

UNITEDWAY  
UNITED WAY OF LEE COUNTY, INC.

**2017 Client**



## Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

23-7107722

### UNITED WAY OF LEE COUNTY, INC.

**Net Asset / Fund Balance at Beginning of Year** 1,835,887

**Revenue**

Contributions	760,290
Program service revenue	
Investment income	3,328
Capital gain / loss	1,482
Fundraising / Gaming:	
Gross revenue	
Direct expenses	
Net income	
Other income	25,888

**Total revenue** 790,988

**Expenses**

Program services	763,562
Management and general	57,637
Fundraising	80,234

**Total expenses** 901,433

**Excess / (deficit)** -110,445

Changes 46,229

**Net Asset / Fund Balance at End of Year** 1,771,671

**Reconciliation of Revenue**

Total revenue per financial statements	837,217
Less:	
Unrealized gains	46,229
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
<b>Total revenue per return</b>	<b>790,988</b>

**Reconciliation of Expenses**

Total expenses per financial statements	901,433
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
<b>Total expenses per return</b>	<b>901,433</b>

**Balance Sheet**

	Beginning	Ending	Differences
Assets	1,840,023	1,775,392	
Liabilities	4,136	3,721	
Net assets	1,835,887	1,771,671	-64,216

**Miscellaneous Information**

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

**IRS e-file Signature Authorization  
for an Exempt Organization**

Department of the Treasury  
Internal Revenue Service

For calendar year 2017, or fiscal year beginning . . . . . 2017, and ending . . . . . 20 . . . . .

**▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2017**

Name of exempt organization

**UNITED WAY OF LEE COUNTY, INC.**

Employer identification number

**23-7107722**

Name and title of officer

**REBECCA BENTON  
EXECUTIVE DIRECTOR**

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

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>790,988</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

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

**Officer's PIN: check one box only**

I authorize BARFIELD, MURPHY, SHANK & SMITH LLC to enter my PIN 07722 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Officer's signature ▶

Date ▶ **08/15/18**

**Part III Certification and Authentication**

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

**63976767890**

Do not enter all zeros

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

ERO's signature ▶ **JOHN BOLES**

Date ▶ **08/15/18**

**ERO Must Retain This Form — See Instructions**

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

For Paperwork Reduction Act Notice, see back of form.

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

OMB No. 1545-0047

**2017**  
**Open to Public Inspection**

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

**A For the 2017 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF LEE COUNTY, INC.</b>		<b>D</b> Employer identification number <b>23-7107722</b>
	Doing business as		<b>E</b> Telephone number <b>334-745-5540</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>P. O. BOX 3075</b>	Room/suite	<b>G</b> Gross receipts\$ <b>790,988</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>AUBURN AL 36831-3075</b>		
<b>F</b> Name and address of principal officer: <b>REBECCA BENTON</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>NA</b>			<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1988</b>	<b>M</b> State of legal domicile: <b>AL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>4</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>853,915</b>	<b>760,290</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,352</b>	<b>4,810</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>28,903</b>	<b>25,888</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>885,170</b>	<b>790,988</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>605,647</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>185,739</b>	<b>197,607</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>80,234</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<b>77,498</b>	<b>75,818</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>868,884</b>	<b>901,433</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>16,286</b>	<b>-110,445</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,840,023</b>	<b>1,775,392</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,136</b>	<b>3,721</b>
		<b>1,835,887</b>	<b>1,771,671</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date	
	<b>REBECCA BENTON</b>		<b>EXECUTIVE DIRECTOR</b>	
Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if PTIN
	<b>JOHN BOLES</b>	<b>JOHN BOLES</b>	<b>08/15/18</b>	self-employed <b>P01353646</b>
Firm's name ▶ <b>BARFIELD, MURPHY, SHANK &amp; SMITH LLC</b>		Firm's EIN ▶ <b>46-1498870</b>		
Firm's address ▶ <b>2002 YARBROUGH DR # A</b>		Phone no. <b>334-749-3449</b>		
<b>OPELIKA, AL 36801-6034</b>				

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

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

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 \$ 371,735 including grants of \$ 245,600 ) (Revenue \$ )

HEALTH & EDUCATION: THE UNITED WAY OF LEE COUNTY IS COMMITTED TO CREATING LASTING CHANGE - FROM ENDING ILLITERACY TO GIVING EVERY CHILD A HEALTHY CHANCE. OUR SCHOOL DENTAL PROGRAM PROVIDED NEEDY SCHOOL AGE CHILDREN WITH NECESSARY DENTAL CARE TO INCREASE THEIR DENTAL HEALTH AND ENSURE MINIMAL DAYS MISSED DUE TO DENTAL PROBLEMS. OUR ADULT LITERACY PROGRAM ASSISTED INDIVIDUALS WITH BASIC READING AND MATH SKILLS. THIS IMPACTS NOT ONLY THE LEARNING ADULTS BUT ALSO THEIR FAMILIES BY STRENGTHENING THEIR ABILITY TO INCREASE INCOME AND FURTHER THE LEARNING OF THEIR CHILDREN. OUR NON-PROFIT CHILDCARE CENTERS PROVIDE A QUALITY LEARNING ENVIRONMENT TO CHILDREN FROM LOW-INCOME WORKING FAMILIES. THE CHILDREN ARE PROVIDED WITH THE LEARNING AND SOCIALIZATION SKILLS NECESSARY FOR SUCCESSFUL TRANSITION TO SCHOOL AND

4b (Code: ) (Expenses \$ 129,369 including grants of \$ 124,509 ) (Revenue \$ )

EMERGENCY AID: THE MISSION OF THE EMERGENCY AID FUND IS TO ASSIST INDIVIDUALS IN TIME OF NEED WITH EMERGENCY ASSISTANCE IN THE AREAS OF FOOD, SHELTER, MEDICINE, DOCTOR VISITS, AND TRANSPORTION. ADDITIONAL CRISIS SERVICES TO FAMILIES INCLUDES DISASTER PREPAREDNESS AND VICTIM SERVICES.

