	described in <b>section 1</b>				oni a governine	ental unit of from the g	ellerar public		
8	Г	A community trust des				tII)				
9	_			ves (1) more than 33			ibutions, membership	fees, and gross		
_	•			s exempt functions—s						
		_		unrelated business tax	•		1 tax) from businesse	s acquired by the		
	_	=	•	ee <b>section 509(a)(2).</b>	-	•				
10	<u> </u>	An organization organ	•	•	•	•				
11	ı	An organization organ								
		one or more publicly s								
а	Г	the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g <b>Type I.</b> 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	Г	Type II. A supporting								
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) <b>You</b>		
c	$\vdash$	must complete Part IV Type III functionally	•		n operated in c	onnection with	and functionally inter	arated with its		
	'	supported organization	-		•			grated with, its		
d	$\Gamma$	Type III non-function						anızatıon(s) that ıs		
		not functionally integr					ement and an attentiv	eness requirement		
	_	(see instructions) Yo								
е	1	Check this box if the c					s a Type I, Type II, T	ype III functionally		
f	Enter	integrated, or Type III the number of support								
g	Liitei	Provide the following i	_				· · · · · · · —			
9		Trovide the following r	mormation ab	out the supported orga	11112461011(3)					
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)		
Nam	e of s	upported organization	(11)2111	Type of	Is the organ		A mount of	A mount of other		
		11 3		organization	listed in your		monetary support	support (see		
				(described on lines	docume	nt?	(see instructions)	instructions)		
				1-9 above (see						
				ınstructions))						
					Yes	No				
Total										

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (a)2011 **(b)**2012 (c)2013 (d)2014 **(e)**2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 164,259,445 171,153,742 172,247,503 197,925,634 231,032,646 936,618,970 membership fees received (Do not include any unusual grants ) 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 171,153,742 164,259,445 172,247,503 197,925,634 231,032,646 936,618,970 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit 547,369,385 or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 389,249,585 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 **(e)**2015 (f)Total (or fiscal year beginning in) 🟲 Amounts from line 4 164,259,445 171,153,742 172,247,503 197,925,634 231,032,646 936,618,970 Gross income from interest, dividends, payments received 34,772,302 28,744,903 23,723,581 21,285,047 19,880,691 128,406,524 on securities loans, rents, royalties and income from sımılar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 1,065,025,494 through 10 Gross receipts from related activities, etc (see instructions) 12 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, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 36 548 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 37 705 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization **▶**▽ 33 1/3% support test -2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported **▶**□ organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) 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 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

### Part IV Supporting Organizations

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

Se	ction	Δ ΔΙ	Sunna	rtina	Orgai	nizations
Je	CUUII	A. A.	Subbl	, unu	Oluai	IIIZativiis

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

Pai	Supporting Organizations (continued)			
Se	ection 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	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	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
<b>i</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·					
Section D - Distributions			Current Year					
1 Amounts paid to supported organizations to accom	plish exempt purposes							
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in						
3 Administrative expenses paid to accomplish exemp	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 re								
6 Other distributions (describe in Part VI) See instru								
7 Total annual distributions. Add lines 1 through 6								
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide						
9 Distributable amount for 2015 from Section C, line	6							
10 Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
1 Distributable amount for 2015 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)								
3 Excess distributions carryover, if any, to 2015								
<b>d</b> From 2013								
e From 2014								
f Total of lines 3a through e								
<b>g</b> Applied to underdistributions of prior years								
<b>h</b> Applied to 2015 distributable amount								
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2015 from Section D, line 7								
\$								
a Applied to underdistributions of prior years								
<b>b</b> Applied to 2015 distributable amount								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
7 Excess distributions carryover to 2016. Add lines 31 and 4c								
8 Breakdown of line 7								
<b>c</b> Excess from 2013								
<b>d</b> From 2014								
<b>e</b> From 2015								

### 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).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493278006286

### OMB No 1545-0047

### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Inspection** 

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** UNITED NEGRO COLLEGE FUND INC Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

ŀ	e C (Form 990 or 990-EZ) 2015						Page <b>2</b>
1	CI-A Complete if the organization is under section 501(h)).	exempt under	section 501(	c)(3) and f	ilec	l Form 5768	(election
c	ck 🕨 🗆 if the filing organization belongs to an af		list in Part IV ea	ch affiliated g	roup	member's name	e, address, EIN,
c	expenses, and share of excess lobbying ck F if the filing organization checked box A a		l" provisions app	olv			
	Limits on Lobbying			·· /		(a) Filing	(b) Affiliated
	(The term "expenditures" means					organization's totals	group totals
	al lobbying expenditures to influence public opinions bying)	on (grass roots					
	oring) al lobbying expenditures to influence a legislative	e body (direct lobb	yıng)				
t	al lobbying expenditures (add lines 1a and 1b)						
h	ner exempt purpose expenditures						
t	al exempt purpose expenditures (add lines 1c and	d 1d)					
b	bying nontaxable amount Enter the amount from	the following table	ın both columns				
t	he amount on line 1e, column (a) or (b) is:	e lobbying nontaxal	ole amount is:				
t	over \$500,000 20°	% of the amount on li	ne 1e				
_	r \$500,000 but not over \$1,000,000 \$1	00,000 plus 15% of the	e excess over \$500 (	000			
		75,000 plus 10% of the	<u> </u>				
		25,000 plus 5% of the		<u></u>			
		,000,000					
_	h \$17,000,000 \$1,	,000,000					
a	ssroots nontaxable amount (enter 25% of line 1f	·)					
h	otract line 1g from line 1a  If zero or less, enter -0	) <b>-</b>					
b	otract line 1f from line 1c If zero or less, enter -0	-					
	here is an amount other than zero on either line 1  orting section 4911 tax for this year?	h or line 11, did the	organization file	Form 4720			
,,	orting section 4911 tax for this year?		Г	Yes	_ N	o	
			<u>'</u>		,		
	4-Year Aver	aging Period U	Inder section	501(h)			
	(Some organizations that made a sec	tion 501(h) el	ection do not	have to co			e five
	columns below. See the	separate instr	uctions for li	nes 2a thro	oug	h 2f.)	
	Lobbying Expend	itures During	4-Year Avera	ging Perio	d		
	Calendar year (or fiscal year beginning in)	(a)2012	<b>(b)</b> 2013	<b>(c)</b> 2014		<b>(d)</b> 2015	(e) Total
2	bbying nontaxable amount						
_	, , ,				$\dashv$		
	bbying ceiling amount						
_	50% of line 2a, column(e))				$\dashv$		
o	otal lobbying expenditures						
_					十		
r	assroots nontaxable amount						
0	50% of line 2a, column(e)) stal lobbying expenditures						

Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NO	<u></u>
	filed Form 5768 (election under section 501(h)).	

