Exempt Organization Business Income Tax Return

For celender year 2016 or other tax year beginning JUL 1, 2016 and ending JUN 30,

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

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1,567.

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2017

| Form 990- | (2016) UNITED WAY OF CENTRAL CAROLINAS, INC.   | 56-0529                                | 948                    | Page 2     |
|-----------|--|--|------------------------|------------|
| Part I    | II Tax Computation   | •                                      |                        |            |
| 35        | Organizations Taxable as Corporations. See instructions for tax computation.   |  |                        |            |
|           | Controlled group members (sections 1561 and 1563) check here See instructions and:   |  |                        |            |
|           | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):   |  |                        |            |
| _         | (1) [\$   (2) [\$   (3)  \$  |  |                        |            |
| ь         | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)  |  |                        |            |
| _         | (2) Additional 3% tax (not more than \$100,000)  |  |                        |            |
|           | Income tax on the amount on line 34  | <b>▶</b> - s                           | 15c                    | 235.       |
| 36        | Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 34 from:   | ······································ |                        |            |
| •         | Tax rate schedule or Schedule D (Form 1041)  | <u> </u>                               | <br>36                 |            |
| 37        | Proxy tax. See instructions  |  | 87                     |            |
| 38        |  |  | 88                     |            |
| 39        | Tax on Non-Compliant Facility Income. See instructions   |  | 9                      | _          |
| 40        | Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies  | na H                                   | (0<br>1<br>1<br>1<br>1 | 235.       |
|           | V Tax and Payments   |  | <del>W</del> .1        |            |
| •         |  |  | <del></del>            | ·          |
| _         | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  |  |                        |            |
| b         | Other credits (see instructions)   |  |                        |            |
| 6         | General business credit. Attach Form 3800 4tc  |  |                        |            |
| ď         | Credit for prior year minimum tax (attach Form 8801 or 8827)   | <del></del>                            |                        |            |
| 40        | Total credits. Add lines 41a through 41d   |  | 1e                     | 225        |
| 42        | Subtract line 41e from line 40   |  | 2                      | 235.       |
| 43        | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (  | •••                                    | 3                      | 225        |
| 44        | Total tax, Add lines 42 and 43   |  | 4                      | 235.       |
| 45 a      | Payments: A 2015 overpayment-credited to 2016  |  | `                      |            |
| b         | 2016 estimated tax payments 45b  |  |                        |            |
| C         | Tax deposited with Form 8868   |  |                        |            |
| d         | Foreign organizations: Tax paid or withheld at source (see instructions)   |  |                        |            |
| e         | Backup withholding (see instructions)  |  |                        |            |
| f         | Credit for small employer health insurance premiums (Attach Form 8941)   |  | i                      |            |
| 9         | Other credits and payments; Form 2439  |  |                        |            |
|           | Form 4136 Other Total > 45g  | <u>.</u>                               |                        |            |
| 46        | Total payments. Add lines 45a through 45g  |  | 8                      |            |
| 47        | Estimated tax penalty (see instructions). Check if Form 2220 is attached   |  |                        |            |
| 48        | Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed STATEMENT 3   | <b>&gt;</b> 5                          | 8                      | 235.       |
| 49        | Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid   |  |                        |            |
| <u>50</u> | Enter the amount of line 49 you want. Credited to 2017 estimated tax   | unded 🕨 🧃                              | 0                      |            |
|           | Statements Regarding Certain Activities and Other Information (see instruc   |  |                        |            |
| 51        | At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority  | <i>l</i>                               |                        | Yes No     |
|           | over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file  |  |                        |            |
|           | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country  |  |                        |            |
|           | here <b>&gt;</b>   |  |                        | X          |
| 52        | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore  | eign trust?                            |                        | X          |
|           | If YES, see instructions for other forms the organization may have to file.  |  |                        | ,          |
| 53        | Enter the amount of tax-exempt interest received or accrued during the tax year >\$  |  |                        | <u> </u>   |
| 0:        | Under penalties of perjury, I declare that I have examined this ratum, including accompanying achedules and statements, and to the incorrect, and complete. Declaration of which preparer has any knowledge. | pest of my knowledge a                 | and belief, it is true | ) <b>,</b> |
| Sign      |  |  | e IRS discuss this     |            |
| Here      | CFO CFO  |  | parar shown belo       | -          |
|           | Sjøndture of officer L Date Title  | inetruc                                | tions)? X Y            | s No       |
|           |  | Check if                               | PTIN                   |            |
| Paid      |  | self- employed                         |                        |            |
| Prepa     | rer AMANDA ADAMS -04'00'   |  | P00748                 | 038        |
| Use C     | Iniv Firm's name ► CHERRY BEKAERT LLP  | Firm's EIN                             | 56-057                 | 4444       |
|           | 1111 METROPOLITAN AVE. STE. 900  |  |                        |            |
|           | Firm's address ► CHARLOTTE, NC 28204   | Phone no. 704                          | 1-377-1                | 678        |