4c (Code: ) (Expenses \$ 262,458 including grants of \$ 257,899 ) (Revenue \$ )

STRENGTHENING FAMILIES AND COMMUNITY: UNITED WAY PARTICIPATES IN A STATEWIDE 2-1-1 INFORMATION AND REFERRAL INITIATIVE. THE PURPOSE OF 2-1-1 IS TO CONNECT PEOPLE IN NEED OF HEALTH AND HUMAN SERVICES WITH THE PROVIDERS OF THESE SERVICES IN THE COMMUNITY. THE UNITED WAY OF LEE COUNTY ALSO SUPPORTED PROGRAMS FOR MENTORING CHILDREN, INCREASING PARENTING SKILLS, TRAINING PROGRAMS FOR THOSE WITH DISABILITIES AND QUALITY YOUTH DEVELOPMENT PROGRAMS.

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

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

4e Total program service expenses 763,562

**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	<b>Section 501(c)(3) organizations.</b> 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 (see instructions)</i>		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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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>	<b>X</b>	
<b>22</b> 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>		<b>X</b>
<b>23</b> 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>		<b>X</b>
<b>24a</b> 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>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		<b>X</b>
<b>b</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>		<b>X</b>
<b>26</b> 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>		<b>X</b>
<b>27</b> 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>		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> 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>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> 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>		<b>X</b>
<b>33</b> 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>		<b>X</b>
<b>34</b> 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>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.		<b>X</b>



**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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



**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) KRIS BLACKMON	0.00									
TREASURER	0.00	X		X			0	0	0	
(2) STAN COX	0.00									
DIRECTOR	0.00	X					0	0	0	
(3) TERRY ANDRUS	0.00									
DIRECTOR	0.00	X					0	0	0	
(4) CARY COX	0.00									
DIRECTOR	0.00	X					0	0	0	
(5) APRIL BAKER	0.00									
DIRECTOR	0.00	X		X			0	0	0	
(6) TITUS LINDSEY	0.00									
PRESIDENT	0.00	X		X			0	0	0	
(7) RETT MONCRIEF	0.00									
DIRECTOR	0.00	X		X			0	0	0	
(8) KAREN DELANO	0.00									
DIRECTOR	0.00	X					0	0	0	
(9) SUSAN GRIFFITH	0.00									
PAST PRESIDENT	0.00	X		X			0	0	0	
(10) KATE LARKIN	0.00									
DIRECTOR	0.00	X					0	0	0	
(11) REX MAYNOR	0.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>JOHN MCEACHERN</b>	0.00									
DIRECTOR	0.00	X					0	0	0	
(13) <b>ERIC CANADA</b>	0.00									
DIRECTOR	0.00	X					0	0	0	
(14) <b>ROBYN BRIDGES</b>	0.00									
VICE PRESIDENT	0.00	X					0	0	0	
(15) <b>VERTRINA GRUBBS</b>	0.00									
DIRECTOR	0.00	X					0	0	0	
(16) <b>PAUL REGISTER</b>	0.00									
DIRECTOR	0.00	X					0	0	0	
(17) <b>JAY HOVEY</b>	0.00									
SECRETARY	0.00	X					0	0	0	
(18) <b>ROD CATER</b>	0.00									
DIRECTOR	0.00	X					0	0	0	
(19) <b>EMILY JONES</b>	0.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> <b>760,290</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		<b>760,290</b>			
<b>Program Service Revenue</b>	<b>2a</b>	<b>Busn. Code</b>				
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>3,328</b>	<b>3,328</b>		
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real	<b>7,330</b>			
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)	<b>7,330</b>				
	<b>d Net rental income or (loss)</b>		<b>7,330</b>	<b>7,330</b>		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	<b>1,482</b>			
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)	<b>1,482</b>				
	<b>d Net gain or (loss)</b>		<b>1,482</b>	<b>1,482</b>		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
<b>c Net income or (loss) from fundraising events</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses	<b>b</b>					
<b>c Net income or (loss) from gaming activities</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c Net income or (loss) from sales of inventory</b>						
Miscellaneous Revenue	<b>Busn. Code</b>					
<b>11a OTHER REVENUE</b>		<b>18,558</b>	<b>18,558</b>			
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		<b>18,558</b>				
<b>12 Total revenue.</b> See instructions.		<b>790,988</b>	<b>30,698</b>	<b>0</b>	<b>0</b>	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>628,008</b>	<b>628,008</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>170,972</b>	<b>95,744</b>	<b>20,517</b>	<b>54,711</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>26,635</b>	<b>14,916</b>	<b>3,196</b>	<b>8,523</b>
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>10,700</b>	<b>5,992</b>	<b>4,708</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	<b>23,769</b>	<b>4,860</b>	<b>1,909</b>	<b>17,000</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>982</b>		<b>982</b>	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>7,055</b>	<b>3,951</b>	<b>3,104</b>	
<b>23</b> Insurance	<b>3,667</b>	<b>2,054</b>	<b>1,613</b>	
<b>24</b> 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.)				
<b>a DUES AND REGISTRATION</b>	<b>10,575</b>		<b>10,575</b>	
<b>b TELEPHONE</b>	<b>9,822</b>	<b>5,304</b>	<b>4,518</b>	
<b>c MISCELLANEOUS</b>	<b>4,688</b>		<b>4,688</b>	
<b>d POSTAGE</b>	<b>2,505</b>	<b>2,505</b>		
<b>e All other expenses</b>	<b>2,055</b>	<b>228</b>	<b>1,827</b>	
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>901,433</b>	<b>763,562</b>	<b>57,637</b>	<b>80,234</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance 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
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>539,422</b>	<b>1</b>	<b>499,472</b>
	<b>2</b> Savings and temporary cash investments	<b>568,689</b>	<b>2</b>	<b>615,487</b>
	<b>3</b> Pledges and grants receivable, net	<b>573,652</b>	<b>3</b>	<b>509,229</b>
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	<b>2,374</b>	<b>9</b>	<b>2,374</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>329,767</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>181,189</b>	<b>155,633</b>	<b>10c</b> <b>148,578</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>253</b>	<b>15</b>	<b>252</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>1,840,023</b>	<b>16</b>	<b>1,775,392</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>4,136</b>	<b>17</b>	<b>3,721</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>4,136</b>	<b>26</b>	<b>3,721</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	<b>1,474,549</b>	<b>27</b>	<b>1,574,099</b>
	<b>28</b> Temporarily restricted net assets	<b>361,338</b>	<b>28</b>	<b>197,572</b>
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	<b>1,835,887</b>	<b>33</b>	<b>1,771,671</b>	
<b>34</b> Total liabilities and net assets/fund balances	<b>1,840,023</b>	<b>34</b>	<b>1,775,392</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>790,988</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>901,433</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-110,445</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>1,835,887</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>46,229</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>1,771,671</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	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>X</b>
<b>3b</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.		



