



# 2018 Income Tax Returns

UNITED NEGRO COLLEGE FUND INC

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2018, or tax year beginning 04/01, 2018, and ending 03/31, 20 19

# 2018

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

UNITED NEGRO COLLEGE FUND INC

Employer identification number

13-1624241

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

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.


1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>74869324.</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c) . . . . .	5b	

## Part II Declaration of Officer

6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.


If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here  11/01/2019 Date SVP/CFO Title

## Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature 	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	<u>11-1-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>P01404047</u>
	<u>KPMG LLP</u>				<u>EIN 13-5565207</u>
	<u>8350 BROAD STREET, SUITE 900 MCLEAN VA 22102</u>				<u>Phone no. 703-286-8000</u>

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

Cumulative e-File History 2018

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Federal

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<b>Tax Return</b> 9105KS	<b>Return Type</b> 990
<b>Taxpayer</b> UNITED NEGRO COLLEGE FUND INC	

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<b>Submitted Date</b>	2019-11-07 16:51:12
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<b>Acknowledgement Date</b>	2019-11-07 17:26:22
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<b>Status</b>	Accepted
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<b>Submission ID</b>	54028020193115000000
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Form **990**

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 [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2018

**Open to Public Inspection**

**A** For the 2018 calendar year, or tax year beginning 04/01, 2018, and ending 03/31, 2019

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNITED NEGRO COLLEGE FUND INC			<b>D</b> Employer identification number 13-1624241	
	Doing Business As			<b>E</b> Telephone number (202) 810-0274	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	1805 7TH STREET NW				
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20001			<b>G</b> Gross receipts \$ 2,345,350,475.		
<b>F</b> Name and address of principal officer: EARLY REESE 1805 7TH STREET NW, WASHINGTON, DC 20001			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J</b> Website: WWW.UNCF.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1944		<b>M</b> State of legal domicile: NY

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 31.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 31.
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b> 255.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 2,809.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 197,182.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 171,696.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 67,822,789. <b>Current Year</b> 60,370,684.
	<b>9</b> Program service revenue (Part VIII, line 2g)	247,678. 415,608.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,207,523. 14,083,032.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	89,277,990. 74,869,324.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		20,108,973. 20,586,406.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0. 30,000.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,490,139.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,343,642. 23,795,251.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		171,722,769. 161,208,058.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-82,444,779. -86,338,734.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 684,164,775. <b>End of Year</b> 604,129,080.
	<b>21</b> Total liabilities (Part X, line 26)	46,911,263. 45,872,685.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	637,253,512. 558,256,395.

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		11/01/2019	
	SETH BARDU		Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	
	KAY THIES		Date	
	Firm's name ▶ KPMG LLP		Check <input type="checkbox"/> if self-employed PTIN P01404047	
Firm's address ▶ 8350 BROAD STREET, SUITE 900 MCLEAN, VA 22102		Firm's EIN ▶ 13-5565207		
		Phone no. 703-286-8000		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

# Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	UNITED NEGRO COLLEGE FUND INC	13-1624241
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
1805 7TH STREET NW		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
WASHINGTON, DC 20001		

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

EARLY REESE

• The books are in the care of ▶ 1805 7TH STREET NW WASHINGTON DC 20001

Telephone No. ▶ 202 810-0215 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 02/17, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20\_\_ or  
▶  tax year beginning 04/01, 2018, and ending 03/31, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code: ) (Expenses \$ 82,908,661. including grants of \$ 77,211,833. ) (Revenue \$ )
GATES MILLENNIUM SCHOLARS PROGRAM

4b (Code: ) (Expenses \$ 41,528,867. including grants of \$ 25,019,007. ) (Revenue \$ )
DIRECT PROGRAM EXPENDITURES RELATED TO DISBURSEMENTS OF
SCHOLARSHIPS AND COSTS FOR EVALUATING ELIGIBILITY FOR SCHOLARSHIPS
AND EXPENSES ASSOCIATED WITH PROVIDING TECHNICAL ASSISTANCE TO
MEMBER SCHOOLS AND OTHER INSTITUTIONS.

4c (Code: ) (Expenses \$ 1,885,649. including grants of \$ ) (Revenue \$ )
INSTITUTIONAL SERVICES PROVIDED TO MEMBER INSTITUTIONS OF UNCF.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1
(Expenses \$ 15,414,090. including grants of \$ 14,565,561. ) (Revenue \$ 415,608. )

4e Total program service expenses 141,737,267.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No response. Rows 22-38 cover various IRS requirements regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Description, and Yes/No response. Rows 1a-1c cover Form 1096 reporting, W-2G forms, and backup withholding rules.



**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	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. <span style="float:right">2a</span> 255		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		X
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float:right">11a</span>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	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.		
<b>b</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 <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (31), 1b (31), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)MR. WILLIAM F STASIOR CHAIR OF THE BOARD	.08 0.	X		X				0.	0.	0.
(2)MR. ALFRED G GOLDSTEIN VICE CHAIR	.07 0.	X		X				0.	0.	0.
(3)DR. BEVERLY WADE HOGAN ID, VICE CHAIR (UNTIL 3/7/19)	.08 0.	X		X				0.	0.	0.
(4)MR. KEVIN W WILLIAMS VICE CHAIR	.06 0.	X		X				0.	0.	0.
(5)DR. A CHARLES THOMAS BOARD MEMBER	.06 0.	X						0.	0.	0.
(6)MR. ALOYSIUS ISH MCLAUGHLIN BOARD MEMBER	.07 0.	X						0.	0.	0.
(7)DR. ANDREA LEWIS MILLER INSTITUTIONAL DIRECTOR	.06 0.	X						0.	0.	0.
(8)MR. ANDREW P SWIGER BOARD MEMBER	.06 0.	X						0.	0.	0.
(9)MR. BEN-SABA HASAN BOARD MEMBER	.07 0.	X						0.	0.	0.
(10)DR. BILLY C HAWKINS ID, VICE CHAIR (SINCE 3/6/19)	.08 0.	X		X				0.	0.	0.
(11)DR. C REYNOLD VERRETT INSTITUTIONAL DIRECTOR	.07 0.	X						0.	0.	0.
(12)MS. CELIA COLBERT BOARD MEMBER	.07 0.	X						0.	0.	0.
(13)DR. COLETTE PIERCE BURNETTE INSTITUTIONAL DIRECTOR	.08 0.	X						0.	0.	0.
(14)MR. DAVID SABLE BOARD MEMBER	.06 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) DR. EDWARD L WHEELER ----- INSTITUTIONAL DIRECTOR	.07 ----- 0.	X						0.	0.	0.
( 16) DR. ERNEST C MCNEALEY ----- INSTITUTIONAL DIRECTOR	.06 ----- 0.	X						0.	0.	0.
( 17) DR. EVERETT B WARD ----- INST DIR (UNTIL 3/12/19)	.05 ----- 0.	X						0.	0.	0.
( 18) MS. GERRI MASON HALL ----- BOARD MEMBER	.06 ----- 0.	X						0.	0.	0.
( 19) MS. GLENDA GOODLY MCNEAL ----- BOARD MEMBER (UNTIL 3/7/19)	.04 ----- 0.	X						0.	0.	0.
( 20) MR. K C CROSTHWAITE ----- BOARD MEMBER	.06 ----- 0.	X						0.	0.	0.
( 21) MS. LAURIE READHEAD ----- BOARD MEMBER	.07 ----- 0.	X						0.	0.	0.
( 22) DR. LOGAN C HAMPTON ----- INSTITUTIONAL DIRECTOR	.07 ----- 0.	X						0.	0.	0.
( 23) DR. MARY SCHMIDT CAMPBELL ----- INSTITUTIONAL DIRECTOR	.06 ----- 0.	X						0.	0.	0.
( 24) MR. MICHAEL NORRIS ----- BOARD MEMBER	.06 ----- 0.	X						0.	0.	0.
( 25) MR. MILTON H JONES JR ----- BOARD MEMBER	.07 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								3,514,667.	0.	545,237.
<b>d Total (add lines 1b and 1c)</b> . . . . .								3,514,667.	0.	545,237.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 48