| Schedule A - Cost of Goods   | Sold. Enter                                       | method of inve  | ntory valuation N/A  |         |   |  |   |
|--|---|---|--|---------|---|--|---|
| 1 Inventory at beginning of year   |   |   | 6 Inventory at end of year   |         |   | 6  |   |
| 2 Purchases  |   |   | 7 Cost of goods sold. S  |         | ſ   |  |   |
| 3 Cost of labor  | ·   |   | from line 5. Enter here  |         |   |  |   |
| 4a Additional section 263A costs   | " <del>                                    </del> | -   | line 2   |         | , , , , , , , , , , , , , , , , , , ,                   | 7  |   |
| (attach schedule)  | 4a  |   | 8 Do the rules of section  | 263A (  | with respect to   | <u> </u>                                 | Yes No  |
| b Other costs (attach schedule)  |   |   | property produced or a   | •       | •   |  | 100   100                                       |
|  |   |   |  |         |   |  | 1 1 '   |
| 5 Total. Add lines 1 through 4b  | From Real   | Property and  | Personal Property L  | ease    | d With Real Prop  | erty)                                    |   |
| 1. Description of property   |   |   |  |         |   |  |   |
| (1)  |   | •   |  |         | <del></del>   |  |   |
| (2)  |   |   |  |         |   |  |   |
| (3)  |   |   |  |         |   |  |   |
| (4)  |   |   |  |         |   |  |   |
|  | 2. Rent receive                                   | ed or accrued   |  |         |   |  |   |
| (a) From personal property (if the perce<br>rent for personal property is more the<br>10% but not more than 50%) | entage of<br>han                                  | ' of rent for   | and personal property (if the percents<br>personal property exceeds 50% or if<br>int is based on profit or income) | ge      | 3(a) Deductions directly<br>columns 2(a) an             | connected with the od 2(b) (strach scheo |   |
| (1)  |   |   |  |         |   |  |   |
| (2)  |   |   |  |         |   |  |   |
| (3)  |   |   |  |         |   |  |   |
| (4)  |   |   |  |         |   |  |   |
| Total  | 0.  | Total   |  | 0.      |   |  |   |
| (c) Total income. Add totals of columns 2  | (a) and 2(b). En                                  | ter   |  |         | (b) Total deductions. Enter here and on page 1,         |  |   |
| here and on page 1, Part I, line 6, column   | (A)   |   |  | 0.      | Pert I, line 6, column (B)                              | <b>&gt;</b>                              | 0.  |
| Schedule E - Unrelated Debt  | :-Financed  | Income (see   | instructions)  |         |   |  |   |
|  |   |   | 2. Gross income from   |         | 3. Deductions directly conn<br>to debt-finance          |  | nble  |
| 1. Description of debt-fine  | nced property                                     |   | or allocable to debt-<br>financed property   | (a)     | Straight line depreciation<br>(attach schedule)         |  | deductions<br>schedule)                         |
| (1)  |   |   |  |         | <del>-</del>  |  |   |
| (2)  |   |   |  |         |   |  |   |
| (3)  |   |   |  |         |   |  |   |
| (4)  |   |   |  |         |   |  |   |
| Amount of average acquisition<br>debt on or allocable to debt-financed<br>property (attach schedule)             | of or a   | adjusted basis<br>illocable to<br>noad property<br>nachedule) | 6. Column 4 divided<br>by column 5   |         | 7. Gross income<br>reportable (column<br>2 x column 6)  | (column 6 x                              | ele deductions<br>total of columns<br>and 3(b)) |
| (1)  |   |   | %  |         |   |  |   |
| (2)  |   |   | %  |         |   | 1.                                       |   |
| (3)  |   |   | %  |         | _   |  |   |
| (4)  |   |   | %  |         | •   |  |   |
| ·  |   |   |  |         | nter here and on page 1,<br>Part I, line 7, column (A). |  | nd on page 1,<br>', column (B).                 |
| Totals   |   |   | •  |         | 0.  | .  | 0.  |
| Total dividends-received deductions inc  |   |   |  | <u></u> |   |  | 0.  |