	•	ction under section 501(h)).	(6	a)	) (		
activ		In below, provide in Part IV a detailed description of the lobbying	Yes	No	Ar	noun	t
1		ation attempt to influence foreign, national, state or local influence public opinion on a legislative matter or referendum,	ies				
а	Volunteers?			No			
b	Paid staff or management (include co	ompensation in expenses reported on lines 1c through 1i)?	Yes				
c	Media advertisements?			No	1		
d	Mailings to members, legislators, or	the public?		No			
е	Publications, or published or broadca	ast statements?	Yes				12,79
f	Grants to other organizations for lobb	oying purposes?		No			
g	Direct contact with legislators, their	staffs, government officials, or a legislative body?	Yes			4	164,36
h	Rallies, demonstrations, seminars, c	onventions, speeches, lectures, or any similar means?		No			
i	O ther activities?			No			
j	Total Add lines 1c through 1i					4	77,16
2a	Did the activities in line 1 cause the	organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax	incurred under section 4912					
c	If "Yes," enter the amount of any tax	incurred by organization managers under section 4912					
d	If the filing organization incurred a se	ection 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the orga 501(c)(6).	nization is exempt under section 501(c)(4), section !	501(c	)(5), (		etior Yes	n No
1	Were substantially all (90% or more	) dues received nondeductible by members?		Г	1		110
2		use lobbying expenditures of \$2,000 or less?		⊢	2		
3	_	ver lobbying and political expenditures from the prior year?			3		
	501(c)(6) and if eith line 3, is answered "		No" C				
1	Dues, assessments and similar amo		1				
2	expenses for which the section 527(	ng and political expenditures (do not include amounts of political f) tax was paid).					
а	Current year		2a				
Ь	Carryover from last year		2b				
С	Total		2c				
3		n 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		on line 2c exceeds the amount on line 3, what portion of the excess over to the reasonable estimate of nondeductible lobbying and	4				
5	Taxable amount of lobbying and polit	ical expenditures (see instructions)	5				
	art IV Supplemental Inform						
Pro	ovide the descriptions required for Part	: I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groundless).  Also, complete this part for any additional information	ıp lıst),	Part II	-A, lın	es 1	and
	Return Reference	Explanation					
Sche		nedule C, Part II-B, Line 1 - UNCF lobbies on behalf of Historically B eversities (HBCUs) and for federal education policies and resources f					

Services of an external consulting firm also are used to perform government affairs work for

education-related issues

DLN: 93493278006286

OMB No 1545-0047

Open to Public

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization **Employer identification number** UNITED NEGRO COLLEGE FUND INC 13-1624241 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advis	sed <b>┌ Yes                                   </b>
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			
Pa	rt III Conservation Easements. Comple	ete if the organization answered "Yes"	on Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th  Preservation of land for public use (e g , recre  Protection of natural habitat  Preservation of open space	ation or education)		cally important land area I historic structure
2	Complete lines 2a through 2d if the organization be easement on the last day of the tax year	held a qualified conservation contribution in	the form	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme	nts	2b	
C	Number of conservation easements on a certified	historic structure included in (a)	2c	
d	Number of conservation easements included in (c historic structure listed in the National Register	e) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or terminat	ed by the	e organization during the
	tax year 🛌			
4	Number of states where property subject to conse	ervation easement is located 🗠		
5	Does the organization have a written policy regard		ndling of	□ Voc. □ No.

- violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear
- Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

(B)(i) and section 170(h)(4)(B)(ii)?

Par	Organizations Maintaining (continued)	Collections of Art	t, Historical	Treasures,	or Ot	her Similar As	sets
3	Using the organization's acquisition, accollection items (check all that apply)	ession, and other recor	ds, check any o	f the following	that ar	e a significant use	of its
а	Public exhibition		<b>d</b> $\Gamma$ Loa	n or exchange	progra	ms	
b	Scholarly research		e 🔽 Oth	er Distribute like orgs	to men	nber institutions &	
С	Preservation for future generations						
4	Provide a description of the organization Part XIII	s's collections and expla	iin how they furt	her the organı	zatıon's	exempt purpose i	n
5	During the year, did the organization sol assets to be sold to raise funds rather t						√ No
Pai	rt IV Escrow and Custodial Arra Complete if the organization Part X, line 21.		form 990, Part	: IV, line 9, o	or repo	orted an amount	on Form 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other intermo	ediary for contril	outions or oth	erasse	ts not <b>Yes</b>	□ No
b	If "Yes," explain the arrangement in F	art XIII and complete t	the following tab	le	1	Amo	unt
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount of	on Form 990, Part X, lin	e 21, for escrow	or custodial	account	t liability? <b>TYes</b>	☐ No
b	If "Yes," explain the arrangement in Par						<u></u> Г
Pa	rt V Endowment Funds. Compl				<del></del> _		(a)Faur waara baak
1a	Beginning of year balance	(a)Current year 96,901,536	<b>(b)</b> Prior year 89,048,266	<b>b (c)</b> Two years 81,91	— <u> </u>	78,290,777	(e)Four years back 77,952,796
Ь	Contributions	1,401,039	5,946,432	2,062		1,751,613	2,533,611
c	Net investment earnings, gains, and losses	-3,226,876	5,859,480	8,90	5,683	5,652,030	1,559,575
d	Grants or scholarships	3,919,897	3,952,642	3,838	3,073	3,776,571	3,755,205
e	Other expenditures for facilities and programs	0	0		0	0	0
f	Administrative expenses	0	0		0	0	0
g	End of year balance	91,155,802	96,901,536	89,048	3,267	81,917,849	78,290,777
2	Provide the estimated percentage of the	current year end balan	ce (line 1g, colu	mn (a)) held a	ıs	·	
а	Board designated or quasi-endowment	47%					
b	Permanent endowment ► 74 8 %						
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	20 5 % should equal 100%					
За	Are there endowment funds not in the poorganization by	ssession of the organiz	ation that are he	eld and admın	stered	for the	Yes No
	(i) unrelated organizations					3a(	<del></del>
	(ii) related organizations					3a(	ii) No
ь 4	If "Yes" on 3a(II), are the related organic Describe in Part XIII the intended uses	•		۱۶		31	<u> </u>
Pa	rt VI Land, Buildings, and Equi		_		_		
	Complete if the organization  Description of property	answered 'Yes' to Fo	rm 990, Part 3 (a) Cost or other ba	(b	)	orm 990, Part X, Accumulated (c)depreciation	(d)Book value
1-	Land		(investment)	(oth	er)		6.350.000
	Land		•	0 6	,350,000		6,350,000
O	Buildings			0 22	,958,557	1,873,004	21,085,553
C	Leasehold improvements			0	0	0	0
d	Equipment			0 3	,340,511	3,043,822	296,689
_	Other						

