

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2016, or tax year beginning 04/01, 2016, and ending 03/31, 20 17

2016

Department of the Treasury
Internal Revenue Service
Name of exempt organization

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

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	79864687.
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 2016 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

Ealy H Reese
Signature of officer

8/11/17
Date

ACTING 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.

ERO's Use Only	ERO's signature	<i>Whitney E. Blain</i>	Date	08/08/2017	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	P01226647
	Firm's name (or yours if self-employed), address, and ZIP code	KPMG LLP 1676 INTERNATIONAL DRIVE, STE. 1200 MCLEAN VA 2			EIN 13-5565207		Phone no. 703-286-8000			

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.

Paid Preparer Use Only	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.			

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.

OMB No. 1545-0047

2016

Open to Public Inspection

A For the **2016** calendar year, or tax year beginning **04/01, 2016**, and ending **03/31, 2017**

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	C Name of organization UNITED NEGRO COLLEGE FUND INC			D Employer identification number 13-1624241		
	Doing Business As			E 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			G Gross receipts \$ 568,855,463.		
F Name and address of principal officer: DR MICHAEL L LOMAX 1805 7TH STREET NW WASHINGTON, DC 20001			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If "No," attach a list. (see instructions)			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: ▶ WWW.UNCF.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1944			M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ENRICH THE LIVES OF UNDER-REPRESENTED STUDENTS BY GETTING THEM TO & THROUGH COLLEGE, SUPPORTING 37 MEMBER INSTITUTIONS & ADVOCATING THE IMPORTANCE OF MINORITY HIGHER EDUCATION				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	37.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37.		
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	296.		
	6 Total number of volunteers (estimate if necessary)	6	2,658.		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.		
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	231,032,646.	Current Year	53,952,100.
	9 Program service revenue (Part VIII, line 2g)		171,353.		195,678.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		19,096,347.		25,716,909.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.		0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		250,300,346.		79,864,687.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		132,026,503.	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			19,875,107.		20,833,480.
16a Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,069,319.					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			28,351,432.		24,827,398.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		180,253,042.		183,825,097.	
19 Revenue less expenses. Subtract line 18 from line 12		70,047,304.		-103,960,410.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	873,406,884.	End of Year	768,838,032.
	21 Total liabilities (Part X, line 26)		49,579,435.		47,874,108.
	22 Net assets or fund balances. Subtract line 21 from line 20		823,827,449.		720,963,924.

COPY FOR PUBLIC INSPECTION

Part II Signature Block

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

Sign Here	Signature of officer	08/11/2017	
	EARLY REESE Type or print name and title	Date ACTING CFO	
Paid Preparer Use Only	Print/Type preparer's name WHITNEY E BLAIR	Preparer's signature <i>Whitney E. Blair</i>	Date 08/08/2017
	Firm's name ▶ KPMG LLP	Check <input type="checkbox"/> if self-employed	PTIN P01226647
	Firm's address ▶ 1676 INTERNATIONAL DRIVE, STE. 1200 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** (2016)

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:

ATTACHMENT 1

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

[] 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

[] 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 \$ 36,914,933. including grants of \$ 24,245,586.) (Revenue \$)

EDUCATIONAL DELIVERY REFLECTS DIRECT PROGRAM EXPENDITURES FOR EVALUATING ELIGIBILITY FOR SCHOLARSHIPS, PROVIDING TECHNICAL ASSISTANCE TO MEMBER INSTITUTIONS.

4b (Code:) (Expenses \$ 108,210,907. including grants of \$ 99,633,860.) (Revenue \$)

GATES MILLENNIUM SCHOLARS PROGRAM

4c (Code:) (Expenses \$ 2,158,982. including grants of \$) (Revenue \$)

INSTITUTIONAL SERVICES PROVIDED TO MEMBER INSTITUTIONS OF UNCF.

4d Other program services (Describe in Schedule O.) ATTACHMENT 2 (Expenses \$ 15,168,400. including grants of \$ 14,284,772.) (Revenue \$ 195,678.)

4e Total program service expenses 162,453,222.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 1041, and Form 720.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (37), 1b (37), 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 3
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: EARLY REESE 1805 7TH STREET NW WASHINGTON, DC 20001 (202)810-0215