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>JENIFER LOVVORN</b>	0.00									
DIRECTOR	0.00	X					0	0	0	
(21) <b>CRAIG LECKEY</b>	0.00									
DIRECTOR	0.00	X					0	0	0	
(22) <b>TRICIA PETERSON</b>	0.00									
DIRECTOR	0.00	X					0	0	0	
(23) <b>MARY ROBERSON</b>	0.00									
DIRECTOR	0.00	X					0	0	0	
(24) <b>PAM SMITH</b>	0.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

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

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

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

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.**

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

**UNITED WAY OF LEE COUNTY, INC.**

Employer identification number

**23-7107722**

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	894,070	995,143	821,615	853,915	760,290	4,325,033
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	894,070	995,143	821,615	853,915	760,290	4,325,033
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						4,325,033

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4	894,070	995,143	821,615	853,915	760,290	4,325,033
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						4,325,033

**12** Gross receipts from related activities, etc. (see instructions) 12 29,216

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

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

**14** Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 100.00%

**15** Public support percentage from 2016 Schedule A, Part II, line 14 15 100.00%

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

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

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

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

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		
9b	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>		
9c	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>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

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



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

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ 0

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

UNITED WAY OF LEE COUNTY, INC.

Employer identification number

23-7107722

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>35,000</b>		<b>35,000</b>
<b>b</b> Buildings .....		<b>231,338</b>	<b>117,856</b>	<b>113,482</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>63,429</b>	<b>63,333</b>	<b>96</b>
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>148,578</b>

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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





**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

**UNITED WAY OF LEE COUNTY, INC.**

Employer identification number

**23-7107722**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ALABAMA SHERIFF'S GIRLS RANCH AVAILABLE UPON REQUEST AUBURN AL 36830			15,000				
(2)	AUBURN CITY SCHOOLS DENTAL CLINIC AVAILABLE UPON REQUEST AUBURN AL 36830			16,500				
(3)	AUBURN DAY CARE CENTERS AVAILABLE UPON REQUEST AUBURN AL 36830			34,000				
(4)	BOYS & GIRLS CLUBS OF GREATER LEE AVAILABLE UPON REQUEST OPELIKA AL 36801			85,000				
(5)	CASA OF LEE COUNTY AVAILABLE UPON REQUEST AUBURN AL 36830			10,000				
(6)	COMMUNITY MARKET OF EAST ALABAMA AVAILABLE UPON REQUEST OPELIKA AL 36801			32,000				
(7)	DOMESTIC VIOLENCE INTERVENTION AVAILABLE UPON REQUEST AUBURN AL 36830			30,000				
(8)	EAST ALABAMA FOOD BANK AVAILABLE UPON REQUEST AUBURN AL 36830			25,000				
(9)	EAST ALABAMA MENTAL HEALTH AVAILABLE UPON REQUEST AUBURN AL 36830			40,000				

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

**UNITED WAY OF LEE COUNTY, INC.**

Employer identification number

**23-7107722**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	EAST ALABAMA SERVICES FOR THE AVAILABLE UPON REQUEST AUBURN AL 36830			30,000				
(2)	GREATER PEACE CHILD DEVELOPMENT AVAILABLE UPON REQUEST AUBURN AL 36830			15,000				
(3)	JOYLAND CHILD DEVELOPMENT CENTER AVAILABLE UPON REQUEST AUBURN AL 36830			25,000				
(4)	LEE COUNTY ALABAMA EASTER SEALS AVAILABLE UPON REQUEST AUBURN AL 36830			30,600				
(5)	LEE COUNTY AMERICAN RED CROSS AVAILABLE UPON REQUEST AUBURN AL 36830			55,000				
(6)	LEE COUNTY AUTISM RESOURCE CENTER AVAILABLE UPON REQUEST AUBURN AL 36830			15,000				
(7)	LEE COUNTY LITERACY COALITION AVAILABLE UPON REQUEST AUBURN AL 36830			25,000				
(8)	MISC EACH < \$5,000 AVAILABLE UPON REQUEST AUBURN AL 36830			18,399				
(9)	PROJECT UPLIFT AVAILABLE UPON REQUEST OPELIKA AL 36801			23,000				

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

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

Schedule I (Form 990) (2017)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

**UNITED WAY OF LEE COUNTY, INC.**

Employer identification number

**23-7107722**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE SALVATION ARMY AVAILABLE UPON REQUEST AUBURN AL 36830			15,000				
(2)	TWIN CEDARS CHILD ADVOCACY CENTER AVAILABLE UPON REQUEST OPELIKA AL 36801			15,000				
(3)	UNITED WAY WILLIAM MASON AVAILABLE UPON REQUEST OPELIKA AL 36801			23,009				
(4)	UNITY WELLNESS CENTER OF AVAILABLE UPON REQUEST OPELIKA AL 36801			30,000				
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2017)



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF LEE COUNTY, INC.**

Employer identification number

**23-7107722**

**FORM 990 - ORGANIZATION'S MISSION**

THE MISSION OF THE UNITED WAY OF LEE COUNTY, INC. IS TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER. ONE OF THE WAYS THAT WE DO THIS IN OUR COMMUNITY IS BY GENERATING AND APPLYING THE NECESSARY RESOURCES TO MEET THE NEEDS OF THE COMMUNITY, RECOGNIZING THAT MEETING BASIC HUMAN NEEDS SHOULD BE THE OVERRIDING CONSIDERATION IN ALL DECISIONS.

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

LIFE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
NO REVIEW WAS OR WILL BE CONDUCTED.

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

ALL MEMBERS INVOLVED IN THE DISBURSEMENT OR ALLOCATION OF FUNDING MUST DISCLOSE IN WRITING ON AN ANNUAL BASIS THEIR AFFILIATION WITH ANY ORGANIZATION APPLYING FOR UNITED WAY FUNDING. THOSE INDIVIDUALS WITH POTENTIAL CONFLICT OF INTEREST MUST REMOVE THEMSELVES FROM DISCUSSION AND VOTE ON THOSE FINANCIAL MATTERS.