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

1,289,663

29,021,905

<ul><li>(a) Description of security or category (including name of security)</li></ul>	ý	<b>(b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1)Financial derivatives			·
(2)Closely-held equity interests (3)O ther			
(A ) US and global equities		38,026,744	F
(B) Hedge Funds		26,457,361	F
(C) Fixed Income		12,235,997	F
(D) Private Equities		33,743,010	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	þ.	110,463,112	
Part VIIII Investments—Program Related.  Complete if the organization answere	d 'Yes' on Form 9	90 Part IV line 11c case	Faura 000 Part V luna 12
(a) Description of investment	4 763 611 161111 3	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>⊩</b>		
Other Assets. Complete if the organization (a) Description		n Form 990, Part IV, line 11	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. Complete if the org		ed 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.		ed 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.  1. (a) Description of liability	ganızatıon answer	ed 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book val	ed 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ganızatıon answer	ed 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book val	ed 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book val	ed 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book val	ed 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book val	ed 'Yes' on Form 990, Pa	
See Form 990, Part X, line 25.	(b) Book val	ed 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book val	ed 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book val	ed 'Yes' on Form 990, Pa	
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	(b) Book val	ed 'Yes' on Form 990, Pa	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per l	Return
1	Total revenue, gains, and other support per audited financial statements	1	233,422,534
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments   2a   -13,695,766		
ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	-12,760,802
3	Subtract line <b>2e</b> from line <b>1</b>	3	246,183,336
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 1,515,216		
b	Other (Describe in Part XIII )		
c	Add lines 4a and 4b	4c	4,117,010
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	250,300,346
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pe	
1	Total expenses and losses per audited financial statements	1	176,383,950
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a 247,918		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII ) 2d 0		
e	Add lines <b>2a</b> through <b>2d</b>	2e	247,918
3	Subtract line <b>2e</b> from line <b>1</b>	3	176,136,032
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,515,216		-
b	Other (Describe in Part XIII )		
_	Add lines 4a and 4b	46	4 1 1 7 0 1 0

### 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

Total expenses Add lines  $\bf 3$  and  $\bf 4c.$  (This must equal Form 990, Part I, line 18)

Return Reference	Explanation
Schedule D, Part III, Line 4	Schedule D, Part III, Line 4 - At March 31,2016, UNCF's collection items in the amount of \$1,589,250 consisted of donated works of art as received from the Estate of Benny Andrews UNCF maintains this art collection within a secure museum setting and will distribute the artwork to member colleges and other entities in accordance with the donor's intent. An independent appraisal was used to measure the value of the gift. During the fiscal year UNCF distributed artwork valued at \$5,340,000 which correspondingly reduced the prior year amount on hand from \$6,929,250 to \$1,589,250.
Schedule D, Part V, Line 4	Permanent endowment earnings will be spent for scholarships Board designated and temporarily restricted monies reported in this section are intended for scholarship purposes
Schedule D, Part X, Line 2	Schedule D, Part X, Line 2 - UNCF follows the provisions of FASB ASC Topic 740-10, Income Taxes Management believes it has no material uncertain tax positions or any related penalties and interest to accrue for the year ended March 31, 2016 and accordingly, there is no liability for unrecognized tax benefits UNCF files IRS Form 990 annually with the Federal Government and is still open to examination by taxing authorities for fiscal year 2012 and later
Schedule D, Part XI, Line 4b	Direct mail expenses netted against direct mail revenue in the audited financial statements
Schedule D, Part XII, Line 4b	Direct mail expenses netted against direct mail revenue in the audited financial statements

180,253,042

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

General Information on Activities Outside the United States

DLN: 93493278006286

SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

rt IV, line 14b, 15, or 16.

▶ Attach to Form 990.

2015

**Employer identification number** 

13-1624241

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED NEGRO COLLEGE FUND INC

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

Open to Public Inspection

	Complete if the organ	ızatıon answe		orm 990, Part IV, line	14b.		
1	For grantmakers. Does the	organızatıon m	naıntaın record	s to substantiate the	amount of its grants		
	and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria						
	used to award the grants or	assistance? .				┌ Yes ┌ No	
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitor	ng the use of its grant	s and other	
3	Activites per Region (The follow	ving Part I, line :	3 table can be d	uplicated if additional sp	ace is needed )		
	<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region	
(1)	Europe (including Iceland and Greenland)	0	0	Investments		3,332,000	
( 2)	East Asia and the Pacific	0	0	Investments		12,397,000	
(3)							
(4)							
( 5)							
	Sub-total Total from continuation sheets to Part I						
	Totals (add lines 3a and 3b)	0	0			15,729,000	
For P	aperwork Reduction Act Notice, see	the Instructions	for Form 990.	Cat	No 50082W Schedu	ule F (Form 990) 2015	

