

Form **990**

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**  
**Open to Public Inspection**

**A** For the 2015 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **United Way of Iredell County, Inc.**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1835 Davie Avenue, Suite 401**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Statesville NC 28677**

**D** Employer identification number: **56-0792674**

**E** Telephone number: **704-872-3000**

**G** Gross receipts \$: **648,947**

**F** Name and address of principal officer:  
**Robin Rosenfeld**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **www.unitedwayofiredell.org**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1954** **M** State of legal domicile: **NC**

**H(c)** Group exemption number ▶ \_\_\_\_\_

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>29</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>29</b>
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>3</b>
	6	Total number of volunteers (estimate if necessary)	<b>400</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>
	7b	Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: <b>675,745</b> Current Year: <b>642,275</b>
	9	Program service revenue (Part VIII, line 2g)	<b>0</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>4,638</b> <b>-7,566</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>31,845</b> <b>14,211</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>712,228</b> <b>648,920</b>
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>140,697</b> <b>128,343</b>
16a		Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>76,265</b>	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>134,200</b> <b>117,943</b>
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>732,309</b> <b>692,582</b>
19		Revenue less expenses. Subtract line 18 from line 12	<b>-20,081</b> <b>-43,662</b>
Net Assets or Fund Balances		20	Total assets (Part X, line 16)
	21	Total liabilities (Part X, line 26)	<b>204,271</b> <b>216,698</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>894,755</b> <b>758,245</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.

**Sign Here** Signature of officer: **Robin Rosenfeld** Date: \_\_\_\_\_  
 Type or print name and title: **Treasurer**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **John W. Potts** Preparer's signature: \_\_\_\_\_ Date: **07/25/16** Check  if self-employed PTIN: **P01267528**  
 Firm's name: **Potts, Rhyme & White, P.A.** Firm's EIN: **56-1534142**  
 Firm's address: **P.O. Box 1189 Statesville, NC 28687** Phone no.: **704-878-9541**

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

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

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

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 \$ **551,976** including grants of \$ **446,296** ) (Revenue \$ )

**Community investment: 42 Community volunteers visiting and reviewing 20 United Way agencies, then making the decisions along with our 29 Board of Directors as to how the Community's gifts are to be allocated. This citizen review process offers United Way donors a level of accountability offered by no other local charity, a direct route to where the money is needed the most, and measured results. These panels also make recommendations for the agencies' consideration in the hopes to strengthen their organization. United Way also offered a management assistance team to assist.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

4e Total program service expenses **551,976**

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

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>X</b>	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		<b>X</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>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? If "Yes," complete Schedule L, Part I		<b>X</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? If "Yes," complete Schedule L, Part I		<b>X</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		<b>X</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		<b>X</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</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)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
38	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>1a</b>	<b>3</b>		
<b>1b</b>	<b>0</b>		
<b>c</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>2a</b>	<b>3</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<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>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<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>b</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>b</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>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<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>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>29</b>	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>29</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **Brett Eckerman**

**1835 Davie Avenue, Suite 401**  
**Statesville NC 28677 704-872-3000**

**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) Norma Rife	0.00									
Director	0.00	X					0	0	0	
(2) Chad French	0.00									
Director	0.00	X					0	0	0	
(3) Beth Phillips	0.00									
Director	0.00	X					0	0	0	
(4) Barbara Alarcon	0.00									
Director	0.00	X					0	0	0	
(5) Carla Steele	0.00									
Director	0.00	X					0	0	0	
(6) Tim Brewer	0.00									
Director	0.00	X					0	0	0	
(7) Yvette Smith	0.00									
Director	0.00	X					0	0	0	
(8) Ann Kelley	0.00									
Director	0.00	X					0	0	0	
(9) Brady Johnson	0.00									
Director	0.00	X					0	0	0	
(10) David Currier	0.00									
Director	0.00	X					0	0	0	
(11) Anna Gordon	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>David Schleicher</b>	0.00									
Director	0.00	X						0	0	0
(13) <b>Joe Abbott</b>	0.00									
Director	0.00	X						0	0	0
(14) <b>Julia Wilson</b>	0.00									
Director	0.00	X						0	0	0
(15) <b>Mike Cleaves</b>	0.00									
Director	0.00	X						0	0	0
(16) <b>Natasha Austin</b>	0.00									
Director	0.00	X						0	0	0
(17) <b>Rich Gustin</b>	0.00									
Director	0.00	X						0	0	0
(18) <b>Ron Smith</b>	0.00									
Director	0.00	X						0	0	0
(19) <b>Dorothy Woodard</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 former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