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)MR. WILLIAM F STASIOR CHAIR OF THE BOARD	.10 0.	X		X				0.	0.	0.
(2)MR. ALFRED G GOLDSTEIN VICE CHAIR	.01 0.	X		X				0.	0.	0.
(3)MR. KEVIN W WILLIAMS VICE CHAIR	.01 0.	X		X				0.	0.	0.
(4)DR. HAYWOOD L STRICKLAND VICE CHAIR	.01 0.	X		X				0.	0.	0.
(5)DR. A CHARLES THOMAS BOARD MEMBER	0. 0.	X						0.	0.	0.
(6)MR. ALOYSIUS ISH MCLAUGHLIN BOARD MEMBER	.01 0.	X						0.	0.	0.
(7)MR. ANDREW P SWIGER BOARD MEMBER	.01 0.	X						0.	0.	0.
(8)MR. BEN-SABA HASAN BOARD MEMBER	0. 0.	X						0.	0.	0.
(9)DR. BEVERLY WADE HOGAN BOARD MEMBER	.01 0.	X						0.	0.	0.
(10)DR. BILLY C HAWKINS BOARD MEMBER	0. 0.	X						0.	0.	0.
(11)DR. BRIAN L JOHNSON BOARD MEMBER	0. 0.	X						0.	0.	0.
(12)MS. CELIA COLBERT BOARD MEMBER	.01 0.	X						0.	0.	0.
(13)DR. COLETTE PIERCE BURNETTE BOARD MEMBER	0. 0.	X						0.	0.	0.
(14)MR. DAVID SABLE BOARD MEMBER	0. 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) MS. DOROTHY BUCKHANAN WILSON BOARD MEMBER	.01 0.	X						0.	0.	0.
16) DR. EDISON O JACKSON BOARD MEMBER	.01 0.	X						0.	0.	0.
17) DR. EDWARD L WHEELER BOARD MEMBER	0. 0.	X						0.	0.	0.
18) DR. EVERETT B WARD BOARD MEMBER	0. 0.	X						0.	0.	0.
19) MS. GLENDA GOODLY MCNEAL BOARD MEMBER	0. 0.	X						0.	0.	0.
20) DR. JOHN S WILSON JR BOARD MEMBER	0. 0.	X						0.	0.	0.
21) MR. K C CROSTHWAITE BOARD MEMBER	0. 0.	X						0.	0.	0.
22) MS. LAURIE READHEAD BOARD MEMBER	.01 0.	X						0.	0.	0.
23) DR. LESLIE N POLLARD BOARD MEMBER	.01 0.	X						0.	0.	0.
24) DR. LESTER C NEWMAN BOARD MEMBER	0. 0.	X						0.	0.	0.
25) MS. LINDA JOHNSON RICE BOARD MEMBER	0. 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								3,593,960.	0.	441,561.
d Total (add lines 1b and 1c)								3,593,960.	0.	441,561.

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 **49**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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 4		

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 **29**

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. LOGAN C HAMPTON BOARD MEMBER	0. 0.	X					0.	0.	0.	
(27) MR. MICHAEL NORRIS BOARD MEMBER	0. 0.	X					0.	0.	0.	
(28) MR. MILTON H JONES JR BOARD MEMBER	.02 0.	X					0.	0.	0.	
(29) DR. RODERICK L SMOTHERS SR BOARD MEMBER	0. 0.	X					0.	0.	0.	
(30) DR. RONALD A JOHNSON BOARD MEMBER	0. 0.	X					0.	0.	0.	
(31) DR. ROSLYN CLARK ARTIS BOARD MEMBER	.01 0.	X					0.	0.	0.	
(32) MR. SOL GINDI BOARD MEMBER	.01 0.	X					0.	0.	0.	
(33) MS. TERESA M SEBASTIAN BOARD MEMBER	.01 0.	X					0.	0.	0.	
(34) MR. TOBIN J WILLIAMS BOARD MEMBER	0. 0.	X					0.	0.	0.	
(35) MS. TRACEY GRIFFIN BOARD MEMBER	0. 0.	X					0.	0.	0.	
(36) MR. WILLIAM GIPSON BOARD MEMBER	0. 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 49

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 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) MR. WILLIAM SHAW BOARD MEMBER	.01 0.	X					0.	0.	0.	
(38) DR. MICHAEL L LOMAX PRESIDENT AND CEO	50.00 0.			X			582,792.	0.	190,016.	
(39) MS. AMMA FELIX VP - STRATEGY & SECRETARY	40.00 0.			X			178,849.	0.	12,430.	
(40) MS. DESIREE C BOYKIN GENERAL LEGAL COUNSEL/ASST SEC	50.00 0.			X			193,498.	0.	27,448.	
(41) MR. EARLY REESE COO/ACTING CFO/TREASURER	50.00 0.			X			512,155.	0.	33,299.	
(42) MS. MALVINA ROLLINS KAY SVP/CFO/TREASURER	40.00 0.			X			275,986.	0.	6,121.	
(43) MR. MAURICE E JENKINS EVP/CHIEF DEVELOPMENT OFFICER	50.00 0.				X		304,257.	0.	22,888.	
(44) MS. LAJUAN LYLES SENIOR VP/HR & ADMINISTRATION	50.00 0.				X		238,525.	0.	34,265.	
(45) MR. LAWRENCE GRIFFITH JR SVP, SCHOLARSHIPS & PROGRAMS	50.00 0.				X		245,533.	0.	24,552.	
(46) MS. CHERYL SMITH SVP, PUBLIC POLICY & GOVT AFF	50.00 0.					X	283,823.	0.	17,660.	
(47) MR. RICHARD M SHROPSHIRE VP, BRANDING, MRKTING, & COMM	50.00 0.					X	203,405.	0.	8,118.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 49

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 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 DR. BRIAN BRIDGES, MR. ROBERT W RUCKER, and MR. FRED D MITCHELL.