Schedule F (Form 990) 2015

organization	(b) IRS code section and EIN (if applicable)	<b>(c)</b> Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
(1)								
( 2)								
(3)								
(4)								
2 Enter total nui			ted above that are re or counsel has pro					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Part III can be	<u>duplicated if addit</u>	tional space is ne	<u>∍eded.</u>				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients		(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)					1		
( 2)		+ + +			<u>'</u>		<u> </u>
(3)		+ + +			<u>'</u>		<u> </u>
(4)		+ +			†		<u> </u>
(5)		+ +			<u> </u>		† · · · · · · · · · · · · · · · · · · ·
(6)		+ +			†		<del>                                     </del>
(7)		+ +			+		<del>                                     </del>
(8)		+ +			+		<del>                                     </del>
(9)		+ +			+		<del>                                     </del>
( 10)		+ +			+		+
(11)		+ +			+		+
( 12)		+ +			+		+
( 13)		+ +			+		
( 14)		+ +			+		
( 15)		+ +			+		
( 16)		+ +			+		
( 17)		+ +			<del>                                     </del>		
( 18)		+			<del>                                     </del>		

### Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<u>~</u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	اح	Yes	Γ	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	<u> </u>	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	ঘ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	∀	Yes	Γ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	ঘ	No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Page **5** 

#### Part V

#### **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 1	The total reported in column (f) represents the market value of these investments as of March 31, 2016

DLN: 93493278006286

**Employer identification number** 

OMB No 1545-0047

Open to Public

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

Name of the organization

UNITED NEGRO COLLEGE FUND INC

Department of the Treasury Internal Revenue Service

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

**Supplemental Information Regarding** 

Attach to Form 990 or Form 990-EZ.

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

13-1624241 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants **a** ☐ Special fundraising events Phone solicitations In-person solicitations 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? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iv) Gross receipts (v) A mount paid to (vi) A mount paid to (iii) Did ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 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	Fundra	isina	Events

**b** If "Yes," explain \_\_\_

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  New Orleans Ball (event type)	(b)Event #2  Atlanta Ball (event type)	(c) O ther events  93 (total number)	<b>(d)</b> Total events (add col <b>(a)</b> through col <b>(c)</b> )
je Te					
Revenue	1 Gross receipts	1,037,749	1,002,359	9,956,597	11,996,705
~	<b>2</b> Less Contributions	877,089	726,113	6,293,513	7,896,715
	Gross income (line 1 minus line 2)	160,660	276,246	3,663,084	4,099,990
	4 Cash prizes	0	0	0	C
	5 Noncash prizes	0	0	0	(
ဟ	6 Rent/facility costs	0	0	0	(
e L	7 Food and beverages	33,739	93,924	2,032,092	2,159,755
Expenses	8 Entertainment	64,264	107,736	0	172,000
Direct I	9 Other direct expenses	62,657	74,586	1,630,992	1,768,235
₫	10 Direct expense summary Add lines	4 through 9 ın column (d)		•	4,099,990
	11 Net income summary Subtract line	10 from line 3, column (d	)		C
	Complete if the organization Form 990-EZ, line 6a.		orm 990, Part IV, line  (b)Pull tabs/Instant	•	e than \$15,000 on
Revenue		(a)Bıngo	bingo/progressive bingo	(c)O ther gaming	Total gaming (add col (a) through col (c))
<u>₩</u>	1 Gross revenue			34,151	34,15
Expenses	2 Cash prizes				
ğ					(
鲎	3 Noncash prizes				
rect Dig	3 Noncash prizes				(
Direct Box				34,151	(
Direct Exp	4 Rent/facility costs	Г Yes	Г Yes %   Г No	34,151 <b>Yes</b> % <b>No</b>	(
Dreat Ext	4 Rent/facility costs	│ No	∏ No	Yes%	34,15:
Dred <b>E</b> K	4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor	No 2 through 5 in column (d	<b>Г No</b>	Yes% No	34,15:
e 6 Direct Ext	4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary Add lines	2 through 5 in column (d act line 7 from line 1, column ation conducts gaming ac	No	Yes% No	34,15
e Direct	4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary Add lines  8 Net gaming income summary Subtr	No  2 through 5 in column (d  act line 7 from line 1, column  ation conducts gaming act  t gaming activities in eac	No  No  Imm (d)	Yes % No	34,15:
pa b	4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary Add lines  8 Net gaming income summary Subtree Enter the state(s) in which the organization licensed to conduct	No  2 through 5 in column (defect line 7 from line 1, column ation conducts gaming activities in eacting activities in eactivities in eacting activities in eacting activities in eacting activities a	No  No  Imm (d)	Yes % No	34,153 34,153 34,153

11	Does the organization conduct gam	ning activities with nonme	embers?	<b>▽</b> Yes	i  ∏No
12	Is the organization a grantor, benef	iciary or trustee of a trus	t or a member of a partnership or oth	er entity	
	formed to administer charitable gar	ming?		√Yes	i
13	Indicate the percentage of gaming	activity conducted in			
а	The organization's facility			13a	0 %
b	An outside facility			13b	100 %
14	Enter the name and address of the	person who prepares the	organization's gaming/special events	s books and records	
	Name Malvina Kay				
	Address 1805 7th Street NW Washington, DC 200	0.01			
15a	Does the organization have a contr		n whom the organization receives gar		
	revenue?			√Yes	i ▼No
b	If "Yes," enter the amount of gamır	ig revenue received by th	ie organization 🟲 \$	and the	
	amount of gaming revenue retained	by the third party 🟲 \$ _			
С	If "Yes," enter name and address o	f the third party			
	Name 🟲				
	Address ▶				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation				
	Description of services provided				
	Director/officer	☐ Employee	☐ Independent contract	or	
17	Mandatory distributions				
а		state law to make charita	ble distributions from the gaming pro	ceeds to	
	retain the state gaming license?			□Yes	; ▼No
ь		eguired under state law d	stributed to other exempt organization	•	·
	in the organization's own exempt a			•	
Pai	rt IV Supplemental Informa	ation. Provide the ex , 15b, 15c, 16, and 17	planations required by Part I, lin b, as applicable. Also complete		
	Return Reference		Explanation		