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

**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 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>Keith Williams</b>	0.00									
Director	0.00	X					0	0	0	
(21) <b>Kelley Daspit</b>	0.00									
Director	0.00	X					0	0	0	
(22) <b>Melanie Taylor</b>	0.00									
Director	0.00	X					0	0	0	
(23) <b>William Jones</b>	0.00									
Director	0.00	X					0	0	0	
(24) <b>Ralph Bentley</b>	0.00									
VP Fund Dist.	0.00			X			0	0	0	
(25) <b>Joel Mashburn</b>	0.00									
President	0.00			X			0	0	0	
(26) <b>Robin Rosenfeld</b>	0.00									
Treasurer	0.00			X			0	0	0	
(27) <b>Sloan Goforth</b>	0.00									
VP, Planning	0.00			X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

**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



**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>	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	642,275				
	g Noncash contributions included in lines 1a-1f: \$		23,433				
	<b>h Total. Add lines 1a-1f.</b>		<b>642,275</b>				
<b>Program Service Revenue</b>	2a	Busn. Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f.</b>						
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		-7,539			-7,539
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross rents		(i) Real	(ii) Personal				
b Less: rental exps.							
c Rental inc. or (loss)							
<b>d Net rental income or (loss)</b>							
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis & sales exps.			27				
c Gain or (loss)			-27				
<b>d Net gain or (loss)</b>				-27	-27		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a					
b Less: direct expenses		b					
<b>c Net income or (loss) from fundraising events</b>							
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
<b>c Net income or (loss) from gaming activities</b>							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
<b>c Net income or (loss) from sales of inventory</b>							
Miscellaneous Revenue		Busn. Code					
11a Rent			13,136	13,136			
b Sales tax refund			1,075		1,075		
c							
d All other revenue							
<b>e Total. Add lines 11a-11d</b>			<b>14,211</b>				
<b>12 Total revenue. See instructions.</b>			<b>648,920</b>	<b>13,109</b>	<b>0</b>	<b>-6,464</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 

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	446,296	446,296		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	119,235	49,453	32,831	36,951
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	9,108	3,778	2,507	2,823
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,486		13,486	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	2,323	1,001	622	700
14 Information technology	5,278	2,222	1,438	1,618
15 Royalties				
16 Occupancy	14,656	6,079	4,036	4,541
17 Travel	800	332	220	248
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	953	953		
20 Interest				
21 Payments to affiliates	8,581	5,364		3,217
22 Depreciation, depletion, and amortization	15,522	5,937	4,548	5,037
23 Insurance	3,379	1,402	930	1,047
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Special event expense</b>	16,443	9,355		7,088
b <b>Public Relations</b>	8,954	4,477		4,477
c <b>Food drive expense</b>	7,731	7,731		
d <b>Campaign Supplies</b>	5,501	1,375		4,126
e All other expenses	14,336	6,221	3,723	4,392
25 <b>Total functional expenses.</b> Add lines 1 through 24e	692,582	551,976	64,341	76,265
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**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>	1	Cash—non-interest bearing	194,282	1	49,289
	2	Savings and temporary cash investments	75,566	2	8,893
	3	Pledges and grants receivable, net	307,691	3	314,695
	4	Accounts receivable, net	1,178	4	5,272
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,899	9	2,742
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 644,000		
	b	Less: accumulated depreciation	10b 238,853	10c 420,696	405,147
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	95,714	13	188,905
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,099,026	16	974,943	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	2,680	17	1,327
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	201,591	25	215,371
	26	<b>Total liabilities.</b> Add lines 17 through 25	204,271	26	216,698
<b>Net Assets or Fund Balances</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.				
	27	Unrestricted net assets	454,909	27	370,549
	28	Temporarily restricted net assets	439,846	28	387,696
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	894,755	33	758,245	
34	<b>Total liabilities and net assets/fund balances</b>	1,099,026	34	974,943	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	648,920
2	Total expenses (must equal Part IX, column (A), line 25)	2	692,582
3	Revenue less expenses. Subtract line 2 from line 1	3	-43,662
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	894,755
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-92,848
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	758,245

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	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.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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	X	
2c	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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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.		