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 49

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. Header row and several empty rows.

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		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 890,354.						
	b	Membership dues	1b						
	c	Fundraising events	1c 9,263,342.						
	d	Related organizations	1d						
	e	Government grants (contributions)	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 43,798,404.						
	g	Noncash contributions included in lines 1a-1f: \$							
	h	Total. Add lines 1a-1f ▶						53,952,100.	
Program Service Revenue	2a	RENTAL INCOME	Business Code 900099	195,678.	195,678.				
	b								
	c								
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f ▶			195,678.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		18,359,899.			18,359,899.		
	4	Income from investment of tax-exempt bond proceeds . ▶		0.					
	5	Royalties ▶		0.					
	6a	Gross rents	(i) Real	(ii) Personal					
			b Less: rental expenses						
			c Rental income or (loss)						
			d Net rental income or (loss) ▶						0.
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			b Less: cost or other basis and sales expenses						484,891,855.
			c Gain or (loss)						7,357,010.
			d Net gain or (loss) ▶						7,357,010.
	8a	Gross income from fundraising events (not including \$ 9,263,342. of contributions reported on line 1c). See Part IV, line 18 a	ATCH 5						
			b Less: direct expenses b						4,098,921.
			c Net income or (loss) from fundraising events ▶						0.
	9a	Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b				0.					
c Net income or (loss) from gaming activities ▶				0.					
10a	Gross sales of inventory, less returns and allowances a								
		b Less: cost of goods sold b						0.	
		c Net income or (loss) from sales of inventory ▶						0.	
Miscellaneous Revenue			Business Code						
11a									
b									
c									
d	All other revenue								
e	Total. Add lines 11a-11d ▶			0.					
12	Total revenue. See instructions. ▶			79,864,687.	195,678.		25,716,909.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	94,528,397.	94,528,397.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	43,635,822.	43,635,822.		
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	2,783,938.		2,783,938.	
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	14,394,124.	6,029,864.	2,663,657.	5,700,603.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	649,551.	267,865.	128,448.	253,238.
9 Other employee benefits	1,803,453.	835,377.	313,832.	654,244.
10 Payroll taxes	1,202,414.	427,084.	371,567.	403,763.
11 Fees for services (non-employees):				
a Management	3,628,714.	2,331,862.	744,670.	552,182.
b Legal	132,339.	22,084.	110,255.	
c Accounting	334,718.	85,000.	249,718.	
d Lobbying	116,579.		116,579.	
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	1,618,355.	1,575,814.	42,541.	
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	1,002,888.	821,517.	86,959.	94,412.
13 Office expenses	4,889,124.	833,205.	774,638.	3,281,281.
14 Information technology	2,108,650.	1,349,025.	39,396.	720,229.
15 Royalties	0.			
16 Occupancy	2,708,484.	1,178,599.	574,694.	955,191.
17 Travel	2,577,978.	2,210,027.	68,301.	299,650.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	3,111,235.	2,859,601.	97,108.	154,526.
20 Interest	140,225.		140,225.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,240,998.	382,400.	858,598.	
23 Insurance	163,338.	47,976.	115,362.	
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 INDIRECT COST RECOVERY		2,227,930.	-2,227,930.	
b BAD DEBT EXPENSE	1,053,773.	803,773.	250,000.	
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	183,825,097.	162,453,222.	8,302,556.	13,069,319.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	9,337,316.	1	13,119,600.
	2 Savings and temporary cash investments	76,205,057.	2	54,750,996.
	3 Pledges and grants receivable, net	23,973,143.	3	26,829,699.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	2,178,756.	9	395,283.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 33,624,922.		
	b Less: accumulated depreciation	10b 6,192,241.	29,021,905.	10c 27,432,681.
	11 Investments - publicly traded securities	612,925,490.	11	519,089,463.
	12 Investments - other securities. See Part IV, line 11	110,463,112.	12	119,683,021.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	9,302,105.	15	7,537,289.
16 Total assets. Add lines 1 through 15 (must equal line 34)	873,406,884.	16	768,838,032.	
Liabilities	17 Accounts payable and accrued expenses	8,034,611.	17	8,003,041.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	31,120,000.	20	29,695,266.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	3,897,618.	23	2,927,759.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,527,206.	25	7,248,042.
	26 Total liabilities. Add lines 17 through 25	49,579,435.	26	47,874,108.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,954,843.	27	2,089,218.
	28 Temporarily restricted net assets	753,667,646.	28	650,462,341.
	29 Permanently restricted net assets	68,204,960.	29	68,412,365.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	823,827,449.	33	720,963,924.
	34 Total liabilities and net assets/fund balances	873,406,884.	34	768,838,032.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	79,864,687.
2	Total expenses (must equal Part IX, column (A), line 25)	2	183,825,097.
3	Revenue less expenses. Subtract line 2 from line 1	3	-103,960,410.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	823,827,449.
5	Net unrealized gains (losses) on investments	5	271,926.
6	Donated services and use of facilities	6	824,959.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	720,963,924.