|                                       |  |                                   |                                  | Exempt   | Controlled O  | rganizat   | ions   |                                 |                            |  |   |
|---------------------------------------|--|-----------------------------------|----------------------------------|--|---|--|--|---------------------------------|----------------------------|--|---|
| Name of controlled organization       |  |                                   | iployer<br>ication<br>iber       |  |   | otal of specified included in the con organization's gross |  | ded in the coni                 | rolling [                  | 6. Deductions directly connected with income in column 5 |   |
| (1)                                   |  |                                   |                                  |  |   |  |  |                                 |                            |  |   |
| (2)                                   |  |                                   |                                  |  |   |  |  |                                 |                            |  |   |
| (3)                                   |  |                                   |                                  |  |   |  |  |                                 |                            |  |   |
| (4)                                   |  |                                   |                                  |  |   |  |  |                                 |                            |  |   |
| Nonexempt Controlled Organi           | zations  |                                   |                                  |  |   |  |  |                                 |                            |  |   |
| 7. Taxable income                     |  | nrelated incon<br>see instruction |                                  | 9. Total   | i of specified pays<br>made   | ments  | 10 Part of colur<br>in the controls<br>gross                           | nn 9 tha<br>ng orga<br>i income | nization's                 | 11.  | Deductions directly connected<br>ith income in column 10                          |
| (1)                                   | <del>                                     </del> |                                   |                                  |  |   |  |  |                                 |                            | <u> </u>   |   |
| (2)                                   |  |                                   |                                  |  |   | -  |  |                                 |                            |  |   |
| (3)                                   |  |                                   |                                  |  |   |  |  |                                 |                            |  |   |
| (4)                                   |  |                                   |                                  |  | <del></del>   |  |  |                                 |                            |  |   |
|                                       |  |                                   |                                  |  |   |  | Add colum<br>Enter here and<br>line 8, c                               | on page                         | a 1, Part I,<br>A).        |  | Add columns 6 and 11.<br>r here and on page 1, Part I,<br>line 8, column (B).     |
| Totals                                |  |                                   |                                  |  | ,   | <u></u>  |  |                                 | 0.                         |  | <u></u> 0,  |
| Schedule G - Investme<br>(see inst    |  | ne of a S                         | Section                          | 501(c)(7   | 7), ( <del>9</del> ), or (  | 17) Org  |  |                                 |                            | _  |   |
| 1. Deec                               | ription of incor                                 | me                                |                                  |  | 2. Amount of  | income   | 3. Deduction<br>directly connectation<br>(attach schedi                | cted                            | 4. Set-<br>(attach s       | asidee<br>schedule)                                      | 5. Total deductions<br>and set-asides<br>(col. 3 plus col. 4)                     |
| (1)                                   |  |                                   |                                  |  |   |  |  |                                 |                            |  |   |
| (2)                                   |  |                                   |                                  |  |   |  | ·  |                                 |                            |  |   |
| (3)                                   |  |                                   | _                                |  |   |  |  |                                 |                            |  |   |