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

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**United Way of Iredell County, Inc.**

Employer identification number

**56-0792674**

**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 11, 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1–9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	814,200	766,814	723,813	675,745	642,275	3,622,847
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	814,200	766,814	723,813	675,745	642,275	3,622,847
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						3,622,847

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	814,200	766,814	723,813	675,745	642,275	3,622,847
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,281	888	6,766	4,638	-7,539	6,034
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	875	4,130	8,352	19,144	1,075	33,576
11 <b>Total support.</b> Add lines 7 through 10						3,662,457
12 Gross receipts from related activities, etc. (see instructions)					12	13,136
13 <b>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**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	98.92%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	98.81%
16a <b>33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		



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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> 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)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

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

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

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a  The organization satisfied the Activities Test. Complete line 2 below.
- b  The organization is the parent of each of its supported organizations. Complete line 3 below.
- c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

## 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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.
- 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? 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.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<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)**

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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

**Part II, Line 10 - Other Income Detail**

**Other income** \$ **32,501**

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Employer identification number

United Way of Iredell County, Inc.

56-0792674

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

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

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

Part II Conservation Easements.

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

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

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

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

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



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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	95,714	91,248			
b Contributions	125,751		85,000		
c Net investment earnings, gains, and losses	-6,370	5,422	6,657		
d Grants or scholarships	25,000				
e Other expenditures for facilities and programs					
f Administrative expenses	1,190	956	410		
g End of year balance	188,905	95,714	91,248		

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **▶ 100.00 %**
  - 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       |
|-----------------------------|----------|----------|
| (i) unrelated organizations | <b>X</b> |          |
| (ii) related organizations  |          | <b>X</b> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		56,862		56,862
b Buildings		557,451	216,056	341,395
c Leasehold improvements				
d Equipment		29,687	22,797	6,890
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **▶ 405,147**



**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) <b>Foundation for the Carolinas</b>	<b>188,905</b>	<b>Market</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		<b>188,905</b>

**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) <b>Agency Allocations Payable</b>	<b>122,523</b>	
(3) <b>Designated Pledges Payable</b>	<b>92,848</b>	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		<b>215,371</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	556,072
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-92,848	
e	Add lines 2a through 2d	2e		-92,848
3	Subtract line 2e from line 1	3		648,920
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		648,920

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

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

1	Total expenses and losses per audited financial statements		1	692,582
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		692,582
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		692,582

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part V, Line 4 - Intended Uses for Endowment Funds**

Funds are to be used by the United Way of Iredell County as needed for operations.

**Part X - FIN 48 Footnote**

United Way of Iredell County, Inc. is an organization exempt from income taxation under Section 501(c)(3) of the Internal Revenue Code.

Accordingly, no provision for income taxes has been made in the accompanying financial statements. Donations to the Organization qualify as charitable contributions for income tax purposes. The Organization believes that it has appropriate support for any tax positions taken, and as such does not have any uncertain tax positions that are material to the

**Part XIII** Supplemental Information (continued)

financial statements. The Organization's federal return of organization exempt from income tax (Form 990) for 2012, 2013, 2014 and 2015 are subject to examination by the IRS, generally for three years after they are filed.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Less Designated Pledges \$ -92,848