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

FORM 990 IS INCLUDED ON OUR WEBSITE AS WELL AS BEING AVAILABLE UPON REQUEST

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

# Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2017**

Attachment Sequence No. **179**

Name(s) shown on return

**UNITED WAY OF LEE COUNTY, INC.**

Identifying number

**23-7107722**

Business or activity to which this form relates

## INDIRECT DEPRECIATION

### Part I Election To Expense Certain Property Under Section 179

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

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

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7,044

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

#### Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

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

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

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

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

### Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	7,044
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
78	NEW PHONE SYSTEM	3/16/06	4,614				4,614	7	HY 200DB	4,614	0
79	COMPUTER SERVER	8/31/04	4,250			X	2,125	5	HY 200DB	4,250	0
81	Computer/Monitor/Keyboard	3/30/09	938			X	469	5	HY 200DB	938	0
82	Computer/Monitor/Keyboard	3/30/09	938			X	469	5	HY 200DB	938	0
83	Computer/Monitor/Keyboard	3/30/09	938			X	469	5	HY 200DB	938	0
84	Computer/Monitor/Keyboard	3/30/09	938			X	469	5	HY 200DB	938	0
85	Computer/Monitor/Keyboard	3/30/09	938			X	469	5	HY 200DB	938	0
			13,554				9,084			13,554	0
<b>Other Depreciation:</b>											
1	NEW BUILDING	12/31/96	213,067				213,067	39	MO S/L	109,265	5,463
2	EXTERIOR PLAQUE	1/01/97	225				225	39	MO S/L	115	6
3	ALARM SYSTEM	5/15/97	1,257				1,257	15	MO S/L	1,257	0
4	PLAQUES INSIDE BUILDING	3/15/97	560				560	39	MO S/L	285	14
5	OTHER BUILDING COSTS	2/15/97	1,729				1,729	39	MO S/L	881	44
6	TYPEWRITER	12/30/85	106				106	5	MO 150DB	106	0
7	LAND-PURCHASED FROM JOHN RICE	12/19/95	35,000				35,000	0	-- Land	0	0
8	VACUUM	7/06/91	114				114	7	MO 200DB	114	0
	Sold/Scrapped: 1/01/17										
9	VARIOUS FRAMED ART PRINTS	3/15/97	2,770				2,770	7	MO 200DB	2,770	0
10	COMPUTER-486	3/24/93	1,855				1,855	5	MO 200DB	1,855	0
	Sold/Scrapped: 1/01/17										
11	SHREDDER	4/05/93	68				68	7	MO 200DB	68	0
	Sold/Scrapped: 1/01/17										
12	PRINTER	4/21/93	540				540	5	MO 200DB	540	0
	Sold/Scrapped: 1/01/17										
13	COPIER DRUM	7/23/93	240				240	7	MO 200DB	240	0
	Sold/Scrapped: 1/01/17										
14	SOFTWARE	3/10/94	4,145				4,145	5	MO 200DB	4,145	0
15	CAMERA	3/07/94	138				138	5	MO 200DB	138	0
	Sold/Scrapped: 1/01/17										
16	COPIER	9/29/95	4,995				4,995	5	MO 200DB	4,995	0
	Sold/Scrapped: 1/01/17										
17	COMPUTER SYSTEM-486	2/28/95	1,880				1,880	5	MO 200DB	1,880	0
	Sold/Scrapped: 1/01/17										
18	GAS RANGE	11/26/96	376				376	5	MO 200DB	376	0
19	REFRIGERATOR	11/26/96	599				599	5	MO 200DB	599	0
20	GE MICROWAVE	11/26/96	90				90	5	MO 200DB	90	0
	Sold/Scrapped: 1/01/17										
21	DISHWASHER	11/26/96	238				238	5	MO 200DB	238	0
22	COMPUTER-FOR CARL	2/15/97	1,349				1,349	5	MO 200DB	1,349	0
	Sold/Scrapped: 1/01/17										
23	TWO NEW COMPUTERS	6/01/98	2,203				2,203	5	MO 200DB	2,203	0
	Sold/Scrapped: 1/01/17										
24	CD ROM & INSTALATION FOR CARL	6/01/98	129				129	5	MO 200DB	129	0
	Sold/Scrapped: 1/01/17										
25	POWER BACKUP -MICROTECH	6/01/98	384				384	5	MO 200DB	384	0
	Sold/Scrapped: 1/01/17										
26	COMPUTER DESK	8/20/85	384				384	5	MO 150DB	384	0
27	OFFICE CHAIR	4/14/93	212				212	7	MO 200DB	212	0
28	FILE CABINET	9/02/93	751				751	7	MO 200DB	751	0
29	RECEPTION GUEST CHAIRS(3)	12/31/96	330				330	7	MO 200DB	330	0
30	RECEPTION LOVESEAT (2)	12/31/96	630				630	7	MO 200DB	630	0
31	DIRECTORS-EXCEL 2900 SERIES	12/31/96	1,195				1,195	7	MO 200DB	1,195	0
32	DIRECTORS CHAIR-1059	12/31/96	330				330	7	MO 200DB	330	0
33	DIRECTORS LATERAL FILE	12/31/96	455				455	7	MO 200DB	455	0
34	DIRECTORS BOOKCASE UNIT	12/31/96	298				298	7	MO 200DB	298	0
35	CONFERENCE TABLE-ABCO TRAD-48	12/31/96	395				395	7	MO 200DB	395	0
36	CONFERENCE CHAIRS (6)	12/31/96	660				660	7	MO 200DB	660	0
37	COPY/FILE LATERAL FILE	12/31/96	680				680	7	MO 200DB	680	0
38	OFFICE 4 DESK-THOM1500	12/31/96	490				490	7	MO 200DB	490	0
39	OFFICE 4 GUEST CHAIRS(2)	12/31/96	260				260	7	MO 200DB	260	0
40	OFFICE 4 CHAIR-FAIRFIELD1059	12/31/96	330				330	7	MO 200DB	330	0
41	OFFICE 5 DESK-THOM1500	12/31/96	490				490	7	MO 200DB	490	0
42	OFFICE 5 GUEST CHAIR-3556(2)	12/31/96	260				260	7	MO 200DB	260	0
43	OFFICE 5 CHAIR-FAIRFIELD	12/31/96	330				330	7	MO 200DB	330	0
44	CONFERENCE ROOM SOFA-703	12/31/96	385				385	7	MO 200DB	385	0
45	CONFERENCE TABLE-B24	12/31/96	1,680				1,680	7	MO 200DB	1,680	0