| (4)                                   |  |                                   |                                  |  |   | _  |  |                                 |                            |  |   |
|                                       |  |                                   |                                  |  | Enter here and o<br>Part I, line 9, co                                    |  |  |                                 |                            |  | Enter here and on page 1<br>Part I, line 9, column (B).                           |
|                                       |  |                                   |                                  |  | <u>L</u>  | 0.   |  |                                 |                            |  | 0.  |
| Schedule I - Exploited<br>(see instru | -  | Activity                          | Income                           | e, Other   | Than Adv  | ertisin  | g Income   |                                 |                            |  |   |
| 1. Description of exploited activity  | 2. G<br>unrelated<br>income<br>trade or b        | business<br>from                  | directly c<br>with pro           | censes<br>onnected<br>iduction<br>elated<br>income | 4. Net incomfrom unrelated business (cominus column gain, compute through | trade or<br>lumn 2<br>n 3). If a<br>n cots. 5              | 5. Gross inco<br>from activity the<br>is not unrelate<br>business inco | net<br>ed                       | 6. Exp<br>attribut<br>colu | able to  | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).  |
| (1)                                   |  |                                   |                                  |  |   |  |  |                                 |                            |  |   |
| (2)                                   |  |                                   |                                  |  | L.  |  |  |                                 |                            |  |   |
| (3)                                   |  |                                   |                                  |  |   |  |  |                                 |                            |  |   |
| (4)                                   |  |                                   |                                  |  |   |  |  |                                 |                            |  |   |
|                                       | Enter here<br>page 1,<br>line 10, c              | Part I,                           | Enter her<br>page 1,<br>line 10, | , Part I,<br>col. (B).                             |   |  |  |                                 |                            |  | Enter here and<br>on page 1,<br>Part II, line 26,                                 |
| Totals                                | <u>.                                    </u>     | 0.                                |                                  | 0.   |   |  |  |                                 |                            |  | 0.  |
| Schedule J - Advertisir               |  |                                   |                                  |  |   | <u></u>  |  |                                 |                            |  |   |
| Part I Income From I                  | Periodica  | als Repo                          | orted or                         | n a Cons   | <b>solidated</b>  | Basis  |  |                                 |                            |  |   |
| 1. Name of periodical                 |  | 2. Gross<br>advertising<br>income |                                  | B. Direct<br>rtieing costs                         | 4. Advert<br>or (loss) (co<br>col. 3). If a ga<br>cols. 5 th              | ol, 2 minus<br>sin, comput                                 | 5. Circulati<br>Income   | on                              | 6. Read<br>coet            |  | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1)                                   |  |                                   |                                  |  |   |  |  |                                 |                            |  |   |
| (1)<br>(2)<br>(3)<br>(4)              |  |                                   |                                  |  |   |  |  |                                 |                            |  |   |
| (3)                                   |  |                                   |                                  |  |   |  |  |                                 |                            |  | _   |
| (4)                                   |  |                                   |                                  |  |   |  |  |                                 |                            |  |   |
| Totals (carry to Part II, line (5))   | ▶  |                                   | <b>.</b> .                       | 0  |   |  |  | _                               |                            |  | 0.  |
|                                       |  |                                   |                                  |  |   |  |  |                                 |                            |  | 200 7   |