DLN: 93493278006286 OMB No 1545-0047

Open to Public **Inspection** 

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

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

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

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization UNITED NEGRO COLLEGE FUND INC Employer identification number

						13-1624241	
Part I General Information	n on Grants and	l Assistance				•	
<ul> <li>Does the organization maintain rethe selection criteria used to awa</li> <li>Describe in Part IV the organization</li> </ul>	ard the grants or as:	sıstance?				tance, and	∀Yes
Part II Grants and Other Assistar that received more than \$				plete ıf the organızatıon	answered "Yes" on F	orm 990, Part IV, line 21	l, for any recipient
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of section 50	1(c)(3) and governr	ment organizations lis	sted in the line 1 table .			•	44

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

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Various scholarships	5309	52,684,927	0		
(2) Stipends, honorariums and fellowships	685	1,885,020	0		
Part IV Supplemental Informat	tion Provide the info	rmation required in D	art I ling 2 Dart III	column (b) and any other	additional information

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

Return Reference	Explanation
	With each grant received, UNCF develops guidelines for the disbursement of scholarship funds which are outlined in a grant agreement with the granting agency. The guidelines may include a combination of selection criteria to include financial need, major, grade point average, residency, community service and other factors mutually agreed upon for each fund. Students apply for scholarships through UNCF's online application tool. Each applicant is reviewed based on the designated eligibility requirements for the scholarship. UNCF's online application includes a weighted scoring system to evaluate the applications. Then items are weighted up to a total points system of 100 points. Items evaluated include academic performance (GPA), honors and awards, community service, paid employment, leadership activities and essays. UNCF follows the agreed upon guidelines and time lines to monitor the use of the funds accordingly.

Schedule I (Form 990) 2015

#### **Additional Data**

**Software ID:** 15000352

**Software Version:** v1.00

**EIN:** 13-1624241

Name: UNITED NEGRO COLLEGE FUND INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	, (5)	(h) Purpose of grant or assistance
Allen University 1530 Harden Street Columbia, SC 29204	57-0341191	501c (3)	208,768	113,047	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservation, area office joint campaign
Benedict College Harden and Band Streets Columbia, SC 29204	57-0314365	501c (3)	319,825	153,047	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservation, area office joint campaign
Bennett College for Women 900 East Washington Street Greensboro, NC 27401	56-0532296	501c (3)	257,835	177,047	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservation, area office joint campaign

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Bethune-Cookman University 640 Dr Mary McLeod Bethune Blvd Daytona Beach,FL 32114	59-0704726	501c (3)	570,597	93,047	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservation, area office joint campaign			
Claflin University 400 Magnolia Street Orangeburg, SC 29115	57-0314374	501c (3)	269,877	315,047	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservation, area office joint campaign			
Clark Atlanta University 223 James P Brawley Drive Atlanta, GA 30314	58-1825259	501c (3)	308,699	353,048	FM∨	Artwork, Area Office Support	Grants & scholarships, historical preservation, area office joint campaign			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	, (5)	(h) Purpose of grant or assistance				
Dillard University 2601 Gentilly Blvd New Orleans, LA 70122	72-0408929	501c (3)	717,681	328,048	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservation, area office joint campaign				
Edward Waters College 1658 Kings Road Jacksonville,FL 32209	59-1146751	501c (3)	391,360	48,046	FMV	Area Office Support	Grants & scholarships, area office joint campaign				
Fisk University 1000 17th Avenue North Nashville, TN 37208	62-0202000	501c (3)	325,788	157,867	FMV	Bloomberg Subscription, Area Office Support	Grants & scholarships, tech assist, area office joint campaign				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Florida Memorial University 15800 NW 42nd Avenue Miami,FL 33054	59-0668483	501c (3)	505,963	222,123		Artwork, Bloomberg Subscription, Area Office Support	Grants & scholarships, historical preservation, tech assist, area office joint campaign		
Huston Tillotson University 900 Chicon Street Austin, TX 78702	74-1180151	501c (3)	294,772	48,046	FMV	Area Office Support	Grants & scholarships, area office joint campaign		
Interdenominational Theological Center 700 Martin L King Jr Drive SW Atlanta, GA 30314	58-0814544	501c (3)	177,564	167,046	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservation, area office joint campaign		

Form 990,Schedule I, Pai	rt II, Grants and	l Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jarvis Christian College Highway 80 West Hawkins,TX 75765	75-0995027	501c (3)	239,489	122,046	FM∨	Artwork, Area Office Support	Grants & scholarships, historical preservation, area office joint campaign
Johnson C Smith University 100 Beatties Ford Road Charlotte, NC 28216	25-0983069	501c (3)	314,056	169,046	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservtion, area office joint campaign
Lane College 545 Lane Avenue Jackson, TN 38301	62-0570060	501c (3)	264,805	250,467	FMV	Artwork and Bloomberg Subscription, Area Office Support	Grants & scholarships, historical preservtion, tech assist, area office joint campaign

Form 990,Schedule I, Pai	rt II, Grants and	l Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LeMoyne Owen College 807 Walker Avenue Memphis,TN 38126	62-0475690	501c (3)	291,162	370,478	FMV	Artwork and Bloomberg Subscription, Area Office Support	Grants & scholarships, historical preservtion, tech assist, area office joint campaign
Livingstone College 701 West Monroe Street Salisbury, NC 28144	56-0603922	501c (3)	322,359	48,046	FMV	Area Office Support	Grants & scholarships, area office joint campaign
Miles College 5500 Myron Massey Blvd Fairfield, AL 35064	63-0400608	501c (3)	255,066	120,046	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservtion, area office joint campaign