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 23

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) DR. RICHARD FINK ----- BOARD MEMBER	.06 ----- 0.	X						0.	0.	0.
( 27) DR. RODERICK L SMOTHERS SR ----- INSTITUTIONAL DIRECTOR	.08 ----- 0.	X						0.	0.	0.
( 28) DR. RONALD A JOHNSON ----- INST DIR (UNTIL 12/7/18)	.03 ----- 0.	X						0.	0.	0.
( 29) DR. ROSLYN CLARK ARTIS ----- INST DIR (UNTIL 3/7/19)	.06 ----- 0.	X						0.	0.	0.
( 30) MS. SHARON MURPHY ----- BOARD MEMBER	.06 ----- 0.	X						0.	0.	0.
( 31) MR. SOL GINDI ----- BOARD MEMBER	.06 ----- 0.	X						0.	0.	0.
( 32) MS. TERESA M SEBASTIAN ----- BOARD MEMBER	.07 ----- 0.	X						0.	0.	0.
( 33) DR. W FRANKLIN EVANS ----- INSTITUTIONAL DIRECTOR	.06 ----- 0.	X						0.	0.	0.
( 34) DR. WALTER M KIMBROUGH ----- INSTITUTIONAL DIRECTOR	.07 ----- 0.	X						0.	0.	0.
( 35) MR. WILLIAM GIPSON ----- BOARD MEMBER	.06 ----- 0.	X						0.	0.	0.
( 36) MR. WILLIAM SHAW ----- BOARD MEMBER(UNTIL 6/21/2018)	.02 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 48

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) MS. DOROTHY BUCKHANAN WILSON BOARD MEMBER(UNTIL 06/21/2018)	.02 0.	X					0.	0.	0.	
( 38) DR. GLENDA BASKIN GLOVER BOARD MEMBER	.06 0.	X					0.	0.	0.	
( 39) DR. MICHAEL L LOMAX PRESIDENT & CEO	50.00 0.			X			662,813.	0.	175,478.	
( 40) MR. EARLY REESE COO, (TREASURER UNTIL 3/7/19)	50.00 0.			X			423,462.	0.	116,264.	
( 41) MS. DESIREE C BOYKIN VP GEN'L COUNSEL & SECRETARY	50.00 0.			X			236,873.	0.	29,801.	
( 42) MR. BRANDON FITZGERALD ASSOC GC & ASSIST SECY	50.00 0.			X			154,050.	0.	10,015.	
( 43) MR. SETH BARDU SVP, CFO (TREASURER 3/7/19)	50.00 0.			X			133,865.	0.	0.	
( 44) MR. MAURICE E JENKINS EVP&CHIEF DEVELOPMENT OFFICER	50.00 0.				X		331,659.	0.	64,816.	
( 45) MS. LAJUAN LYLES SENIOR VP/HR & ADMINISTRATION	50.00 0.				X		284,379.	0.	35,018.	
( 46) MR. LAWRENCE GRIFFITH JR SVP, SCHOLARSHIPS & PROGRAMS	50.00 0.				X		278,310.	0.	25,597.	
( 47) DR. BRIAN BRIDGES VP, RESEARCH & MEMBER ENGAGMNT	50.00 0.					X	206,020.	0.	38,148.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 48**

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

**Section B. Independent Contractors**

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

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

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

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include MR. RICHARD M SHROPSHIRE, MR. ROBERT W RUCKER, MS. PAULETTE JACKSON, and MR. LODRIQUEZ MURRAY.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 48

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	794,806.				
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	11,216,838.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	48,359,040.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			60,370,684.			
<b>Program Service Revenue</b>	<b>2a</b> RENTAL INCOME	<b>Business Code</b>	900099	415,608.	415,608.		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶			415,608.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			16,054,720.		197,182.	15,857,538.
	<b>4</b> Income from investment of tax-exempt bond proceeds . ▶			0.			
	<b>5</b> Royalties . . . . . ▶			0.			
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . . ▶				0.		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .						
	<b>c</b> Gain or (loss) . . . . .						
	<b>d</b> Net gain or (loss) . . . . . ▶				-1,971,688.		-1,971,688.
	<b>8a</b> Gross income from fundraising events (not including \$ <u>11,216,838.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>				5,278,020.		
	<b>b</b> Less: direct expenses . . . . . <b>b</b>				5,278,020.		
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶				0.		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>				0.		
<b>b</b> Less: direct expenses . . . . . <b>b</b>				0.			
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶				0.			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>				0.			
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>				0.			
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶				0.			
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶				0.			
<b>12 Total revenue.</b> See instructions. . . . . ▶				74,869,324.	415,608.	197,182.	13,885,850.