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| _                           |  |  |   |                       |                     |  |
|-----------------------------|--|--|---|-----------------------|---------------------|--|
| 1. Name of periodical       | 2. Gross<br>advertising<br>income                          | 3. Direct advertising costs                                | 4. Advertising gain<br>or (loss) (col. 2 minus<br>col. 3). If a gain, compute<br>cole. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership<br>costs (column 6 minus<br>column 5, but not more<br>than column 4). |
| (1)                         |  |  |   |                       |                     |  |
| (2)                         | _  |  |   |                       |                     |  |
| (3)                         |  |  |   | _                     |                     |  |
| (4)                         |  |  |   |                       |                     |  |
| Totals from Part I          | 0.   | 0.   |   |                       |                     | 0.   |
|                             | Enter here and on<br>page 1, Part I,<br>line 11, col. (A). | Enter here and on<br>page 1, Part I,<br>line 11, col. (B). |   |                       |                     | Enter here and<br>on page 1,<br>Part II, line 27.  |
| Totals, Part II (lines 1-5) | 0.   | 0.   |   |                       |                     | 0.   |
| Schedule K - Compensation   | n of Officers [  | Directors and  | Truetose /con in  | etructione\           | •                   |  |

| 1. Name   | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|---|----------|--|---|
| (1)   |          | %                                      |   |
| (2)   |          | %                                      | -   |
| (3)   |          | %                                      |   |
| (4)   |          | %                                      |   |
| Total. Enter here and on page 1, Part II, line 14 |          |  | 0.  |

Form 990-T (2016)

|  |                      |              |         |                  | ••  |                                    |
|--|----------------------|--------------|---------|------------------|-----|------------------------------------|
| FORM 990-T   | •                    | OTHER INCOME | 3       |                  | STA | TEMENT 1                           |
| DESCRIPTION  |                      |              |         |                  | i   | AMOUNT                             |
| PARKING INCOME   |                      |              |         |                  |     | 2,887                              |
| TOTAL TO FORM 990-T,   | PAGE 1, LIN          | E 12         |         |                  |     | 2,887                              |
| FORM 990-T   |                      | OTHER DEDUCT | IONS    | <u> </u>         | STA | TEMENT 2                           |
| DESCRIPTION  |                      |              |         |                  | i   | AMOUNT                             |
| PARKING EXPENSES   |                      |              |         |                  |     | 146                                |
| TOTAL TO FORM 990-T,   | PAGE 1, LIN          | E 28         |         |                  |     | 146                                |
|  | ·                    |              |         |                  | -   |                                    |
| FORM 990-T   | INTERE:              | ST AND PENAL | TIES    |                  | STA | TEMENT 3                           |
| FORM 990-T<br>TAX FROM FORM 990-T,<br>LATE PAYMENT INTER<br>LATE PAYMENT PENAL         | PART IV<br>EST       | 7. 7. 1      | TIES    |                  | STA | TEMENT 3<br>235<br>17<br>20        |
| TAX FROM FORM 990-T,<br>LATE PAYMENT INTER   | PART IV<br>EST       | 7. 7. 1      | TIES    |                  | STA | 235<br>17                          |
| TAX FROM FORM 990-T,<br>LATE PAYMENT INTER<br>LATE PAYMENT PENAL<br>TOTAL AMOUNT DUE   | PART IV<br>EST<br>TY | 7. 7. 1      |         |                  |     | 235<br>17<br>20                    |
| TAX FROM FORM 990-T, LATE PAYMENT INTER LATE PAYMENT PENAL TOTAL AMOUNT DUE FORM 990-T | PART IV<br>EST<br>TY | ST AND PENAL |         | RATE             | STA | 235<br>17<br>20<br>272             |
| TAX FROM FORM 990-T,<br>LATE PAYMENT INTER<br>LATE PAYMENT PENAL                       | PART IV<br>EST<br>TY | ST AND PENAL | NTEREST | RATE .0400 .0500 | STA | 235<br>17<br>20<br>272<br>TEMENT 4 |

| FORM 990-T            | LATE PA              | YMENT PENALT | STATEMENT 5  |        |         |
|-----------------------|----------------------|--------------|--------------|--------|---------|
| DESCRIPTION           | DATE                 | TRUOMA       | BALANCE      | MONTHS | PENALTY |
| TAX DUE<br>DATE FILED | 11/15/17<br>04/15/19 | 235.         | 235.<br>235. | 17     | 20.     |
| TOTAL LATE PAYMENT    | PENALTY              |              |              |        | 20.     |