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
Morehouse College 830 Westview Drive SW Atlanta, GA 30314	58-0566205	501c (3)	249,387	242,067		Artwork and Bloomberg Subscription, Area Office Support	Grants & scholarships, historical preservtion, tech assist, area office joint campaign						
Morris College 100 West College Street Sumter,SC 29150	57-6000734	501c (3)	205,300	208,046	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservtion, area office joint campaign						
Oakwood University 7000 Adventist Boulevard NW Huntsville, AL 35896	63-0366652	501c (3)	423,854	48,046	FMV	Area Office Support	Grants & scholarships, area office joint campaign						

<u>Form 990,Schedule I, Par</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
Paine College 1235 15th Street Augusta,GA 30901	23-7434499	501c (3)	269,887	48,046	FM∨	Area Office Support	Grants & scholarships, area office joint campaign						
Philander Smith College One Truddie Kibbe Reed Drive Little Rock, AR 72202	71-0239729	501c (3)	339,965	98,046	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservtion, area office joint campaign						
Rust College 150 Rust Avenue Holly Springs, MS 38635	64-0303805	501c (3)	268,463	226,507		Artwork and Bloomberg Subscription, Area Office Support	Grants & scholarships, historical preservtion, tech assist, area office joint campaign						

Form 990, Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
Saint Augustine's University 1315 Oakwood Avenue Raleigh, NC 27610	56-0547478	501c (3)	231,199	48,046	FMV	Area Office Support	Grants & scholarships, area office joint campaign						
Shaw university 118 East South Street Raleigh, NC 27611	56-0530235	501c (3)	292,303	273,046	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservtion, area office joint campaign						
Spelman College 350 Spelman Lane SW Atlanta, GA 30314	58-0566243	501c (3)	264,855	171,046	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservtion, area office joint campaign						

Form 990,Schedule I, Pai	orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
Stillman College 3601 Stillman Boulevard Tuscaloosa,AL 35403	63-0315935	501c (3)	226,755	276,867		Artwork and Bloomberg Subscription, Area Office Support	Grants & scholarships, historical preservtion, tech assist, area office joint campaign						
Talladega College 627 West Battle Street Talladega, AL 35160	63-0288870	501c (3)	208,088	146,046	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservtion, area office joint campaign						
Texas College 2404 North Grand Avenue Tyler,TX 75712	75-0917417	501c (3)	277,464	148,046	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservtion, area office joint campaign						

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> A mount of cash grant	1 = = =	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
Tougaloo College 500 West Count Line Road Tougaloo, MS 39174	64-0303093	501c (3)	314,722	353,046	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservtion, area office joint campaign						
Tuskegee University Carnegie Hall 2nd Floor Tuskegee, AL 36088	63-0288878	501c (3)	364,813	307,936	FMV	Artwork and Bloomberg Subscription, Area Office Support	Grants & scholarships, historical preservtion, tech assist, area office joint campaign						
Virginia Union University 1500 North Lombardy Street Richmond, VA 23220	54-0524516	501c (3)	247,254	215,046	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservtion, area office joint campaign						

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
Voorhees College 103 Academic Circle Denmark, SC 29042	57-0329786	501c (3)	185,906	125,046	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservtion, area office joint campaign						
Wilberforce University PO Box 1001 Wilberforce, OH 45384	31-0604719	501c (3)	246,832	48,046	FMV	Area Office Support	Grants & scholarships, area office joint campaign						
Wiley College 711 Wiley Avenue Marshall,TX 75670	75-0818183	501c (3)	345,563	313,046	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservtion, area office joint campaign						

Form 990, Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	3 · ·	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
Xavier University One Drexel Drive New Orleans, LA 70125	72-0635884	501c (3)	816,307	228,046	FMV	Artwork, Area Office Support	Grants & scholarships, historical preservtion, area office joint campaign					
American Indian Graduate Center Scholars 3701 San Mateo Blvd NE Albuquerque, NM 87110	85-0477062	501c (3)	12,062,529	0	FM∨		Grants & scholarships					
Asian and Pacific Islander American Scholarship Fund 2025 M Street NW Washington, DC 20036	57-1192973	501c (3)	15,214,853	0	FM∨		Grants & scholarships					

Form 990, Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
Hispanic Scholarship Fund 55 Second Street San Francisco, CA 94105	52-1051044	501c (3)	30,892,936	0	FMV		Grants & scholarships					
Atlanta University Ctr PO Box 92527 Atlanta, GA 30314	20-0950177	501c (3)	0	24,000	FM∨	Bloomberg Subscription	Technical assistance					
National Museum of African American History & Culture PO Box 37012 MRC 509 Washington, DC 20013	36-3545266	501c (3)	0	377,000	FM∨	Artwork	Historical preservation					

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance						
Hampton University 100 E Queen Street Hampton, VA 23668	54-1799400	501c (3)	0	232,000	FMV	Artwork	Historical preservation						
Howard University 2400 Sixth Street NW Washington, DC 20059	53-0204707	501c (3)	0	60,000	FMV	Artwork	Historical preservation						

DLN: 93493278006286

OMB No 1545-0047

#### **Schedule J** (Form 990)

Department of the Treasury

# **Compensation Information**

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

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

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

2015 Open to Public Inspection

Internal Revenue Service Name of the organization UNITED NEGRO COLLEGE FUND INC

**Employer identification number** 

13-1624241

Рa	rt I Questions Regarding Compensation			
٠	Executions regarding compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4</b> c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	0		140

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

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

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

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	1 ` '	(E) Total of columns	
	Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2015

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

Provide the information, explanation, o	r descriptions required for Part 1, fines 1a, 1b, 3, 4a, 4b, 4c, 3a, 3b, 6a, 6b, 7, and 6, and for Part 11. Also complete this part for any additional information
Return Reference	Explanation
Schedule J, Part I, Line 4	UNCF deferred \$143,219 toward the non-qualified plan on behalf of Dr Michael L Lomax, President & CEO in preparation for the next retirement payout in 2017