**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	79,875,797.	79,875,797.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	36,920,604.	36,920,604.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,686,933.		2,686,933.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	13,925,205.	6,173,085.	2,154,175.	5,597,945.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	817,885.	362,571.	126,524.	328,790.
9 Other employee benefits . . . . .	1,889,592.	837,662.	292,312.	759,618.
10 Payroll taxes . . . . .	1,266,791.	477,335.	356,594.	432,862.
11 Fees for services (non-employees):				
a Management . . . . .	4,038,432.	3,034,715.	309,593.	694,124.
b Legal . . . . .	130,368.	14,917.	115,451.	
c Accounting . . . . .	295,165.	85,000.	210,165.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	30,000.			30,000.
f Investment management fees . . . . .	2,107,566.	1,396,932.	710,634.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	0.			
12 Advertising and promotion . . . . .	263,641.	182,347.	17,008.	64,286.
13 Office expenses . . . . .	4,443,589.	549,462.	347,166.	3,546,961.
14 Information technology . . . . .	1,872,845.	1,172,742.	125,388.	574,715.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	2,507,252.	1,202,851.	320,910.	983,491.
17 Travel . . . . .	2,977,682.	2,519,318.	124,738.	333,626.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	2,640,850.	2,476,691.	35,494.	128,665.
20 Interest . . . . .	74,249.		74,249.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	1,500,537.	626,515.	874,022.	
23 Insurance . . . . .	144,435.	24,279.	120,156.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	798,640.	783,584.		15,056.
b INDIRECT COST RECOVERY		3,020,860.	-3,020,860.	
c _____				
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	161,208,058.	141,737,267.	5,980,652.	13,490,139.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	14,966,607.	<b>1</b>	11,057,845.
	<b>2</b> Savings and temporary cash investments . . . . .	62,158,000.	<b>2</b>	71,920,026.
	<b>3</b> Pledges and grants receivable, net . . . . .	34,493,193.	<b>3</b>	37,293,380.
	<b>4</b> Accounts receivable, net . . . . .	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	610,444.	<b>9</b>	0.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 34,031,134.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 7,825,338.	27,054,396.	<b>10c</b> 26,205,796.
	<b>11</b> Investments - publicly traded securities . . . . .	410,830,181.	<b>11</b>	324,617,756.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	126,905,421.	<b>12</b>	126,645,319.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	7,146,533.	<b>15</b>	6,388,958.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	684,164,775.	<b>16</b>	604,129,080.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8,820,460.	<b>17</b>	9,298,635.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	28,876,518.	<b>20</b>	28,032,770.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,925,455.	<b>23</b>	889,620.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> 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 . . . . .	7,288,830.	<b>25</b>	7,651,660.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	46,911,263.	<b>26</b>	45,872,685.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	-3,909,847.	<b>27</b>	-2,278,596.
	<b>28</b> Temporarily restricted net assets . . . . .	570,929,962.	<b>28</b>	490,224,962.
	<b>29</b> Permanently restricted net assets . . . . .	70,233,397.	<b>29</b>	70,310,029.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	637,253,512.	<b>33</b>	558,256,395.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	684,164,775.	<b>34</b>	604,129,080.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	74,869,324.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	161,208,058.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-86,338,734.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	637,253,512.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,429,384.
<b>6</b>	Donated services and use of facilities	<b>6</b>	912,233.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	558,256,395.

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>Name of the organization</b> UNITED NEGRO COLLEGE FUND INC	<b>Employer identification number</b> 13-1624241
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (48.49%); 15 Public support percentage from 2017 Schedule A, Part II, line 14 (44.39%); 16a 33 1/3% support test - 2018 (checked); 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		



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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 . . . . .			
b From 2014 . . . . .			
c From 2015 . . . . .			
d From 2016 . . . . .			
e From 2017 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 . . . . .			
b Excess from 2015 . . . . .			
c Excess from 2016 . . . . .			
d Excess from 2017 . . . . .			
e Excess from 2018 . . . . .			

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**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.)

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**Schedule of Contributors**

**2018**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization UNITED NEGRO COLLEGE FUND INC	Employer identification number 13-1624241
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**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

Name of organization **UNITED NEGRO COLLEGE FUND INC**

Employer identification number  
13-1624241

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,639,469.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,605,776.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,507,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,446,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,291,940.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UNITED NEGRO COLLEGE FUND INC**

**Employer identification number**

13-1624241

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

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

Name of organization UNITED NEGRO COLLEGE FUND INC

Employer identification number  
13-1624241

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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 organization UNITED NEGRO COLLEGE FUND INC	Employer identification number 13-1624241
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 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.

(a) Name	(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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2018



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .															
<b>d</b> Other exempt purpose expenditures . . . . .															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 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 section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1
UNCF LOBBIES ON BEHALF OF HISTORICALLY BLACK COLLEGES AND UNIVERSITIES
HBCUS AND FOR FEDERAL EDUCATION POLICIES AND RESOURCES FAVORABLE TO
MINORITY STUDENTS.

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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

UNITED NEGRO COLLEGE FUND INC

Employer identification number

13-1624241

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

Schedule D (Form 990) 2018

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other SEE SCH. D, PART XIII
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	103,734,086.	97,514,294.	91,155,802.	96,901,536.	89,048,266.
<b>b</b> Contributions . . . . .	79,196.	1,821,032.	278,805.	1,401,039.	5,946,432.
<b>c</b> Net investment earnings, gains, and losses . . . . .	1,651,790.	8,893,215.	10,067,981.	-3,226,876.	5,859,480.
<b>d</b> Grants or scholarships . . . . .	4,723,237.	4,494,455.	3,988,294.	3,919,897.	3,952,642.
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	100,741,835.	103,734,086.	97,514,294.	91,155,802.	96,901,536.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 4.6000 %
  - b** Permanent endowment ▶ 69.8000 %
  - c** Temporarily restricted endowment ▶ 25.6000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .  | <b>3a(i)</b>  | X  |
| <b>(ii)</b> related organizations . . . . .   | <b>3a(ii)</b> | X  |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		6,350,000.		6,350,000.
<b>b</b> Buildings . . . . .		22,958,557.	3,598,184.	19,360,373.
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		3,441,363.	3,349,568.	91,795.
<b>e</b> Other . . . . .		1,281,214.	877,586.	403,628.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				26,205,796.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	21,804,392.	ATTACHMENT 1
(2) Closely-held equity interests . . . . .	41,126,821.	ATTACHMENT 2
(3) Other		
(A) US AND GLOBAL EQUITIES	52,225,450.	FMV
(B) FIXED INCOME	11,488,656.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	126,645,319.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED DISTRIBUTION TO MEMBER INST	7,651,660.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,651,660.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	80,103,375.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b> 6,429,384.		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b> 912,233.		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	7,341,617.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	72,761,758.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b> 2,107,566.		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	2,107,566.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	74,869,324.