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

**United Way of Iredell County, Inc.**

Employer identification number

**56-0792674**

**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?  
**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes  No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	<b>AMERICAN RED CROSS</b> 2425 Park Road Charlotte NC 28203	53-0196605	501c3	15,000				General Support
(2)	<b>APPROPRIATE PLACEMENT OPTIONS</b> 227 Harrill Street Statesville NC 28677	56-1515383	501c3	10,500				General Support
(3)	<b>BOY SCOUTS OF AMERICA- PIEDMONT</b> 175 Carriage Club Drive Mooresville NC 28117	56-0529991	501c3	15,000				General Support
(4)	<b>COUNCIL ON AGING</b> 344 East Front Street Statesville NC 28677	23-7322660	501c3	45,694				General Support
(5)	<b>COUNSELING CENTER OF IREDELL</b> 209 Barium Springs Drive Statesville NC 28677	56-0529993	501c3	25,220				General Support
(6)	<b>ELDER CENTER</b> 248 Davie Avenue Statesville NC 28677	58-1748252	501c3	16,650				General Support
(7)	<b>SCAN CENTER</b> 207 Walnut Street Statesville NC 28677	56-1758810	501c3	21,696				General Support
(8)	<b>FIFTH ST MINISTRIES</b> 1400 Fifth Street Statesville NC 28677	58-1821225	501c3	60,865	1,054	Other	Food	General Support
(9)	<b>GIRL SCOUTS - CAROLINA PEAKS</b> 530 Fourth St, SW Hickory NC 28602	56-0577629	501c3	11,000				General Support

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 20

**3** Enter total number of other organizations listed in the line 1 table ▶ 0

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

DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Employer identification number  
**56-0792674**

**United Way of Iredell County, Inc.**  
**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	<b>HEADSTART OF I-CARE</b> PO Box 7049 Statesville NC 28687	56-0860841	501c3	7,650				General Support
(2)	<b>HOSPICE OF IREDELL COUNTY</b> 2347 Simonton Road Statesville NC 28625	56-1376577	501c3	29,394				General Support
(3)	<b>IREDELL COUNTY KIDNEY DIALYSIS</b> 114 Crater Rd Harmony NC 28634	56-1445887	501c3	24,419				General Support
(4)	<b>IREDELL COUNTY RESCUE SQUAD</b> 1902 Wilkesboro Hwy Statesville NC 28677	56-0223180	501c3	26,412				General Support
(5)	<b>LIFESPAN</b> 143 Iredell Avenue Troutman NC 28166	56-1142969	501c3	26,098				General Support
(6)	<b>NORTH IREDELL RESCUE SQUAD</b> 1538 Tabor Rd Harmony NC 28634	56-2026726	501c3	9,990				General Support
(7)	<b>PIEDMONT MEDIATION CENTER</b> PO Box 604 Statesville NC 28687	56-1547747	501c3	16,410				General Support
(8)	<b>SALVATION ARMY</b> 1361 Caldwell Street Statesville NC 28677	58-0660607	501c3	47,823	352	Other	Food	General Support
(9)	<b>BOYS AND GIRLS CLUB - TEEN PROGRAM</b> 1001 Cochran Street Statesville NC 28677	20-3237215	501c3	35,279				General Support

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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number  
**56-0792674**

**United Way of Iredell County, Inc.**  
**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?  
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes  No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	TROUTMAN RESCUE SQUAD 125 North Main St Troutman NC 28166	23-7422021	501c3	9,990				General Support
(2)	YMCA OF IREDELL COUNTY 828 Wesley Drive Statesville NC 28677	56-0530015	501c3	35,000				General Support
(3)	Other designations							
(4)	Designations to Other United Ways			12,343				
(5)	Less designated pledges			7,912				
(6)				-65,455				
(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 O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

United Way of Iredell County, Inc.

Employer identification number

56-0792674

**Form 990 - Organization's Mission**

Volunteer Organization dedicated to enriching the quality of life by uniting citizens and agencies in a community-wide effort to plan, support, deliver, and monitor effective health and human care services responsive to community needs.

**Form 990, Part I, Line 6**

Volunteers assist with events and other campaigns designed to raise contributions for the organization.

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

United Way of Iredell County's Form 990 is first reviewed by its Executive Committee and if approved, then reviewed by the full Board of Directors before it is finalized, signed, and mailed.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

An annual disclosure form is provided to each officer, director, and staff member. The forms are then reviewed by the Executive Committee.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

The Executive Director's compensation was approved by the Executive Committee.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

Governing documents, conflict of interest policy, and financial statements



Name of the organization

Employer identification number

United Way of Iredell County, Inc.

56-0792674

are available to the public upon request at the organization's office.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Less Designated Pledges \$ -92,848

Total \$ -92,848

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

**2015**

Attachment Sequence No. **179**

Name(s) shown on return

**United Way of Iredell County, Inc.**

Identifying number

**56-0792674**

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	500,000
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	2,000,000
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 2014 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 do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not 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	15,521

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	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		

**Section B—Assets Placed in Service During 2015 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	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2015 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	Total. 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	15,521
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.