Schedule J (Form 990) 2015

**Software ID:** 15000352 **Software Version:** v1.00

**EIN:** 13-1624241

Name: UNITED NEGRO COLLEGE FUND INC

(A) Name and Title			f W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(E) Total of columns	
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
<b>1</b> Dr Michael L Lomax President & CEO	(1)	436,122	40,000	20,223	161,769	26,873	684,987	0
	(11)	- 0	- 0	-	-	-0	<sub>0</sub>	-0
1Ms Amma Felix VP - Strategy & Secretary	(1)	161,854	8,000	336	3,998	2,534	176,722	0
	(11)	- 0	-		-	-		-
2Ms Desiree C Boykin General Legal Counsel & Asst	(1)	161,809	12,800	505	6,946	16,205	198,265	0
Secretary	(11)				-			-
3Ms Malvina Rollins Kay	(1)	223,786	11,125	2,117	0	0 8,344	245,372	0
Senior VP/CFO/Treasurer	(11)							
4Mr Early Reese	(1)	0 326,751	32,025	3,701	43,550	0 8 364	414,391	0
Chief Operating Officer	(11)		32,023	3,/01	43,330	8,364 	414,371	
		0	0	0	0	0	0	0
<b>5</b> Mr Maurice E Jenkins Executive VP & Chief Developmt Officer	(1)		30,000	3,701	14,587	7,706	315,109	0
	(11)	0	- 0		- 0	0	 0	- 0
6Ms LaJuan Lyles Senior VP, HR &	(1)	211,426	14,700	2,056	15,088	17,802	261,072	0
Administration	(11)	- 0	- 0	- 0	- 0	0	0	- 0
<b>7</b> Mr Lawrence Griffith Jr Senior VP, Scholarships &	(1)	218,462	17,200	1,089	15,397	8,068	260,216	0
Programs	(11)	- 0		- -	-	-		
8Ms Cheryl Smith Senior VP, Public Policy &	(1)	233,120	22,000	3,208	16,369	1,216	275,913	0
Govt	(11)				-			
<b>9</b> Mr Richard M Shropshire VP,	(1)	182,350	12,600	889	0	8,258	204,097	0
Mktg/Branding/Communications	(11)							
10Dr Brian Bridges	(1)	0 174,972	9,100	609	12,918	20,599	218,198	0
VP, Research & Member Engagement	(11)		-,					
11Mr Robert W Rucker	(1)	0	2.500	0	0	17.404	200 507	0
VP, IT & Project Mgmt Office	(1)		3,500	2,468		17,404	200,507	0
		0	0	0	ō	0	0	C
<b>12</b> Mr Fred D Mitchell VP, Northern Region	(1)		3,252	1,473	3,752	20,561	199,853	
	(11)	0	- 0	- 0	- 0	- 0		C

DLN: 93493278006286

OMB No 1545-0047

2015

Schedule K (Form 990)

Department of the Treasury

**Supplemental Information on Tax Exempt Bonds** ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

► Attach to Form 990.

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

Open to Public

Inter	nal Revenue Service			(		<u></u>							Inspe	ction	
	e of the organization									Em	ployer id	lentifica	ation nur	nber	
UNI	TED NEGRO COLLEGE FUND I	INC								13	-16242	41			
Pa	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	rice	(f)	Description	n of purpose	<b>(g)</b> De	feased	(h)	On	(i)	Pool
							• •	·		''			alfof	fina	ncing
													uer		
_				00000000	24 54					Yes	No	Yes	No	Yes	No
Α	District of Columbia	53-6001131	00000000	08-06-2015	31,56				g of existing nally issued		X		X		X
								3/2010	iiaii, issaca						
Pa	rt II Proceeds														
					4	A			В		С			D	
1	A mount of bonds retired						0								
2	Amount of bonds legally defe	ased					0								
3	Total proceeds of issue					31,565	5,000								
4	Gross proceeds in reserve fu	nds					0								
5	Capitalized interest from prod	ceeds					0								
6	Proceeds in refunding escrow	vs				30,933	3,700								
7	Issuance costs from proceed	ls				631	,300								
8	Credit enhancement from pro	ceeds			0										
9	Working capital expenditures	from proceeds			0										
10	Capital expenditures from pro						0								
11	Other spent proceeds						0								
12	Other unspent proceeds					0									
13	Year of substantial completio	on			2.0	15									
					Yes	No	0	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as pai	rt of a current refund	ing issue?	•		Х									
15	Were the bonds issued as pai	rt of an advance refu	ndıng ıssue?		Х										
16	Has the final allocation of pro	ceeds been made? .			Х										
17	Does the organization mainta allocation of proceeds?				×										
Pai	rt IIII Private Business (	Use													
						1		E			C			D	
_	Who the even protect a section	ayın a naybasısı.	w n. mambar 1 - 1	I C which	Yes	No	<u> </u>	Yes	No	Yes	l	<b>V</b> o	Yes		No
1	Was the organization a partne property financed by tax-exe					Х									
											_				

Are there any lease arrangements that may result in private business use of bond-

Χ

Sche	edule K (Form 990) 2015									Page <b>2</b>
Par	t III Private Business Use (Continued)									•
		-		Α		В		С		D
		_	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private bus of bond-financed property?			х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or oth counsel to review any management or service contracts relating to the finance.									
	erty?	:				+				
С	Are there any research agreements that may result in private business use of financed property?	bond-		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or oth counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by each other than a section $501(c)(3)$ organization or a state or local government.			0 %		•				•
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another s 501(c)(3) organization, or a state or local government	ection		0 %						
6	Total of lines 4 and 5			0 %						
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds issued?			х						
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis	posed of								·
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sec 1 141-12 and 1 145-2?	ctions								
9	Has the organization established written procedures to ensure that all nonqua bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			х						
Pai	rt IV Arbitrage									
		Α.			В		С		D	
		Yes	No	Yes	No	Ye	es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X							
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?	Х								
b	Exception to rebate?		Χ							
С	No rebate due?		Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
ь	Name of provider									
	Term of hedge									

d Was the hedge superintegrated? . . . . .e Was the hedge terminated? . . . . . . .