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	159,100,492.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	159,100,492.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b> 2,107,566.		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	2,107,566.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	161,208,058.

**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.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART III, LINE 3E

DISTRIBUTIONS IN LINE WITH DONOR'S INTENT

SCHEDULE D, PART III, LINE 4

UNCF'S COLLECTION ITEMS CONSISTED OF \$6,929,250 IN DONATED WORKS OF ART RECEIVED FROM THE ESTATE OF BENNY ANDREWS FOUNDATION, INC. AN INDEPENDENT APPRAISAL WAS USED TO MEASURE THE FAIR VALUE AT DATE OF GIFT. THERE WERE NO DISTRIBUTIONS OF ART WORK DURING FISCAL YEAR ENDED MARCH 31, 2019. HOWEVER, ART WORK VALUED AT \$5,340,000 HAS BEEN DISTRIBUTED TO DATE IN ACCORDANCE WITH THE DONOR'S INTENT. THE REMAINING COLLECTIONS ON HAND AS OF MARCH 31, 2019 VALUED AT \$1,414,250 ARE HELD WITHIN A SECURED ENVIRONMENT FOR FUTURE PLANNED DISTRIBUTION.

SCHEDULE D, PART V, LINE 4

UNCF'S ENDOWMENTS CONSIST OF 171 PROGRAMS ESTABLISHED FOR THE PURPOSE OF FUNDING SCHOLARSHIPS. NET ASSETS ASSOCIATED WITH THE ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

SCHEDULE D, PART X, LINE 2

UNCF ALSO 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 YEARS ENDED MARCH 31, 2019 AND 2018, 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.



**Part XIII Supplemental Information** (continued)

ON DECEMBER 22, 2017, THE PRESIDENT OF THE UNITED STATES OF AMERICA SIGNED H.R.1, THE TAX CUTS AND JOBS ACT, WHICH INCLUDES SEVERAL CHANGES RELEVANT TO TAX EXEMPT ORGANIZATIONS, PRIMARILY RELATED TO UNRELATED BUSINESS INCOME, NET OPERATING LOSSES, CERTAIN NEW EXCISE TAXES, AND CHANGES AFFECTING THE DEDUCTIBILITY OF CERTAIN EXPENSES. MANAGEMENT HAS DETERMINED THAT THE NEW LAW DOES NOT HAVE A SIGNIFICANT IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

ATTACHMENT 1SCHEDULE D, PART VII - INVESTMENTS - FINANCIAL DERIVATIVES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
FINANCIAL DERIVATIVES	21,804,392.	FMV
TOTALS	<u>21,804,392.</u>	

ATTACHMENT 2SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
CLOSELY-HELD EQUITY INTERESTS	41,126,821.	FMV
TOTALS	<u>41,126,821.</u>	

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

UNITED NEGRO COLLEGE FUND INC

Employer identification number

13-1624241

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records 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 Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) EUROPE	0.	0.	INVESTMENTS		8,680,000.
(2) EAST ASIA AND THE PACIFIC	0.	0.	INVESTMENTS		10,316,800.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .					18,996,800.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					18,996,800.

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

Schedule F (Form 990) 2018

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately 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; don't file with Form 990)* . . . . .  Yes  No
- 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)* . . . . .  Yes  No
- 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)* . . . . .  Yes  No
- 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  No
- 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  Yes  No

**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).

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SCHEDULE F, PART I, LINE 3

THE TOTAL REPORTED IN COLUMN (F) REPRESENTS THE MARKET VALUE OF THESE

INVESTMENTS AS OF MARCH 31, 2019.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest instructions.

**2018**

**Open to Public Inspection**

Name of the organization

UNITED NEGRO COLLEGE FUND INC

Employer identification number

13-1624241

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> ATTACHMENT 1						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>					30,000.	-30,000.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		NCF 75TH ANNIVE (event type)	ATLANTA MASK B (event type)	88. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	3,271,722.	1,350,674.	11,872,462.	16,494,858.
	<b>2</b> Less: Contributions . . . . .	2,847,589.	1,041,726.	7,327,523.	11,216,838.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	424,133.	308,948.	4,544,939.	5,278,020.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	169,814.		1,801,670.	1,971,484.
	<b>8</b> Entertainment . . . . .	59,140.	224,389.	2,512,277.	2,795,806.
	<b>9</b> Other direct expenses . . . . .	195,179.	84,559.	230,992.	510,730.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				5,278,020.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No  
**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:
 

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
THE RAE MCKENZIE GROUP 5245 WAYZATA BLVD 314 ST LOUIS PARK MN 55416	VARIOUS		X		30,000.	-30,000.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

UNITED NEGRO COLLEGE FUND INC

Employer identification number

13-1624241

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ALLEN UNIVERSITY 1530 HARDEN STREET COLUMBIA, SC 29204	57-0341191	501(C)(3)	386,850.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(2)</b> BENEDICT COLLEGE HARDEN AND BAND STREETS COLUMBIA, SC 29204	57-0314365	501(C)(3)	1,070,805.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(3)</b> BENNETT COLLEGE FOR WOMEN 900 E WASHINGTON ST GREENSBORO, NC 27401	56-0532296	501(C)(3)	1,029,420.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(4)</b> BETHUNE-COOKMAN UNIVERSITY 640 DR MARY MCLEOD BETHUNE BLVD DAYTONA	59-0704726	501(C)(3)	844,978.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(5)</b> CLAFLIN UNIVERSITY 400 MAGNOLIA STREET ORANGEBURG, SC 29115	57-0314374	501(C)(3)	1,294,999.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(6)</b> CLARK ATLANTA UNIVERSITY 223 JAMES P BRAWLEY DRIVE ATLANTA, GA 30314	58-1825259	501(C)(3)	1,445,972.	91,491.	FMV	BLOOMBERG	GRANTS & SCHOLARSHIP
<b>(7)</b> DILLARD UNIVERSITY 2601 GENTILLY BLVD NEW ORLEANS, LA 70122	72-0408929	501(C)(3)	1,131,544.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(8)</b> EDWARD WATERS COLLEGE 1658 KINGS ROAD JACKSONVILLE, FL 32209	59-1146751	501(C)(3)	490,352.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(9)</b> FISK UNIVERSITY 1000 17TH AVENUE NORTH NASHVILLE, TN 37208	62-0202000	501(C)(3)	762,505.	214,631.	FMV	BLOOMBERG	GRANTS & SCHOLARSHIP
<b>(10)</b> FLORIDA MEMORIAL UNIVERSITY 15800 NW 42ND AVENUE MIAMI, FL 33054	59-0668483	501(C)(3)	514,521.	200,055.	FMV	BLOOMBERG	GRANTS & SCHOLARSHIP
<b>(11)</b> HUSTON TILLOTSON UNIVERSITY 900 CHICON STREET AUSTIN, TX 78702	74-1180151	501(C)(3)	701,811.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(12)</b> INTERDENOMINATIONAL THEOLOGICAL CENTER 700 MLK JR DRIVE SW ATLANTA, GA 30314	58-0814544	501(C)(3)	377,267.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