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
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

UNITED NEGRO COLLEGE FUND INC

Employer identification number

13-1624241

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	171,153,742.	172,247,503.	197,925,634.	231,032,646.	53,952,100.	826,311,625.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	171,153,742.	172,247,503.	197,925,634.	231,032,646.	53,952,100.	826,311,625.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						457,386,282.
6 Public support. Subtract line 5 from line 4.						368,925,343.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	171,153,742.	172,247,503.	197,925,634.	231,032,646.	53,952,100.	826,311,625.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,744,903.	23,723,581.	21,285,047.	19,880,691.	18,359,899.	111,994,121.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						938,305,746.
12 Gross receipts from related activities, etc. (see instructions)					12	712,113.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	39.32%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	36.55%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities; 12 Other income; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2016; Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2016; Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2016. 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

19b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	2a		
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>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
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>	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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.)

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

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

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

Name of the organization

UNITED NEGRO COLLEGE FUND INC

Employer identification number

13-1624241

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 2,086,652.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 1,550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 1,423,161.	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.

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of 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) 2016

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f 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.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (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 3 columns: Question, Yes, No. 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

(HBCU'S) AND FOR FEDERAL EDUCATION POLICIES AND RESOURCES FAVORABLE TO

MINORITY STUDENTS. SERVICES OF AN EXTERNAL CONSULTING FIRM ARE ALSO USED

TO PERFORM GOVERNMENT AFFAIRS WORK FOR EDUCATION RELATED ISSUES.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

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.

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

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: 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: Revenue, Assets. 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 in 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 in 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) 2016

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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	91,155,802.	96,901,536.	89,048,266.	81,917,849.	78,290,777.
b Contributions	278,805.	1,401,039.	5,946,432.	2,062,808.	1,751,613.
c Net investment earnings, gains, and losses	10,067,981.	-3,226,876.	5,859,480.	8,905,683.	5,652,030.
d Grants or scholarships	3,988,294.	3,919,897.	3,952,642.	3,838,073.	3,776,571.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	97,514,294.	91,155,802.	96,901,536.	89,048,267.	81,917,849.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 4.7000 %
 - b Permanent endowment 70.1000 %
 - c Temporarily restricted endowment 25.2000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,350,000.		6,350,000.
b Buildings		22,958,557.	2,448,065.	20,510,492.
c Leasehold improvements				
d Equipment		3,365,609.	3,190,156.	175,453.
e Other		950,755.	554,019.	396,736.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				27,432,681.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) US AND GLOBAL EQUITIES	42,486,694.	FMV
(B) HEDGE FUNDS	23,752,071.	FMV
(C) FIXED INCOME	16,727,950.	FMV
(D) PRIVATE EQUITIES	36,716,306.	FMV
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	119,683,021.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED DISTRIBUTION TO MEMBER	
(3) INSTITUTIONS	7,248,042.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,248,042.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	79,458,773.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 271,926.		
b	Donated services and use of facilities	2b 940,515.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	1,212,441.
3	Subtract line 2e from line 1		3	78,246,332.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 1,618,355.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	1,618,355.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	79,864,687.

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

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

1	Total expenses and losses per audited financial statements		1	182,322,298.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 115,556.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	115,556.
3	Subtract line 2e from line 1		3	182,206,742.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 1,618,355.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	1,618,355.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	183,825,097.

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

DURING THE 2016 TAX YEAR UNCF DID NOT MAKE ANY DISTRIBUTION OF ITS
DONATED ART COLLECTION WHICH IS HELD WITHIN A SECURED ENVIRONMENT PENDING
FUTURE DISTRIBUTION IN LINE WITH THE DONOR'S INTENT.

SCHEDULE D, PART V, LINE 4

PERMANENT ENDOWMENT EARNINGS WILL BE SPENT FOR SCHOLARSHIPS. BOARD
DESIGNATED AND TEMPORARILY RESTRICTED MONIES REPORTED IN THIS SECTION ARE
INTENDED FOR SCHOLARSHIP PURPOSES.

SCHEDULE D, PART X, LINE 2

UNCF FOLLOWS THE PROVISIONS OF FASB ASC TOPIC 740-10, INCOME TAXES.
MANAGEMENT BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS OR ANY
RELATED PENALTIES AND INTEREST TO ACCRUE FOR THE YEAR ENDED MARCH 31,
2017 AND ACCORDINGLY, THERE IS NO LIABILITY FOR UNRECOGNIZED TAX
BENEFITS. UNCF FILES IRS FORM 990 ANNUALLY WITH THE FEDERAL GOVERNMENT
AND IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FOR FISCAL YEAR
2012 AND LATER.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

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

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			INVESTMENTS		5,065,200.
(2) EAST ASIA AND THE PACIFIC			INVESTMENTS		15,477,000.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					20,542,200.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					20,542,200.

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

Schedule F (Form 990) 2016

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; do not 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; do not 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).

SCHEDULE F, PART I, LINE 3

THE TOTAL REPORTED IN COLUMN (F) REPRESENTS THE MARKET VALUE OF THESE
INVESTMENTS AS OF MARCH 31, 2017.