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Prior MACRS:</b>											
8	Printer (Georgia)	3/25/99	1,485				1,485	5	HY 150DB	1,485	0
			<u>1,485</u>				<u>1,485</u>			<u>1,485</u>	<u>0</u>
<b>Other Depreciation:</b>											
1	Building - Davie Avenue	8/15/00	504,000				504,000	40	MO S/L	181,650	12,600
2	Carpet for Building	2/19/01	12,333				12,333	10	MO S/L	12,333	0
3	Flag Pole & Spot Light-Front of Bldg - Don	6/15/01	801				801	10	MO S/L	801	0
5	Heat/Air System	5/25/07	38,686				38,686	40	MO S/L	7,415	967
10	Printer/Hubs (Server)	5/31/00	1,175				1,175	10	MO S/L	1,175	0
23	Powerpoint Projection Equipment	7/22/04	1,296				1,296	10	MO S/L	1,296	0
25	HP Laptop Computer - Pat	8/12/05	970				970	10	MO S/L	913	57
37	DC5700 MT E6300 1.86 Computer (Liz)	3/05/07	895				895	10	MO S/L	701	90
42	DC5700 SFF E6600 2.4G Computer & Key	7/13/07	994				994	10	MO S/L	746	99
45	DC5700 SFF E6600 2.4G Computer & Key	7/13/07	994				994	10	MO S/L	746	99
48	DC5700 SFF E6600 2.4G Computer	7/19/07	994				994	10	MO S/L	746	99
50	HP LaserJet Printer #CNB9L02515	6/08/07	624				624	10	MO S/L	473	63
53	PC, Monitor, & Speaker Bar (SA)	1/01/08	1,254				1,254	10	MO S/L	878	125
67	HP dc5700 PC & monitor	2/13/08	1,179				1,179	10	MO S/L	815	118
68	HPL 1901 PC, Monitor, & Keyboard (Ma	8/19/09	836				836	10	MO S/L	453	83
69	Land - Davie Avenue	8/15/00	56,000				56,000	0	-- Land	0	0
78	Video Player	9/30/91	550				550	7	MO S/L	550	0
	Sold/Scrapped: 12/31/15										
85	VCR	3/31/94	519				519	7	MO S/L	519	0
	Sold/Scrapped: 12/31/15										
106	Chairs (48) (Board Rm - Donated)	6/15/01	521				521	10	MO S/L	521	0
	Sold/Scrapped: 12/31/15										
117	Cubicle Walls - 34 (donated)	6/30/97	6,000				6,000	7	MO S/L	6,000	0
118	Chairs 20 (Conference Rm - Donated)	8/01/00	517				517	10	MO S/L	517	0
	Sold/Scrapped: 12/31/15										
120	Office Chairs&Table(Chair&Round Table-I	6/01/00	534				534	10	MO S/L	534	0
155	Sony Video Camera 40GB & 4 GB Memory	8/26/08	1,223				1,223	10	MO S/L	785	122
156	4-Drawer Filling Cabinets (7)	3/11/08	125				125	10	MO S/L	86	12
	Sold/Scrapped: 12/31/15										
158	Whirlpool Ice Maker	5/09/08	1,472				1,472	10	MO S/L	981	147
169	Picnic Banner 3' x 30" Community Wide	8/02/10	608				608	7	MO S/L	383	87
214	Backflow with hot box and pad	11/03/11	862				862	0	-- Land	0	0
215	SonicWall - Wireless Network	4/16/12	767				767	10	MO S/L	204	77
216	Dell HD Vostro Laptop	7/15/12	677				677	10	MO S/L	169	68
217	Dell Optiplex	3/26/13	863				863	10	MO S/L	151	86
218	New Compressor - for asset #5	4/24/13	1,631				1,631	15	MO S/L	181	109
219	Phone System Upgrade	10/01/14	3,359				3,359	10	MO S/L	84	336
220	Chairs (28) (Board Rm - Donated)	6/15/01	720				720	10	MO S/L	720	0
221	4-Drawer Filling Cabinets (6)	3/11/08	769				769	10	MO S/L	525	77
	<b>Total Other Depreciation</b>		<u>644,748</u>				<u>644,748</u>			<u>224,051</u>	<u>15,521</u>
	<b>Total ACRS and Other Depreciation</b>		<u>644,748</u>				<u>644,748</u>			<u>224,051</u>	<u>15,521</u>
	<b>Grand Totals</b>		646,233				646,233			225,536	15,521
	<b>Less: Dispositions and Transfers</b>		2,232				2,232			2,193	12
	<b>Less: Start-up/Org Expense</b>		0				0			0	0
	<b>Net Grand Totals</b>		<u>644,001</u>				<u>644,001</u>			<u>223,343</u>	<u>15,509</u>