UNITED NEGRO COLLEGE FUND INC

Employer identification number

13-1624241

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> JARVIS CHRISTIAN COLLEGE HIGHWAY 80 WEST HAWKINS, TX 75765	75-0995027	501(C)(3)	565,413.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(2)</b> JOHNSON C SMITH UNIVERSITY 100 BEATTIES FORD ROAD CHARLOTTE, NC 28216	25-0983069	501(C)(3)	409,165.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(3)</b> LANE COLLEGE 545 LANE AVENUE JACKSON, TN 38301	62-0570060	501(C)(3)	518,574.	216,504.	FMV	BLOOMBERG	GRANTS & SCHOLARSHIP
<b>(4)</b> LEMOYNE OWEN COLLEGE 807 WALKER AVENUE MEMPHIS, TN 38126	62-0475690	501(C)(3)	572,410.	211,783.	FMV	BLOOMBERG	GRANTS & SCHOLARSHIP
<b>(5)</b> LIVINGSTONE COLLEGE 701 WEST MONROE STREET SALISBURY, NC 28144	56-0603922	501(C)(3)	481,331.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(6)</b> MILES COLLEGE 5500 MYRON MASSEY BLVD FAIRFIELD, AL 35064	63-0400608	501(C)(3)	508,736.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(7)</b> MOREHOUSE COLLEGE 830 WESTVIEW DRIVE SW ATLANTA, GA 30314	58-0566205	501(C)(3)	1,813,106.	172,086.	FMV	BLOOMBERG	GRANTS & SCHOLARSHIP
<b>(8)</b> MORRIS COLLEGE 100 WEST COLLEGE STREET SUMTER, SC 29150	57-6000734	501(C)(3)	297,672.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(9)</b> OAKWOOD UNIVERSITY 7000 ADVENTIST BLVD NW HUNTSVILLE, AL 35896	63-0366652	501(C)(3)	736,464.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(10)</b> PAINE COLLEGE 1235 15TH STREET AUGUSTA, GA 30901	23-7434499	501(C)(3)	382,347.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(11)</b> PHILANDER SMITH COLLEGE ONE TRUDDIE KIBBE REED DRIVE LITTLE ROCK	71-0239729	501(C)(3)	591,516.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(12)</b> RUST COLLEGE 150 RUST AVENUE HOLLY SPRINGS, MS 38635	64-0303805	501(C)(3)	582,662.	193,691.	FMV	BLOOMBERG	GRANTS & SCHOLARSHIP

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

UNITED NEGRO COLLEGE FUND INC

Employer identification number

13-1624241

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> SAINT AUGUSTINE'S UNIVERSITY 1315 OAKWOOD AVENUE RALEIGH, NC 27610	56-0547478	501(C)(3)	409,092.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(2)</b> SHAW UNIVERSITY 118 EAST SOUTH STREET RALEIGH, NC 27611	56-0530235	501(C)(3)	466,874.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(3)</b> SPELMAN COLLEGE 350 SPELMAN LANE SW ATLANTA, GA 30314	58-0566243	501(C)(3)	2,261,523.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(4)</b> STILLMAN COLLEGE 3601 STILLMAN BLVD TUSCALOOSA, AL 35403	63-0315935	501(C)(3)	327,949.	193,691.	FMV	BLOOMBERG	GRANTS & SCHOLARSHIP
<b>(5)</b> TALLADEGA COLLEGE 627 WEST BATTLE STREET TALLADEGA, AL 35160	63-0288870	501(C)(3)	385,136.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(6)</b> TEXAS COLLEGE 2404 NORTH GRAND AVENUE TYLER, TX 75712	75-0917417	501(C)(3)	408,718.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(7)</b> TOUGALOO COLLEGE 500 WEST COUNT LINE ROAD TOUGALOO, MS 39174	64-0303093	501(C)(3)	475,985.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(8)</b> TUSKEGEE UNIVERSITY CARNEGIE HALL TUSKEGEE, AL 36088	63-0288878	501(C)(3)	899,933.	215,939.	FMV	BLOOMBERG	GRANTS & SCHOLARSHIP
<b>(9)</b> VIRGINIA UNION UNIVERSITY 1500 N LOMBARDY ST RICHMOND, VA 23220	54-0524516	501(C)(3)	501,614.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(10)</b> VOORHEES COLLEGE 103 ACADEMIC CIRCLE DENMARK, SC 29042	57-0329786	501(C)(3)	738,106.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(11)</b> WILBERFORCE UNIVERSITY PO BOX 1001 WILBERFORCE, OH 45384	31-0604719	501(C)(3)	605,051.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(12)</b> WILEY COLLEGE 711 WILEY AVENUE MARSHALL, TX 75670	75-0818183	501(C)(3)	692,444.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