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
46	CONFERENCE RM GUEST CHAIRS(22)	12/31/96	2,420			2,420	7 MO200DB	2,420	0
47	CONFERENCE ROOM CABINET	12/31/96	460			460	7 MO200DB	460	0
48	CONFERENCE RM CREDENZA	12/31/96	375			375	7 MO200DB	375	0
49	CONFERENCE RM CREDENZA-29	12/31/96	698			698	7 MO200DB	698	0
50	CONFERENCE WING CHAIRS(3)	12/31/96	690			690	7 MO200DB	690	0
51	PRE-CONF. AREA CREDENZA	12/31/96	860			860	7 MO200DB	860	0
52	OFFICE 3-DESK THOM. 1500	12/31/96	490			490	7 MO200DB	490	0
53	OFFICE 3-CHAIRS-3556(2)	12/31/96	260			260	7 MO200DB	260	0
54	OFFICE 3-CHAIR-1059	12/31/96	330			330	7 MO200DB	330	0
55	OFFICE 2-DESK-1500	12/31/96	490			490	7 MO200DB	490	0
56	OFFICE 2-CHAIR-1059	12/31/96	330			330	7 MO200DB	330	0
57	OFFICE 1-CHAIR-1059	12/31/96	330			330	7 MO200DB	330	0
58	OFFICE 1-CHAIRS-3556(2)	12/31/96	260			260	7 MO200DB	260	0
59	SECRETARY 2900 SERIES EXCEL	12/31/96	1,195			1,195	7 MO200DB	1,195	0
60	SECRETARY CHAIR-1059	12/31/96	330			330	7 MO200DB	330	0
61	SECRETARY-CHAIRS-3556(2)	12/31/96	260			260	7 MO200DB	260	0
62	SECRETARY-LATERAL FILE	12/31/96	455			455	7 MO200DB	455	0
63	SECRETARY-BOOKCASE	12/31/96	298			298	7 MO200DB	298	0
64	THOMAS 1500 DESK	12/31/96	490			490	7 MO200DB	490	0
65	GREEN GUEST CHAIRS(2)	12/31/96	260			260	7 MO200DB	260	0
66	BOMBAY CO-4 CHAIRS, 15 TABLES	11/30/96	3,721			3,721	7 MO200DB	3,721	0
67	LATERAL FILE 29	2/11/97	485			485	7 MO200DB	485	0
68	BOOKCASE TOP 29	2/11/97	315			315	7 MO200DB	315	0
69	4X6 CABINET BLACK	1/16/97	765			765	7 MO200DB	765	0
70	LATERAL FILE W/ 42 TOP	2/11/97	495			495	7 MO200DB	495	0
71	2-LATERAL FILE PARCHMENT	2/11/97	1,360			1,360	7 MO200DB	1,360	0
72	2-FAIRFIELD CHAIR 1092	1/16/97	490			490	7 MO200DB	490	0
73	ORIGINAL CANVAS BY MIKE DIMINIC	1/01/97	1,500			1,500	7 MO200DB	1,500	0
74	8 GOLD FRAMED MIRRORS	1/01/97	216			216	7 MO200DB	216	0
75	Computer	7/19/01	1,552			1,552	5 MO S/L	1,552	0
	Sold/Scrapped: 1/01/17								
76	Computer	7/31/02	2,525			2,525	5 MO S/L	2,525	0
	Sold/Scrapped: 1/01/17								
77	TRACKER SOFTWARE	4/07/03	4,750			4,750	3 MO S/L	4,750	0
80	Computer/Monitor/Keyboard	3/30/09	938			938	5 MO S/L	938	0
86	Display Board	8/14/12	0			0	0 HY	0	0
87	5 HP COMPUTERS	2/04/15	3,463			3,463	3 MO S/L	2,213	1,154
88	HVAC System	8/02/16	14,500			14,500	40 MO S/L	151	363
	<b>Total Other Depreciation</b>		<u>332,958</u>			<u>332,958</u>		<u>177,324</u>	<u>7,044</u>
	<b>Total ACRS and Other Depreciation</b>		<u>332,958</u>			<u>332,958</u>		<u>177,324</u>	<u>7,044</u>
	<b>Grand Totals</b>		346,512			342,042		190,878	7,044
	<b>Less: Dispositions and Transfers</b>		18,062			18,062		18,062	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>328,450</u>			<u>323,980</u>		<u>172,816</u>	<u>7,044</u>