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	
		ATL MASK BALL (event type)	NOLA MASK BALL (event type)	65. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,280,919.	906,556.	11,174,788.	13,362,263.
	2	Less: Contributions	1,027,619.	756,734.	7,478,989.	9,263,342.
	3	Gross income (line 1 minus line 2)	253,300.	149,822.	3,695,799.	4,098,921.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	104,158.		911,205.	1,015,363.
	8	Entertainment	36,000.	73,000.		109,000.
	9	Other direct expenses	113,142.	76,822.	2,784,594.	2,974,558.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				4,098,921.
	11	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	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

- 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	13a	%
b An outside facility	13b	%

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).

**SCHEDULE I
(Form 990)**

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

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

UNITED NEGRO COLLEGE FUND INC

Employer identification number

13-1624241

Part I General Information on Grants and Assistance

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

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 non-cash assistance	(h) Purpose of grant or assistance
(1) ALLEN UNIVERSITY 1530 HARDEN STREET COLUMBIA, SC 29204	57-0341191	501(C)(3)	308,271.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(2) BENEDICT COLLEGE HARDEN AND BAND STREETS COLUMBIA, SC 29204	57-0314365	501(C)(3)	775,281.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(3) BENNETT COLLEGE FOR WOMEN 900 E WASHINGTON ST GREENSBORO, NC 27401	56-0532296	501(C)(3)	464,155.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(4) BETHUNE-COOKMAN UNIVERSITY 640 DR MARY MCLEOD BETHUNE BLVD	59-0704726	501(C)(3)	751,213.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(5) CLAFLIN UNIVERSITY 400 MAGNOLIA STREET ORANGEBURG, SC 29115	57-0314374	501(C)(3)	1,263,848.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(6) CLARK ATLANTA UNIVERSITY 223 JAMES P BRAWLEY DRIVE ATLANTA, GA 30314	58-1825259	501(C)(3)	1,418,433.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(7) DILLARD UNIVERSITY 2601 GENTILLY BLVD NEW ORLEANS, LA 70122	72-0408929	501(C)(3)	1,029,189.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(8) EDWARD WATERS COLLEGE 1658 KINGS ROAD JACKSONVILLE, FL 32209	59-1146751	501(C)(3)	554,090.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(9) FISK UNIVERSITY 1000 17TH AVENUE NORTH NASHVILLE, TN 37208	62-0202000	501(C)(3)	698,168.	197,378.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(10) FLORIDA MEMORIAL UNIVERSITY 15800 NW 42ND AVENUE MIAMI, FL 33054	59-0668483	501(C)(3)	943,019.	177,375.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(11) HUSTON TILLOTSON UNIVERSITY 900 CHICON STREET AUSTIN, TX 78702	74-1180151	501(C)(3)	710,364.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(12) INTERDENOMINATIONAL THEOLOGICAL CENTER 700 MLK JR DRIVE SW ATLANTA, GA 30314	58-0814544	501(C)(3)	288,676.	83,978.	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) (2016)

**SCHEDULE I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED NEGRO COLLEGE FUND INC

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

Employer identification number

13-1624241

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JARVIS CHRISTIAN COLLEGE HIGHWAY 80 WEST HAWKINS, TX 75765	75-0995027	501(C)(3)	633,167.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(2) JOHNSON C SMITH UNIVERSITY 100 BEATTIES FORD ROAD CHARLOTTE, NC 28216	25-0983069	501(C)(3)	484,911.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(3) LANE COLLEGE 545 LANE AVENUE JACKSON, TN 38301	62-0570060	501(C)(3)	363,817.	199,178.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(4) LEMOYNE OWEN COLLEGE 807 WALKER AVENUE MEMPHIS, TN 38126	62-0475690	501(C)(3)	623,039.	193,263.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(5) LIVINGSTONE COLLEGE 701 WEST MONROE STREET SALISBURY, NC 28144	56-0603922	501(C)(3)	465,455.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(6) MILES COLLEGE 5500 MYRON MASSEY BLVD FAIRFIELD, AL 35064	63-0400608	501(C)(3)	438,063.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(7) MOREHOUSE COLLEGE 830 WESTVIEW DRIVE SW ATLANTA, GA 30314	58-0566205	501(C)(3)	2,194,155.	152,409.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(8) MORRIS COLLEGE 100 WEST COLLEGE STREET SUMTER, SC 29150	57-6000734	501(C)(3)	329,232.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(9) OAKWOOD UNIVERSITY 7000 ADVENTIST BLVD NW HUNTSVILLE, AL 35896	63-0366652	501(C)(3)	1,506,873.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(10) PAINE COLLEGE 1235 15TH STREET AUGUSTA, GA 30901	23-7434499	501(C)(3)	350,167.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(11) PHILANDER SMITH COLLEGE ONE FRUDDIE KIBBE REED DRIVE	71-0239729	501(C)(3)	540,175.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(12) RUST COLLEGE 150 RUST AVENUE HOLLY SPRINGS, MS 38635	64-0303805	501(C)(3)	630,241.	179,018.	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) (2016)