UNITED NEGRO COLLEGE FUND INC

Employer identification number

13-1624241

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> XAVIER UNIVERSITY ONE DREXEL DRIVE NEW ORLEANS, LA 70125	72-0635884	501(C)(3)	1,984,589.	91,491.	FMV	AREA OFF.SUP	GRANTS & SCHOLARSHIP
<b>(2)</b> AMERICAN INDIAN GRADUATE CENTER SCHOLARS 3701 SAN MATEO BLVD NE	85-0477062	501(C)(3)	8,859,114.				GRANTS & SCHOLARSHIP
<b>(3)</b> ASIAN AND PACIFIC ISLANDER AMERICAN SCHOLAR 2025 M STREET NW WASHINGTON, DC 20036	57-1192973	501(C)(3)	12,119,170.				GRANTS & SCHOLARSHIP
<b>(4)</b> HISPANIC SCHOLARSHIP FUND 55 SECOND STREET SAN FRANCISCO, CA 94105	52-1051044	501(C)(3)	25,416,653.				SPECIAL EVENT
<b>(5)</b> THE UNIVERSITY OF WEST ALABAMA UWA STATION 3 LIVINGSTONE, AL 35470	63-6001100	501(C)(3)	234,000.				CAREER PATHWAYS INIT
<b>(6)</b> TENNESSEE STATE UNIVERSITY FLOYD PAYNE CAMPUS CENTER 343 3500 JOHN	62-0786119	501(C)(3)	300,000.				CAREER PATHWAYS INIT
<b>(7)</b> NORFOLK STATE UNIVERSITY 700 PARK AVENUE NORFOLK, VA 23504	23-7235954	501(C)(3)	308,500.				CAREER PATHWAYS INIT
<b>(8)</b> MORGAN STATE UNIVERSITY 1700 E CLOUD SPRING LANE TRUTH HALL 201	23-7089143	501(C)(3)	300,000.				CAREER PATHWAYS INIT
<b>(9)</b> LINCOLN UNIVERSITY P.O.BOX 179 MSC 190 LINCOLN PA 19352	23-1352655	501(C)(3)	20,000.				SPECIAL EVENT
<b>(10)</b> FAYETTEVILLE STATE UNIVERSITY 1200 MURCHINSON ROAD FAYETTEVILLE, NC 28301	56-1238736	501(C)(3)	302,670.				CAREER PATHWAYS INIT
<b>(11)</b> CHEYNEY UNIVERSITY 1837 UNIVERSITY CIRCLE CHEYNEY, PA 19319	23-2478688	501(C)(3)	20,000.				SPECIAL EVENT
<b>(12)</b> PAUL QUINN COLLEGE 3837 SIMPSON STUART ROAD DALLAS, TX 75241	74-1238438	501(C)(3)	30,816.				SPECIAL EVENT

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

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

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

▶ Attach to Form 990.

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Name of the organization

UNITED NEGRO COLLEGE FUND INC

Employer identification number

13-1624241

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ATLANTA UNIVERSITY CENTER 62 MORRIS BROWN DR SW ATLANTA, GA 30314	58-1261795	501(C)(3)		25,783.	FMV	BLOOMBERG	TECH ASSISTANCE
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 49.

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

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

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 VARIOUS SCHOLARSHIPS	5,153.	36,092,792.			
2 STIPENDS, HONORARIUMS AND FELLOWSHIPS	725.	827,812.			
3					
4					
5					
6					
7					

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

SCHEDULE I, PART 1, LINE 2

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 SCHOLARSHIP 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



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

APPLICATIONS. ITEMS ARE WEIGHTED UP TO A TOTAL POINTS SYSTEM OF 100 POINTS. ACADEMIC PERFORMANCE (GPA), HONORS AND AWARDS, COMMUNITY SERVICE, PAID EMPLOYMENT, LEADERSHIP ACTIVITIES AND ESSAYS ARE ITEMS THAT ARE EVALUATED. UNCF FOLLOWS AGREED UPON GUIDELINES AND TIMELINES TO MONITOR THE USE OF FUNDS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

UNITED NEGRO COLLEGE FUND INC

Employer identification number

13-1624241

**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
  - b** Any related organization?
- 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:

- a** The organization?
  - b** Any related organization?
- 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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

**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 aren't listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR. MICHAEL L LOMAX PRESIDENT & CEO	(i)	515,681.	100,000.	47,132.	119,250.	56,228.	838,291.
	(ii)	0.	0.	0.			
2 MR. EARLY REESE COO, (TREASURER UNTIL 3/7/19)	(i)	354,365.	53,510.	15,587.	105,750.	10,514.	539,726.
	(ii)	0.	0.	0.			
3 MS. DESIREE C BOYKIN VP GEN'L COUNSEL & SECRETARY	(i)	205,906.	30,000.	967.	9,315.	20,486.	266,674.
	(ii)	0.	0.	0.			
4 MR. BRANDON FITZGERALD ASSOC GC & ASSIST SECY	(i)	146,100.	7,500.	450.	891.	9,124.	164,065.
	(ii)	0.	0.	0.			
5 MR. MAURICE E JENKINS EVP&CHIEF DEVELOPMENT OFFICER	(i)	272,975.	42,120.	16,564.	55,143.	9,673.	396,475.
	(ii)	0.	0.	0.			
6 MS. LAJUAN LYLES SENIOR VP/HR & ADMINISTRATION	(i)	245,345.	34,635.	4,399.	15,899.	19,119.	319,397.
	(ii)	0.	0.	0.			
7 MR. LAWRENCE GRIFFITH J SVP, SCHOLARSHIPS & PROGRAMS	(i)	221,863.	35,280.	21,167.	15,600.	9,997.	303,907.
	(ii)	0.	0.	0.			
8 DR. BRIAN BRIDGES VP, RESEARCH & MEMBER ENGAGMNT	(i)	193,719.	10,000.	2,301.	13,639.	24,509.	244,168.
	(ii)	0.	0.	0.			
9 MR. RICHARD M SHROPSHIR VP MKTG, BRANDING & COMMS	(i)	197,891.	9,880.	1,780.		9,410.	218,961.
	(ii)	0.	0.	0.			
10 MR. ROBERT W RUCKER VP, IT & PROJ MGMT OFFICE	(i)	179,542.	9,015.	4,740.		17,023.	210,320.
	(ii)	0.	0.	0.			
11 MS. PAULETTE JACKSON VP DEV, HEADQUARTERS	(i)	169,166.	25,555.	3,538.	11,868.	9,315.	219,442.
	(ii)	0.	0.	0.			
12 MR. LODRIQUEZ MURRAY SVP,PUBLIC POLICY & GOVT AFFAI	(i)	176,316.	25,500.	313.		2,484.	204,613.
	(ii)	0.	0.	0.			
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**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.

SCHEDULE J, PART I, LINE 4

NON-QUALIFIED DEFERRED COMPENSATION PLANS ARE IN PLACE FOR DR. MICHAEL LOMAX, PRESIDENT & CEO; MR EARLY REESE, COO & TREASURER AND MR. MAURICE JENKINS, EVP & CHIEF DEVELOPMENT OFFICER. THE TERMS AND CONDITIONS OF EACH OF THE RETIREMENT PLANS ARE IN KEEPING WITH THOSE OFFERED BY COMPARABLE INSTITUTIONS AND ARE DESIGNED TO ENSURE LONG-TERM TENURE. NO MONIES WERE DISBURSED DURING 2018 IN ACCORDANCE WITH IRS RULES WHICH STIPULATE THAT TAXES BE PAID AT THE TIME FUNDS VEST, HOWEVER, IN 2018 UNCF DEFERRED \$100,000, \$87,500 AND \$40,000 RESPECTIVELY FOR DR. LOMAX, MR. REESE AND MR. JENKINS. THE AMOUNT DEFERRED IN 2018 FOR DR. LOMAX WILL BE PART OF HIS NEXT RETIREMENT PAYOUT IN 2020.