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current	
<b>Other Depreciation:</b>												
1	NEW BUILDING	12/31/96	0					0	0	HY	0	0
2	EXTERIOR PLAQUE	1/01/97	0					0	0	HY	0	0
3	ALARM SYSTEM	5/15/97	0					0	0	HY	0	0
4	PLAQUES INSIDE BUILDING	3/15/97	0					0	0	HY	0	0
5	OTHER BUILDING COSTS	2/15/97	0					0	0	HY	0	0
6	TYPEWRITER	12/30/85	0					0	0	HY	0	0
7	LAND-PURCHASED FROM JOHN RICE	12/19/95	0					0	0	HY	0	0
8	VACUUM	7/06/91	0					0	0	HY	0	0
	Sold/Scrapped: 1/01/17											
9	VARIOUS FRAMED ART PRINTS	3/15/97	0					0	0	HY	0	0
10	COMPUTER-486	3/24/93	0					0	0	HY	0	0
	Sold/Scrapped: 1/01/17											
11	SHREDDER	4/05/93	0					0	0	HY	0	0
	Sold/Scrapped: 1/01/17											
12	PRINTER	4/21/93	0					0	0	HY	0	0
	Sold/Scrapped: 1/01/17											
13	COPIER DRUM	7/23/93	0					0	0	HY	0	0
	Sold/Scrapped: 1/01/17											
14	SOFTWARE	3/10/94	0					0	0	HY	0	0
15	CAMERA	3/07/94	0					0	0	HY	0	0
	Sold/Scrapped: 1/01/17											
16	COPIER	9/29/95	0					0	0	HY	0	0
	Sold/Scrapped: 1/01/17											
17	COMPUTER SYSTEM-486	2/28/95	0					0	0	HY	0	0
	Sold/Scrapped: 1/01/17											
18	GAS RANGE	11/26/96	0					0	0	HY	0	0
19	REFRIGERATOR	11/26/96	0					0	0	HY	0	0
20	GE MICROWAVE	11/26/96	0					0	0	HY	0	0
	Sold/Scrapped: 1/01/17											
21	DISHWASHER	11/26/96	0					0	0	HY	0	0
22	COMPUTER-FOR CARL	2/15/97	0					0	0	HY	0	0
	Sold/Scrapped: 1/01/17											
23	TWO NEW COMPUTERS	6/01/98	0					0	0	HY	0	0
	Sold/Scrapped: 1/01/17											
24	CD ROM & INSTALATION FOR CARL	6/01/98	0					0	0	HY	0	0
	Sold/Scrapped: 1/01/17											
25	POWER BACKUP -MICROTECH	6/01/98	0					0	0	HY	0	0
	Sold/Scrapped: 1/01/17											
26	COMPUTER DESK	8/20/85	0					0	0	HY	0	0
27	OFFICE CHAIR	4/14/93	0					0	0	HY	0	0
28	FILE CABINET	9/02/93	0					0	0	HY	0	0
29	RECEPTION GUEST CHAIRS(3)	12/31/96	0					0	0	HY	0	0
30	RECEPTION LOVESEAT (2)	12/31/96	0					0	0	HY	0	0
31	DIRECTORS-EXCEL 2900 SERIES	12/31/96	0					0	0	HY	0	0
32	DIRECTORS CHAIR-1059	12/31/96	0					0	0	HY	0	0
33	DIRECTORS LATERAL FILE	12/31/96	0					0	0	HY	0	0
34	DIRECTORS BOOKCASE UNIT	12/31/96	0					0	0	HY	0	0
35	CONFERENCE TABLE-ABCO TRAD-48	12/31/96	0					0	0	HY	0	0
36	CONFERENCE CHAIRS (6)	12/31/96	0					0	0	HY	0	0
37	COPY/FILE LATERAL FILE	12/31/96	0					0	0	HY	0	0
38	OFFICE 4 DESK-THOM1500	12/31/96	0					0	0	HY	0	0
39	OFFICE 4 GUEST CHAIRS(2)	12/31/96	0					0	0	HY	0	0
40	OFFICE 4 CHAIR-FAIRFIELD1059	12/31/96	0					0	0	HY	0	0
41	OFFICE 5 DESK-THOM1500	12/31/96	0					0	0	HY	0	0
42	OFFICE 5 GUEST CHAIR-3556(2)	12/31/96	0					0	0	HY	0	0
43	OFFICE 5 CHAIR-FAIRFIELD	12/31/96	0					0	0	HY	0	0
44	CONFERENCE ROOM SOFA-703	12/31/96	0					0	0	HY	0	0
45	CONFERENCE TABLE-B24	12/31/96	0					0	0	HY	0	0
46	CONFERENCE RM GUEST CHAIRS(22)	12/31/96	0					0	0	HY	0	0
47	CONFERENCE ROOM CABINET	12/31/96	0					0	0	HY	0	0
48	CONFERENCE RM CREDENZA	12/31/96	0					0	0	HY	0	0
49	CONFERENCE RM CREDENZA-29	12/31/96	0					0	0	HY	0	0
50	CONFERENCE WING CHAIRS(3)	12/31/96	0					0	0	HY	0	0
51	PRE-CONF. AREA CREDENZA	12/31/96	0					0	0	HY	0	0
52	OFFICE 3-DESK THOM. 1500	12/31/96	0					0	0	HY	0	0
53	OFFICE 3-CHAIRS-3556(2)	12/31/96	0					0	0	HY	0	0
54	OFFICE 3-CHAIR-1059	12/31/96	0					0	0	HY	0	0
55	OFFICE 2-DESK-1500	12/31/96	0					0	0	HY	0	0
56	OFFICE 2-CHAIR-1059	12/31/96	0					0	0	HY	0	0
57	OFFICE 1-CHAIR-1059	12/31/96	0					0	0	HY	0	0

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
58	OFFICE 1-CHAIRS-3556(2)	12/31/96	0			0	0 HY	0	0
59	SECRETARY 2900 SERIES EXCEL	12/31/96	0			0	0 HY	0	0
60	SECRETARY CHAIR-1059	12/31/96	0			0	0 HY	0	0
61	SECRETARY-CHAIRS-3556(2)	12/31/96	0			0	0 HY	0	0
62	SECRETARY-LATERAL FILE	12/31/96	0			0	0 HY	0	0
63	SECRETARY-BOOKCASE	12/31/96	0			0	0 HY	0	0
64	THOMAS 1500 DESK	12/31/96	0			0	0 HY	0	0
65	GREEN GUEST CHAIRS(2)	12/31/96	0			0	0 HY	0	0
66	BOMBAY CO-4 CHAIRS, 15 TABLES	11/30/96	0			0	0 HY	0	0
67	LATERAL FILE 29	2/11/97	0			0	0 HY	0	0
68	BOOKCASE TOP 29	2/11/97	0			0	0 HY	0	0
69	4X6 CABINET BLACK	1/16/97	0			0	0 HY	0	0
70	LATERAL FILE W/ 42 TOP	2/11/97	0			0	0 HY	0	0
71	2-LATERAL FILE PARCHMENT	2/11/97	0			0	0 HY	0	0
72	2-FAIRFIELD CHAIR 1092	1/16/97	0			0	0 HY	0	0
73	ORIGINAL CANVAS BY MIKE DIMINIC	1/01/97	0			0	0 HY	0	0
74	8 GOLD FRAMED MIRRORS	1/01/97	0			0	0 HY	0	0
75	Computer	7/19/01	0			0	0 HY	0	0
	Sold/Scrapped: 1/01/17								
76	Computer	7/31/02	0			0	0 HY	0	0
	Sold/Scrapped: 1/01/17								
77	TRACKER SOFTWARE	4/07/03	0			0	0 HY	0	0
78	NEW PHONE SYSTEM	3/16/06	0			0	0 HY	0	0
79	COMUTER SERVER	8/31/04	0			0	0 HY	0	0
80	Computer/Monitor/Keyboard	3/30/09	0			0	0 HY	0	0
81	Computer/Monitor/Keyboard	3/30/09	0			0	0 HY	0	0
82	Computer/Monitor/Keyboard	3/30/09	0			0	0 HY	0	0
83	Computer/Monitor/Keyboard	3/30/09	0			0	0 HY	0	0
84	Computer/Monitor/Keyboard	3/30/09	0			0	0 HY	0	0
85	Computer/Monitor/Keyboard	3/30/09	0			0	0 HY	0	0
86	Display Board	8/14/12	0			0	0 HY	0	0
87	5 HP COMPUTERS	2/04/15	0			0	0 HY	0	0
88	HVAC System	8/02/16	0			0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		0			0		0	0
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>



# Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
79	COMUTER SERVER	8/31/04	4,250	100	0	0	2,125	2,125
81	Computer/Monitor/Keyboard	3/30/09	938	100	0	0	469	469
82	Computer/Monitor/Keyboard	3/30/09	938	100	0	0	469	469
83	Computer/Monitor/Keyboard	3/30/09	938	100	0	0	469	469
84	Computer/Monitor/Keyboard	3/30/09	938	100	0	0	469	469
85	Computer/Monitor/Keyboard	3/30/09	938	100	0	0	469	469
<b>Form 990, Page 1</b>			<u>8,940</u>		<u>0</u>	<u>0</u>	<u>4,470</u>	<u>4,470</u>
<b>Grand Total</b>			<u>8,940</u>		<u>0</u>	<u>0</u>	<u>4,470</u>	<u>4,470</u>

# Depreciation Adjustment Report

## All Business Activities

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

# Future Depreciation Report    FYE: 12/31/18

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
78	NEW PHONE SYSTEM	3/16/06	4,614	0	0
79	COMUTER SERVER	8/31/04	4,250	0	0
81	Computer/Monitor/Keyboard	3/30/09	938	0	0
82	Computer/Monitor/Keyboard	3/30/09	938	0	0
83	Computer/Monitor/Keyboard	3/30/09	938	0	0
84	Computer/Monitor/Keyboard	3/30/09	938	0	0
85	Computer/Monitor/Keyboard	3/30/09	938	0	0
			13,554	0	0

**Other Depreciation:**

1	NEW BUILDING	12/31/96	213,067	5,464	0
2	EXTERIOR PLAQUE	1/01/97	225	6	0
3	ALARM SYSTEM	5/15/97	1,257	0	0
4	PLAQUES INSIDE BUILDING	3/15/97	560	14	0
5	OTHER BUILDING COSTS	2/15/97	1,729	45	0
6	TYPEWRITER	12/30/85	106	0	0
7	LAND-PURCHASED FROM JOHN RICE	12/19/95	35,000	0	0
9	VARIOUS FRAMED ART PRINTS	3/15/97	2,770	0	0
14	SOFTWARE	3/10/94	4,145	0	0
18	GAS RANGE	11/26/96	376	0	0
19	REFRIGERATOR	11/26/96	599	0	0
21	DISHWASHER	11/26/96	238	0	0
26	COMPUTER DESK	8/20/85	384	0	0
27	OFFICE CHAIR	4/14/93	212	0	0
28	FILE CABINET	9/02/93	751	0	0
29	RECEPTION GUEST CHAIRS(3)	12/31/96	330	0	0
30	RECEPTION LOVESEAT (2)	12/31/96	630	0	0
31	DIRECTORS-EXCEL 2900 SERIES	12/31/96	1,195	0	0
32	DIRECTORS CHAIR-1059	12/31/96	330	0	0
33	DIRECTORS LATERAL FILE	12/31/96	455	0	0
34	DIRECTORS BOOKCASE UNIT	12/31/96	298	0	0
35	CONFERENCE TABLE-ABCO TRAD-48	12/31/96	395	0	0
36	CONFERENCE CHAIRS (6)	12/31/96	660	0	0
37	COPY/FILE LATERAL FILE	12/31/96	680	0	0
38	OFFICE 4 DESK-THOM1500	12/31/96	490	0	0
39	OFFICE 4 GUEST CHAIRS(2)	12/31/96	260	0	0
40	OFFICE 4 CHAIR-FAIRFIELD1059	12/31/96	330	0	0
41	OFFICE 5 DESK-THOM1500	12/31/96	490	0	0
42	OFFICE 5 GUEST CHAIR-3556(2)	12/31/96	260	0	0
43	OFFICE 5 CHAIR-FAIRFIELD	12/31/96	330	0	0
44	CONFERENCE ROOM SOFA-703	12/31/96	385	0	0
45	CONFERENCE TABLE-B24	12/31/96	1,680	0	0
46	CONFERENCE RM GUEST CHAIRS(22)	12/31/96	2,420	0	0
47	CONFERENCE ROOM CABINET	12/31/96	460	0	0
48	CONFERENCE RM CREDENZA	12/31/96	375	0	0
49	CONFERENCE RM CREDENZA-29	12/31/96	698	0	0
50	CONFERENCE WING CHAIRS(3)	12/31/96	690	0	0
51	PRE-CONF. AREA CREDENZA	12/31/96	860	0	0
52	OFFICE 3-DESK THOM. 1500	12/31/96	490	0	0
53	OFFICE 3-CHAIRS-3556(2)	12/31/96	260	0	0
54	OFFICE 3-CHAIR-1059	12/31/96	330	0	0
55	OFFICE 2-DESK-1500	12/31/96	490	0	0
56	OFFICE 2-CHAIR-1059	12/31/96	330	0	0
57	OFFICE 1-CHAIR-1059	12/31/96	330	0	0
58	OFFICE 1-CHAIRS-3556(2)	12/31/96	260	0	0
59	SECRETARY 2900 SERIES EXCEL	12/31/96	1,195	0	0
60	SECRETARY CHAIR-1059	12/31/96	330	0	0
61	SECRETARY-CHAIRS-3556(2)	12/31/96	260	0	0
62	SECRETARY-LATERAL FILE	12/31/96	455	0	0
63	SECRETARY-BOOKCASE	12/31/96	298	0	0
64	THOMAS 1500 DESK	12/31/96	490	0	0
65	GREEN GUEST CHAIRS(2)	12/31/96	260	0	0
66	BOMBAY CO-4 CHAIRS, 15 TABLES	11/30/96	3,721	0	0
67	LATERAL FILE 29	2/11/97	485	0	0
68	BOOKCASE TOP 29	2/11/97	315	0	0
69	4X6 CABINET BLACK	1/16/97	765	0	0