**SCHEDULE I
(Form 990)**

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

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

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

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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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SAINT AUGUSTINE'S UNIVERSITY 1315 OAKWOOD AVENUE RALEIGH, NC 27610	56-0547478	501(C)(3)	436,633.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(2) SHAW UNIVERSITY 118 EAST SOUTH STREET RALEIGH, NC 27611	56-0530235	501(C)(3)	448,344.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(3) SPELMAN COLLEGE 350 SPELMAN LANE SW ATLANTA, GA 30314	58-0566243	501(C)(3)	3,009,835.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(4) STILLMAN COLLEGE 3601 STILLMAN BLVD TUSCALOOSA, AL 35403	63-0315935	501(C)(3)	327,128.	177,218.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(5) TALLADEGA COLLEGE 627 WEST BATTLE STREET TALLADEGA, AL 35160	63-0288870	501(C)(3)	669,779.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(6) TEXAS COLLEGE 2404 NORTH GRAND AVENUE TYLER, TX 75712	75-0917417	501(C)(3)	447,908.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(7) TOUGALOO COLLEGE 500 WEST COUNT LINE ROAD TOUGALOO, MS 39174	64-0303093	501(C)(3)	879,540.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(8) TUSKEGEE UNIVERSITY CARNegie HALL TUSKEGEE, AL 36088	63-0288878	501(C)(3)	958,577.	196,316.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(9) VIRGINIA UNION UNIVERSITY 1500 N LOMBARDY ST RICHMOND, VA 23220	54-0524516	501(C)(3)	391,357.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(10) VOORHEES COLLEGE 103 ACADEMIC CIRCLE DENMARK, SC 29042	57-0329786	501(C)(3)	555,649.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(11) WILBERFORCE UNIVERSITY PO BOX 1001 WILBERFORCE, OH 45384	31-0604719	501(C)(3)	666,814.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(12) WILEY COLLEGE 711 WILEY AVENUE MARSHALL, TX 75670	75-0818183	501(C)(3)	981,957.	83,978.	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) (2016)

**SCHEDULE I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED NEGRO COLLEGE FUND INC

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

Employer identification number

13-1624241

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

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

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 non-cash assistance	(h) Purpose of grant or assistance
(1) XAVIER UNIVERSITY ONE DREXEL DRIVE NEW ORLEANS, LA 70125	72-0635884	501(C)(3)	1,659,716.	83,978.	FMV	AREA OFF. SUP	GRANTS & SCHOLARSHIP
(2) AMERICAN INDIAN GRADUATE CENTER SCHOLARS 3701 SAN MATEO BLVD NE	85-0477062	501(C)(3)	10,957,247.				GRANTS & SCHOLARSHIP
(3) ASIAN AND PACIFIC ISLANDER AMERICAN SCHOLAR 2025 M STREET NW WASHINGTON, DC 20036	57-1192973	501(C)(3)	14,590,975.				GRANTS & SCHOLARSHIP
(4) HISPANIC SCHOLARSHIP FUND 55 SECOND STREET SAN FRANCISCO, CA 94105	52-1051044	501(C)(3)	31,191,496.				GRANTS & SCHOLARSHIP
(5) ATLANTA UNIVERSITY CENTER PO BOX 92527 ATLANTA, GA 30314	20-0950177	501(C)(3)		24,627.	FMV	BLOOMBERG SUBSCRIP	TECHNICAL ASSISTANCE
(6) THE UNIVERSITY OF WEST ALABAMA UWA STATION 3 LIVINGSTONE, AL 35470	63-6001100	501(C)(3)	350,000.				CAREER PATHWAYS
(7) TENNESSEE STATE UNIVERSITY #343 3500 JOHN MERRITE BLVD	62-0786119	501(C)(3)	550,000.				CAREER PATHWAYS
(8) NORFOLK STATE UNIVERSITY 700 PARK AVENUE NORFOLK, VA 23504	23-7235954	501(C)(3)	550,000.				CAREER PATHWAYS
(9) MORGAN STATE UNIVERSITY 1700 E CLOUD SPRING LANE	23-7089143	501(C)(3)	550,000.				CAREER PATHWAYS
(10) LINCOLN UNIVERSITY 820 CHESTNUT STREET	44-6001089	501(C)(3)	100,000.				CAREER PATHWAYS
(11) JACKSON STATE UNIVERSITY PO BOX 17065 JACKSON, MS 39217	64-6000507	501(C)(3)	150,000.				CAREER PATHWAYS
(12) FAYETTEVILLE STATE UNIVERSITY 1200 MURCHINSON ROAD FAYETTEVILLE, NC 28301	56-1238736	501(C)(3)	450,000.				CAREER PATHWAYS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 48.
- 3 Enter total number of other organizations listed in the line 1 table 48.