SCHEDULE J, PART II

THE CFO IS NOT REPORTED ON THIS SCHEDULE J DUE TO THE FACT THAT THE CFO'S CALENDAR YEAR COMPENSATION DID NOT MEET THE DOLLAR REPORTING THRESHOLD AS A RESULT OF THE CFO'S STARTING DATE BEGINNING DURING THE ORGANIZATION'S FISCAL YEAR.

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED NEGRO COLLEGE FUND INC

Employer identification number

13-1624241

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> DISTRICT OF COLUMBIA	53-6001131	000000000	08/06/2015	31,565,000.	SEE SCH. K PART VI		X		X		X
<b>B</b>											
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .								
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .		31,565,000.						
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .		30,933,700.						
<b>7</b> Issuance costs from proceeds . . . . .		631,300.						
<b>8</b> Credit enhancement from proceeds . . . . .								
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .								
<b>11</b> Other spent proceeds . . . . .								
<b>12</b> Other unspent proceeds . . . . .								
<b>13</b> Year of substantial completion . . . . .		2015						
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X						
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .	X							
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X							
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

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

Schedule K (Form 990) 2018

**Part III Private Business Use** DISTRICT OF COLUMBIA

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .								
c Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside 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 entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
6 Total of lines 4 and 5 . . . . .								
7 Does the bond issue meet the private security or payment test? . . . . .		X						
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 were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .		X						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	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?								
a Rebate not due yet? . . . . .	X							
b Exception to rebate? . . . . .		X						
c No rebate due? . . . . .		X						
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? . . . . .		X						

Part IV Arbitrage (Continued)

Table with 4 main rows (4a-4e, 5a-5d, 6, 7) and 8 columns (A, B, C, D, Yes, No). Contains 'X' marks in various cells.

Part V Procedures To Undertake Corrective Action

Table with 1 main row and 8 columns (A, B, C, D, Yes, No). Contains an 'X' mark in the 'No' column under 'A'.

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Multiple horizontal lines for providing supplemental information.

**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE K, PART I, LINE A, COLUMN F

ADVANCE REFUNDING OF EXISTING 2010 BONDS ORIGINALLY ISSUED 12/23/2010.



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED NEGRO COLLEGE FUND INC

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

13-1624241

FORM 990, PART I, LINE 1

THE UNITED NEGRO COLLEGE FUND'S MISSION IS TO 1) BUILD A ROBUST AND  
NATIONALLY RECOGNIZED PIPELINE OF UNDER-REPRESENTED STUDENTS WHO, BECAUSE  
OF UNCF SUPPORT, BECOME HIGHLY-QUALIFIED COLLEGE GRADUATES AND 2) TO  
ENSURE THAT OUR NETWORK OF MEMBER INSTITUTIONS IS A RESPECTED MODEL OF  
BEST PRACTICE IN MOVING STUDENTS TO AND THROUGH COLLEGE.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

UNCF IS BUILDING A PATHWAY OF EDUCATIONAL SUPPORT FROM K-12 THROUGH  
COLLEGE AND CAREER. THE SCOPE, BREADTH, DEPTH AND VARIETY OF WORK UNCF  
DOES EXTENDS TO ALL THREE AREAS OF ITS CONCENTRATION 1) OUR 37 MEMBER  
(HBCUS) HISTORICALLY BLACK COLLEGES & UNIVERSITIES 2) OUR SCHOLARSHIP  
AND STUDENT PROFESSIONAL DEVELOPMENT PROGRAMS AND 3) OUR ADVOCACY WORK  
WHICH INCLUDES BOTH OUR ADVOCACY FOR IMPROVED K-12 EDUCATION AND OUR  
LEADERSHIP IN THE POLICY ARENA. OUR MEMBER HBCUS ARE KNOWN FOR THEIR  
ACHIEVEMENTS IN UNDERGRADUATE EDUCATION, BUT THEY ALSO HAVE IMPRESSIVE  
RESULTS IN RESEARCH THAT BENEFITS THEIR STATES, REGIONS, THE COUNTRY AND  
THE WORLD.

WORK OF LARGE SCHOLARSHIPS AND PROGRAMS ESTABLISHED BY BENEFACTORS HAVE  
ALSO BEEN IMPACTFUL. THIS INCLUDES THE \$48 MILLION UNCF FUND II STEM  
SCHOLARS PROGRAM WHICH SUPPORTS THE EDUCATION OF 500 OF THE COUNTRY'S  
BRIGHTEST AND MOST IMPRESSIVE STEM STUDENTS OF COLOR, AND THE \$50 MILLION  
LILLY ENDOWMENT CAREER PATHWAYS INITIATIVE, A PROGRAM THAT INVESTS IN THE

Name of the organization UNITED NEGRO COLLEGE FUND INC	Employer identification number 13-1624241
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ABILITY OF 24 HBCUS AND PREDOMINANTLY BLACK INSTITUTIONS (PBIS) TO CREATE FOR THEIR STUDENTS PATHWAYS NOT ONLY TO AND THROUGH COLLEGE, BUT ON TO CAREERS.

UNCF IS PROUD OF THE WORK THAT ITS PROGRAMS AND INITIATIVES ARE DOING AND ESPECIALLY PROUD OF THE STUDENTS WHOSE EDUCATION IS MADE POSSIBLE BY EVERY PROGRAM AND INITIATIVE WE OFFER. THESE STUDENTS AND THE COLLEGE-EDUCATED PROFESSIONALS THEY WILL BECOME ARE THE ULTIMATE TEST OF OUR EFFORTS. THEY ARE OUR DIVIDENDS. WE THANK OUR CURRENT AND FUTURE DONORS WHOSE CONTRIBUTIONS ARE USED TO INVEST IN THE BETTER FUTURES FOR THESE DESERVING STUDENTS AND THROUGH THEIR SUCCESS FOR ALL OF US. NEARLY 55,000 STUDENTS ATTEND UNCF-MEMBER INSTITUTIONS FOR THE EDUCATION THEY NEED AND DESERVE. ANNUALLY, UNCF AWARDS MORE THAN \$100 MILLION IN SCHOLARSHIPS, AND INVESTS IN STUDENTS BY PROVIDING MORE THAN 400 PROGRAMS AND 10,000 SCHOLARSHIPS; AND THROUGH UNCF, THE GATES MILLENIUM SCHOLARS PROGRAM HAS REMOVED FINANCIAL BARRIERS FOR 20,000 HIGH-ACHIEVING LOW-INCOME STUDENTS.