# Future Depreciation Report    FYE: 12/31/18

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
70	LATERAL FILE W/ 42 TOP	2/11/97	495	0	0
71	2-LATERAL FILE PARCHMENT	2/11/97	1,360	0	0
72	2-FAIRFIELD CHAIR 1092	1/16/97	490	0	0
73	ORIGINAL CANVAS BY MIKE DIMINIC	1/01/97	1,500	0	0
74	8 GOLD FRAMED MIRRORS	1/01/97	216	0	0
77	TRACKER SOFTWARE	4/07/03	4,750	0	0
80	Computer/Monitor/Keyboard	3/30/09	938	0	0
86	Display Board	8/14/12	0	0	0
87	5 HP COMPUTERS	2/04/15	3,463	96	0
88	HVAC System	8/02/16	14,500	362	0
<b>Total Other Depreciation</b>			<u>314,896</u>	<u>5,987</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>314,896</u>	<u>5,987</u>	<u>0</u>
<b>Grand Totals</b>			<u>328,450</u>	<u>5,987</u>	<u>0</u>

For calendar year 2017, or tax year beginning , ending

Name

Taxpayer Identification Number

**UNITED WAY OF LEE COUNTY, INC.****23-7107722**

		2016	2017	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1. 853,915	760,290	-93,625
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4.		
	5. Investment income	5. 2,352	3,328	976
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.	1,482	1,482
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 28,903	25,888	-3,015
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 885,170	790,988	-94,182
<b>Expenses</b>	13. Grants and similar amounts paid	13. 605,647	628,008	22,361
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 185,739	197,607	11,868
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 11,900	10,700	-1,200
	19. Occupancy, rent, utilities, and maintenance	19.		
	20. Depreciation and Depletion	20. 6,837	7,055	218
	21. Other expenses	21. 58,761	58,063	-698
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 868,884	901,433	32,549
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. 16,286	-110,445	-126,731
<b>Other Information</b>	24. Total exempt revenue	24. 885,170	790,988	-94,182
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 31,255	30,698	-557
	27. Total assets	27. 1,840,023	1,775,392	-64,631
	28. Total liabilities	28. 4,136	3,721	-415
	29. Retained earnings	29. 1,835,887	1,771,671	-64,216
	30. Number of voting members of governing body	30. 20	24	
31. Number of independent voting members of governing body	31. 20	24		
32. Number of employees	32. 6	4		
33. Number of volunteers	33.			

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

Name

**UNITED WAY OF LEE COUNTY, INC.**

Employer Identification Number

**23-7107722**

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants .....	894,070	995,143	821,615	853,915	760,290	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....	5,996	5,002			1,482	
Investment income .....	3,368	2,888	1,813	2,352	3,328	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....	11,080	10,211	11,876	28,903	25,888	
<b>Total revenue</b> .....	<b>914,514</b>	<b>1,013,244</b>	<b>835,304</b>	<b>885,170</b>	<b>790,988</b>	
Grants and similar amounts paid .....	684,445	620,909	618,828	605,647	628,008	
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....	181,526	186,247	193,295	185,739	197,607	
Professional fees .....	10,450	10,450	10,450	11,900	10,700	
Occupancy costs .....	9,416	10,865	10,614			
Depreciation and depletion .....	5,967	5,967	6,842	6,837	7,055	
Other expenses .....	52,601	45,308	44,256	58,761	58,063	
<b>Total expenses</b> .....	<b>944,405</b>	<b>879,746</b>	<b>884,285</b>	<b>868,884</b>	<b>901,433</b>	
<b>Excess or (Deficit)</b> .....	<b>-29,891</b>	<b>133,498</b>	<b>-48,981</b>	<b>16,286</b>	<b>-110,445</b>	
<b>Total exempt revenue</b> .....	<b>914,514</b>	<b>1,013,244</b>	<b>835,304</b>	<b>885,170</b>	<b>790,988</b>	
Total unrelated revenue .....						
Total excludable revenue .....	20,444	18,101	13,689	31,255	30,698	
Total Assets .....	1,719,480	1,854,551	1,800,984	1,840,023	1,775,392	
Total Liabilities .....	9,695	4,539	5,718	4,136	3,721	
Net Fund Balances .....	1,709,785	1,850,012	1,795,266	1,835,887	1,771,671	

Form **990T**

**Tax Return History**

**2017**

Name **UNITED WAY OF LEE COUNTY, INC.**

Employer Identification Number  
**23-7107722**

	2013	2014	2015	2016	2017	2018
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....						
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

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

Name

**UNITED WAY OF LEE COUNTY, INC.**

Employer Identification Number

**23-7107722**

	2013	2014	2015	2016	2017	2018
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....	<b>1,000</b>					
Income after expense and deductions .....	<b>-1,000</b>					
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses



Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 3,328					
TOTAL	<u>\$ 3,328</u>					

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
REPAIRS AND MAINTENANCE	\$ 2,055	\$ 228	\$ 1,827	\$
TOTAL	\$ <u>2,055</u>	\$ <u>228</u>	\$ <u>1,827</u>	\$ <u>0</u>

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

<u>Description</u>	<u>Amount</u>
OTHER CONTRIBUTIONS	\$ 760,290
TOTAL	\$ <u>760,290</u>

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

<u>Description</u>	<u>Amount</u>
INTEREST INCOME	\$ 3,328
OTHER REVENUE	18,558
UNITED WAY OFFICE SPACE, OP	<u>7,330</u>
TOTAL	\$ <u>29,216</u>

**Cash - EOY**

<u>Description</u>	<u>Amount</u>
CASH	\$ 452,883
DESIGNATED CASH	46,589
TOTAL	\$ <u>499,472</u>

**Accounts payable - EOY**

<u>Description</u>	<u>Amount</u>
ACCRUED & OTHER LIABILITIES	\$ 3,722
TOTAL	\$ <u>3,722</u>