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

Schedule I (Form 990) (2016)

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	3,434.	42,255,634.			
2	STIPENDS, HONORARIUMS AND FELLOWSHIPS	302.	1,380,188.			
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

Name of the organization

UNITED NEGRO COLLEGE FUND INC

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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 AND CEO	(i) 441,846. (ii) 0.	60,000. 0.	80,946. 0.	161,770.	28,246.	772,808.	
2 MS. AMMA FELIX VP - STRATEGY & SECRETARY	(i) 166,938. (ii) 0.	11,550. 0.	361. 0.	11,763.	667.	191,279.	
3 MS. DESIREE C BOYKIN GENERAL LEGAL COUNSEL/ASST SEC	(i) 180,736. (ii) 0.	11,900. 0.	862. 0.	9,100.	18,348.	220,946.	
4 MR. EARLY REESE COO/ACTING CFO/TREASURER	(i) 321,469. (ii) 0.	159,300. 0.	31,386. 0.	24,800.	8,499.	545,454.	25,000.
5 MS. MALVINA ROLLINS KAY SVP/CFO/TREASURER	(i) 197,203. (ii) 0.	0. 0.	78,783. 0.	0.	6,121.	282,107.	
6 MR. MAURICE E JENKINS EVP/CHIEF DEVELOPMENT OFFICER	(i) 255,693. (ii) 0.	27,000. 0.	21,564. 0.	14,713.	8,175.	327,145.	
7 MS. LAJUAN LYLES SENIOR VP/HR & ADMINISTRATION	(i) 220,795. (ii) 0.	15,540. 0.	2,190. 0.	15,827.	18,438.	272,790.	
8 MR. LAWRENCE GRIFFITH J SVP, SCHOLARSHIPS & PROGRAMS	(i) 218,538. (ii) 0.	15,800. 0.	11,195. 0.	16,094.	8,458.	270,085.	
9 MS. CHERYL SMITH SVP, PUBLIC POLICY & GOVT AFF	(i) 232,725. (ii) 0.	25,000. 0.	26,098. 0.	16,490.	1,170.	301,483.	
10 MR. RICHARD M SHROPSHIR VP, BRANDING, MKTING, & COMM	(i) 189,124. (ii) 0.	13,300. 0.	981. 0.	0.	8,118.	211,523.	
11 DR. BRIAN BRIDGES VP, RESEARCH & MEMBER ENGAGMNT	(i) 183,651. (ii) 0.	28,125. 0.	630. 0.	13,529.	22,132.	248,067.	
12 MR. ROBERT W RUCKER VP, IT & PROJ MGMT OFFICE	(i) 174,143. (ii) 0.	8,750. 0.	2,559. 0.	0.	1,844.	187,296.	
13 MR. FRED D MITCHELL VP DEVELOPMENT-NORTHERN REGION	(i) 164,167. (ii) 0.	8,500. 0.	4,612. 0.	5,171.	22,088.	204,538.	
14	(i) (ii) (i) (ii) (i) (ii) (i) (ii)	 	 	 	 	 	
15	(i) (ii) (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 4A

MALVINA KAY, CHIEF FINANCIAL OFFICER, RECEIVED A SEVERANCE PAYMENT IN THE

AMOUNT OF \$76,667. THE PAYMENT WAS INCLUDED IN HER 2016 W-2 AND IS

REFLECTED ON SCHEDULE J, PART II, COLUMN B(III) AS OTHER REPORTABLE

COMPENSATION.

SCHEDULE J, PART I, LINE 4B

UNCF DEFERRED \$143,219 TOWARD A NON-QUALIFIED PLAN ON BEHALF OF

DR. MICHAEL LOMAX, PRESIDENT & CEO, IN PREPARATION FOR THE NEXT

IN-SERVICE BONUS IN 2017.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED NEGRO COLLEGE FUND INC

DISTRICT OF COLUMBIA

Supplemental Information on Tax-Exempt Bonds
 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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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
A DISTRICT OF COLUMBIA	53-6001131	000000000	08/06/2015	31,565,000.	SEE SCH K PART VI		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		31,565,000.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows		30,933,700.						
7 Issuance costs from proceeds		631,300.						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2015							

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?	X							
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?							
2	Are there any lease arrangements that may result in private business use of bond-financed property?							

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

Part III Private Business Use (Continued)

DISTRICT OF COLUMBIA

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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?								
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?		X						
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						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge.								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

Table with 5 columns: Question, A (Yes/No), B (Yes/No), C (Yes/No), D (Yes/No). Rows include questions about guaranteed investment contracts, provider names, GIC terms, regulatory safe harbor, and temporary periods.

Part V Procedures To Undertake Corrective Action

Table with 5 columns: Question, A (Yes/No), B (Yes/No), C (Yes/No), D (Yes/No). Row includes question about written procedures to ensure federal tax requirements are met.