FORM 990, PART V, LINE 3B

A SIX MONTH EXTENSION TO FILE FORM 990-T BY FEBRUARY 15, 2020 HAS BEEN SUBMITTED. ALL REQUIREMENTS TO FILE BY THE EXTENDED DUE DATE WILL BE SATISFIED. UNDER THE TAX CUTS AND JOBS ACT, UNRELATED BUSINESS TAXABLE INCOME WAS GENERATED FROM THE QUALIFIED TRANSPORTATION FRINGE BENEFITS PROVIDED BY UNCF TO ITS EMPLOYEES. THIS NEW TAX LAW WAS EFFECTIVE FOR BENEFITS PROVIDED BEGINNING JANUARY 1ST 2018. UNCF IS COMPLIANT.

Name of the organization UNITED NEGRO COLLEGE FUND INC	Employer identification number 13-1624241
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FORM 990, PART VI, LINE 4

THE BOARD OF DIRECTORS AUDIT COMMITTEE AT ITS FEBRUARY 7, 2019 MEETING  
REVISED AND EXPANDED ITS CHARTER TO ENCOMPASS A QUARTERLY REVIEW OF THE  
UNAUDITED INTERIM FINANCIAL STATEMENTS OF UNCF.

FORM 990, PART VI, SECTION A, LINE 6

MEMBER INSTITUTIONS COMPRISE: 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) LIVINGSTON 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  
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

FORM 990, PART VI, SECTION A, LINE 7A

THE 37 MEMBER INSTITUTIONS, VIA THEIR PROXIES, ELECT ALL DIRECTORS TO THE  
BOARD.

FORM 990, PART VI, LINE 7B

UNCF'S BYLAWS PROVIDE THAT ITS MEMBERS ELECT THE BOARD OF DIRECTORS AND

Name of the organization UNITED NEGRO COLLEGE FUND INC	Employer identification number 13-1624241
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OTHER MEMBERS; DETERMINE HOW BUDGETED FUNDS FOR THE MEMBERS ARE ALLOCATED AMONG THE MEMBERS; AND PROVIDE DIRECTION REGARDING ACTIVITIES AND PROGRAMS.

FORM 990, PART VI, SECTION B, LINE 11B

THE AUDIT COMMITTEE REVIEWS AND APPROVES THE FILING OF FORM 990 ON BEHALF OF THE UNCF BOARD. A DETAILED REVIEW IS ALSO PERFORMED BY MANAGEMENT AND UNCF'S OUTSIDE TAX PREPARERS. A COPY OF THE COMPLETED FORM 990 IS MADE AVAILABLE ELECTRONICALLY TO ALL BOARD MEMBERS BEFORE THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY BY THE GENERAL COUNSEL TO BOARD MEMBERS, OFFICERS AND EMPLOYEES. EACH BOARD MEMBER, OFFICER AND EMPLOYEE IS ASKED TO COMPLETE, SIGN AND RETURN A DECLARATION WHICH IDENTIFIES ANY POTENTIAL CONFLICTS OF INTEREST. DECLARATION FORMS FOR EMPLOYEES AND THOSE EMPLOYEES SERVING AS OFFICERS ARE REVIEWED BY COMMITTEE (GENERAL COUNSEL, CFO AND HEAD OF HUMAN RESOURCES) WHO THEN RECOMMENDS THE APPROPRIATE AND NECESSARY ACTION. DECLARATION FORMS OF BOARD MEMBERS, EMPLOYEES SERVING AS OFFICERS AND UNCF EXECUTIVES ARE PROVIDED TO THE CHAIR OF THE AUDIT COMMITTEE FOR REVIEW AND APPROPRIATE AND NECESSARY ACTION BY SAID COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15

THE ROLE OF THE HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD OF DIRECTORS IS TO DISCHARGE THE BOARD'S RESPONSIBILITIES RELATING TO COMPENSATION OF UNCF'S PRESIDENT AND CEO, OFFICERS AND KEY EMPLOYEES.

Name of the organization UNITED NEGRO COLLEGE FUND INC	Employer identification number 13-1624241
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THE COMMITTEE IS COMPRISED OF TWO (2) INSTITUTIONAL DIRECTORS AND FOUR (4) INDEPENDENT CONTRACTORS 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. THE HRCC PRESENTS ITS FINDINGS TO THE FULL BOARD. IN EXECUTIVE SESSION THE BOARD EVALUATES THE HRCC FINDINGS, DELIBERATES, AND THEN VOTES ON A FINAL DECISION.

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 ON UNCF'S WEBSITE OR THE WEBSITE OF OTHERS OR UPON WRITTEN OR VERBAL REQUEST. UNCF'S CONFLICT OF INTEREST POLICY IS NOT AVAILABLE TO THE PUBLIC.

FORM 990, PART XII, LINE 2C  
WITH RESPECT TO THE OVERSIGHT OF THE AUDIT, THE RESPONSIBILITY OF REVIEWING AND COMPILING THE FINANCIAL STATEMENTS OF UNCF RESTS WITH THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THERE WERE NO CHANGES IN EITHER THE OVERSIGHT OR SELECTION PROCESS.

Name of the organization UNITED NEGRO COLLEGE FUND INC	Employer identification number 13-1624241
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ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
MEMBER INSTITUTION DISTRIBUTION & SUBLEASE			
RENTAL INCOME	14,565,561.	15,414,090.	415,608.
TOTALS	<u>14,565,561.</u>	<u>15,414,090.</u>	<u>415,608.</u>

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MOORE WALLACE DBA RR DONNELLEY P.O. BOX 809284 CHICAGO, IL 60680	DT. MAIL & PRINTING	2,881,268.
PROGRESSION PLACE 2216 MARTIN LUTHER KING JR AVE SE WASHINGTON, DC 20020	BUILDING MAINTENANCE	709,742.
ECONOMIC MODELING LLC 500 WALZEM ROAD SAN ANTONIO, TX 78218	DATA ANALYTICS	675,000.
VONAGE 7900 WESTPARK DRIVE, SUITE A-315 MCLEAN, VA 22102	CLOUD COMMUNICATION	661,107.
BLACKBAUD 2300 WILSON BOULEVARD, SUITE 420 ARLINGTON, VA 22201	SOFTWARE SUPPLIER	534,099.