Pai	rt IV Arbitrage (Co.	ntinued)								
			Α	1	В	}	C		D	
			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds in contract (GIC)?	vested in a guaranteed investment		Х						
b	Name of provider									
С	Term of GIC									
d		harbor for establishing the fair market								
6	Were any gross proceed period?	ds invested beyond an available temporary		х						
7	Has the organization es the requirements of sec	tablished written procedures to monitor tion 148?		х						
Pa	rt V Procedures T	o Undertake Corrective Action								
			Α	1	В	1	С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
	that violations of federa and corrected through t	tablished written procedures to ensure I tax requirements are timely identified he voluntary closing agreement program if available under applicable regulations?	×							
Pa	art VI Supplemen	tal Information. Provide additional inforr	nation for res	ponses to qu	uestions on S	Schedule K (	see instructio	ns).		
	Return Reference		Explanation							
08/0	edule K, Part III, Line 9- 06/2015 31,565,000 rict of Columbia	The organization is in process of establishing wi regarding private business use	ritten procedure	s for its post	bond Issuance	compliance				

Return Reference	Explanation
Schedule K, Part IV, Line 7- 08/06/2015 31,565,000 District of Columbia	The organization is in process of establishing written procedures for its post bond issuance compliance with respect to Arbitrage matters

DLN: 93493278006286

2015

OMB No 1545-0047

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Open to Public Inspection

	e of the organization ED NEGRO COLLEGE FUND INC				Employer identificat	ion num	ıber	
INTII	ED NEGRO COLLEGE FOND INC				13-1624241			
Pa	rt I Types of Property			<u> </u>				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of de noncash contrib	etermını		:s
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods			24.54	- M   1   1   1   1   1   1   1   1   1			
	Cars and other vehicles	X	1	34,151	Fair Market Value			
	Boats and planes							
	Intellectual property Securities—Publicly traded .				<del>                                     </del>			
	Securities—Closely held stock .				<del>                                     </del>			
	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
	Real estate—O ther							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy				<del> </del>			
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► () Other ► ()							
	Other ► ()							
	Other ► ()				<del> </del>			
	Number of Forms 8283 received	by the orga	ı Anızatıon durıng the tax vea	r for contributions				
	for which the organization comple				29	<del></del>	Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that			
	ıt must hold for at least three ye				red to be used			
	for exempt purposes for the enti					30a		Νo
b	If "Yes," describe the arrangeme	ent in Part :	II					
31	Does the organization have a gif	t acceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or uscontributions?	•	<del>-</del>	to solicit, process, or sell	noncash	32a		No
b	If "Yes," describe in Part II					u		
	If the organization did not report	: an amount	: in column (c) for a type of	property for which column (	(a) is checked,			

describe in Part II

Page 2

<b>3</b> C	110	Juie	141 (	<u>,                                     </u>	UI		7	90	<u>''</u>	<u>(                                    </u>	<u>u</u> .		<u>,                                    </u>
	D:	rt				0	7	ın	n	le	'n	n	c

nental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2015)

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As Filed Data -

DLN: 93493278006286

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.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization UNITED NEGRO COLLEGE FUND INC	Employer identification number
	13-1624241

Return Reference	Explanation
	At the October 8, 2015 Meeting of the Institutional and Individual Members of UNCF, Article III, Section 12 of the Bylaws was modified with respect to the responsibilities of the Committee on Nominations. The modified statement is that "The Committee on Nominations shall develop a process to select candidates for Individual Membership, subject to approval by the Executive Committee of the Members prior to each nomination."

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	Member Institutions comprising 1) Allen University 2) Benedict College 3) Bennett College 4) Bethune-Cookman University 5) Claflin University 6) Clark Atlanta University 7) Dillard University 8) Edward Waters College 9) Fisk University 10) Florida Memorial University 11) Huston-Tillotson University 12) Interdenominational Theological Center 13) Jarvis Christian College 14) Johnson C Smith University 15) Lane College 16) LeMoyne-Owen College 17) Livingstone College 18) Miles College 19) Morehouse College 20) Morris College 21) Oakwood University 22) Paine College 23) Philander Smith College 24) Rust College 25) Saint Augustine's University 26) Shaw University 27) Spelman College 28) Stillman College 29) Talladega College 30) Texas College 31) Tougaloo College 32) Tuskegee University 33) Virginia Union University 34) Voorhees College 35) Wilberforce University 36) Wiley College 37) Xavier University

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7a	The 37 Member Institutions, via their proxies, elect all Directors to the Board

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	The audit committee reviews Form 990 on behalf of the UNCF Board. A detailed review is also performed by management and UNCF's outside accountants. A copy of the completed Form 990 is electronically mailed to all Board. Members for review before it is filed. Subsequently it is also made available on the UNCF wiebsite.

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	The Conflict of Interest Policy is distributed annually by the General Counsel to the Board Members and employees. All are asked to sign and return a statement identifying any conflicting interests. Conflicts are reviewed by a committee to include General Counsel, the Chief Financial Officer and Senior Vice President of Human Resources & Administration who then recommend the appropriate and necessary actions.

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	The Human Resources and Compensation Committee of the Board of Directors role is to discharge the Board's responsibilities relating to compensation of the UNCF's President and CEO, officers and key employees. The Committee comprised of two (2) institutional directors and four (4) independent directors, of which, the Chairperson holds one seat. The Committee utilizes comparability studies produced by an external compensation consulting firm to make their compensation assessments and decisions. The Committee manages the relationship with the consultant and has sole authority to retain and terminate their services. In executive session, before the full Board, the Committee presents the findings, then deliberates and votes.

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	Governing documents such as the bylaws are available upon written or verbal request. Financial documents such as Form 990 and Audited Financial Statements are available from the UNCF website, other websites and upon written or verbal request. UNCF's conflict of interest policy is not available to the public.

Return Reference	Explanation
·	UNCF exercised the option of defeasance on Series 2010 bonds issued on December 23, 2010. On August 6, 2015, \$31,565,000 of District of Columbia special obligation bonds with a lower interest rate of 3.6% were issued to advance refund \$25,195,000 of the Series 2010 outstanding bonds. As a result the bonds are considered to be defeased and the liability for those bonds and related unamortized deferred financing costs have been removed from the financial statements. The loss on the defeasance of the Series 2010 bonds was approximately \$6,800,000 for the year ended March 31, 2016.