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

Series of 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.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

13-1624241

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) LIVINGSTONE COLLEGE 18) MILES COLLEGE 19)MOREHOUSE COLLEGE
20) MORRIS COLLEGE 21) OAKWOOD UNIVERSITY 22) PAINE COLLEGE 23)PHILANDER
SMITH COLLEGE 24) RUST COLLEGE 25) SAINT AUGUSTINE 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, SECTION B, LINE 11B

THE AUDIT COMMITTEE REVIEWS FORM 990 ON BEHALF OF THE UNCF BOARD.
A DETAILED REVIEW IS ALSO PERFORMED BY MANAGEMENT AND UNCF'S OUTSIDE
ACCOUNTANTS. A COPY OF THE COMPLETED FORM 990 IS ELECTRONICALLY MAILED TO
ALL BOARD MEMBERS FOR REVIEW BEFORE IT IS FILED.

Name of the organization UNITED NEGRO COLLEGE FUND INC	Employer identification number 13-1624241
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FORM 990, PART VI, SECTION B, LINE 12C

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY BY THE GENERAL COUNSEL TO BOARD MEMBERS AND EMPLOYEES. ALL ARE ASKED TO SIGN AND RETURN A STATEMENT IDENTIFYING ANY CONFLICTING INTERESTS. CONFLICTS ARE REVIEWED BY A COMMITTEE THAT INCLUDES THE GENERAL COUNSEL, THE CHIEF FINANCIAL OFFICER AND SENIOR VICE PRESIDENT OF ADMINISTRATION WHO THEN RECOMMENDS THE APPROPRIATE AND NECESSARY ACTIONS.

FORM 990, PART VI, SECTION B, LINE 15

THE ROLE OF THE HUMAN RESOURCES AND COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS IS TO DISCHARGE THE BOARD'S RESPONSIBILITIES RELATING TO COMPENSATION OF THE UNCF'S PRESIDENT AND CEO, OFFICERS AND KEY EMPLOYEES. 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. IN EXECUTIVE SESSION BEFORE THE FULL BOARD, THE COMMITTEE PRESENTS ITS FINDINGS, DELIBERATES, AND VOTE.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS SUCH AS THE BYLAWS ARE AVAILABLE UPON WRITTEN OR VERBAL REQUEST. FINANCIAL DOCUMENTS SUCH AS FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FROM OTHER WEBSITES SUCH AS GUIDE STAR AND UPON WRITTEN OR VERBAL REQUEST. UNCF'S CONFLICT OF POLICY IS NOT

Name of the organization UNITED NEGRO COLLEGE FUND INC	Employer identification number 13-1624241
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AVAILABLE TO THE PUBLIC.

FORM 990, PART XII, LINE 2C

WITH RESPECT TO THE OVERSIGHT OF THE AUDIT, REVIEW AND COMPILATION OF THE FINANCIAL STATEMENTS OF UNCF THAT RESPONSIBILITY RESTS WITH THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THERE WERE NO CHANGES IN EITHER THE OVERSIGHT OR SELECTION PROCESS.

ATTACHMENT 1

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

"A MIND IS A TERRIBLE THING TO WASTE" IS THE TRADEMARKED MOTTO AND PRINCIPLE THAT HAS REMAINED AT THE HEART OF UNCF ENABLING THE ORGANIZATION, ALONG WITH SUPPORT FROM ITS DONORS AND OVER 2,000 VOLUNTEERS, TO PROVIDE GREATER THAN 10,000 RECIPIENTS MORE THAN \$100 MILLION ANNUALLY IN SCHOLARSHIP AWARDS. TO DATE, UNCF HAS RAISED MORE THAN \$4.7 BILLION AND HELPED MORE THAN 445,000 STUDENTS AND COUNTING TO NOT JUST ATTEND COLLEGE BUT TO THRIVE, GRADUATE AND BECOME LEADERS. MULTI-MILLION DOLLAR PARTNERSHIP PROJECTS FUNDED BY MAJOR DONORS HAVE CONTRIBUTED SIGNIFICANTLY TO UNCF'S CAPACITY TO CREATE AND OFFER PROGRAMS AND TO PROVIDE RESOURCES TO BUILD INSTITUTIONAL STRUCTURES THAT WILL PREPARE OUR STUDENTS TO WORK AND SUCCEED IN THE NEW ECONOMY.

ATTACHMENT 2

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	14,284,772.	15,168,400.	195,678.

Name of the organization UNITED NEGRO COLLEGE FUND INC	Employer identification number 13-1624241
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ATTACHMENT 2 (CONT'D)

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
TOTALS	14,284,772.	15,168,400.	195,678.

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 4

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	2,340,969.
VONAGE 7900 WESTPARK DRIVE, SUITE A-315 MCLEAN, VA 22102	CLOUD COMMUNICATION	804,416.
THE ADVERTISING COUNCIL INC 815 SECOND AVENUE NEW YORK, NY 10017	PUBLIC SERVICE ADVT	799,973.
ACF SOLUTIONS 11800 SUNRISE VALLEY DRIVE, SUITE 424 RESTON, VA 20191	SALESFORCE CONSULT	727,357.
RACKSPACE 500 WALZEM ROAD SAN ANTONIO, TX 78218	CLOUD MANAGEMENT	678,623.

Name of the organization UNITED NEGRO COLLEGE FUND INC	Employer identification number 13-1624241
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ATTACHMENT 5

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
	9,263,342.
TOTAL	<u>9,263,342.</u>