**AMT Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>										
1	Building - Davie Avenue	8/15/00	0			0	0	HY	0	0
2	Carpet for Building	2/19/01	0			0	0	HY	0	0
3	Flag Pole & Spot Light-Front of Bldg - Don	6/15/01	0			0	0	HY	0	0
5	Heat/Air System	5/25/07	0			0	15	HY	0	0
8	Printer (Georgia)	3/25/99	0			0	0	HY	0	0
10	Printer/Hubs (Server)	5/31/00	0			0	0	HY	0	0
23	Powerpoint Projection Equipment	7/22/04	0			0	0	HY	0	0
25	HP Laptop Computer - Pat	8/12/05	0			0	0	HY	0	0
37	DC5700 MT E6300 1.86 Computer (Liz)	3/05/07	0			0	0	HY	0	0
42	DC5700 SFF E6600 2.4G Computer & Key	7/13/07	0			0	0	HY	0	0
45	DC5700 SFF E6600 2.4G Computer & Key	7/13/07	0			0	0	HY	0	0
48	DC5700 SFF E6600 2.4G Computer	7/19/07	0			0	0	HY	0	0
50	HP LaserJet Printer #CNB9L02515	6/08/07	0			0	0	HY	0	0
53	PC, Monitor, & Speaker Bar (SA)	1/01/08	0			0	0	HY	0	0
67	HP dc5700 PC & monitor	2/13/08	0			0	0	HY	0	0
68	HPL 1901 PC, Monitor, & Keyboard (Ma	8/19/09	0			0	0	HY	0	0
69	Land - Davie Avenue	8/15/00	0			0	0	HY	0	0
78	Video Player	9/30/91	0			0	0	HY	0	0
	Sold/Scrapped: 12/31/15									
85	VCR	3/31/94	0			0	0	HY	0	0
	Sold/Scrapped: 12/31/15									
106	Chairs (48) (Board Rm - Donated)	6/15/01	0			0	0	HY	0	0
	Sold/Scrapped: 12/31/15									
117	Cubicle Walls - 34 (donated)	6/30/97	0			0	0	HY	0	0
118	Chairs 20 (Conference Rm - Donated)	8/01/00	0			0	0	HY	0	0
	Sold/Scrapped: 12/31/15									
120	Office Chairs&Table(Chair&Round Table-I	6/01/00	0			0	0	HY	0	0
155	Sony Video Camera 40GB & 4 GB Memory	8/26/08	0			0	0	HY	0	0
156	4-Drawer Filling Cabinets (7)	3/11/08	0			0	0	HY	0	0
	Sold/Scrapped: 12/31/15									
158	Whirlpool Ice Maker	5/09/08	0			0	0	HY	0	0
169	Picnic Banner 3' x 30" Community Wide	8/02/10	0			0	0	HY	0	0
214	Backflow with hot box and pad	11/03/11	0			0	0	HY	0	0
215	SonicWall - Wireless Network	4/16/12	0			0	0	HY	0	0
216	Dell HD Vostro Laptop	7/15/12	0			0	0	HY	0	0
217	Dell Optiplex	3/26/13	0			0	0	HY	0	0
218	New Compressor - for asset #5	4/24/13	0			0	0	HY	0	0
219	Phone System Upgrade	10/01/14	0			0	0	HY	0	0
220	Chairs (28) (Board Rm - Donated)	6/15/01	0			0	0	HY	0	0
221	4-Drawer Filling Cabinets (6)	3/11/08	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>		0			0			0	0
	<b>Net Grand Totals</b>		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>

6141 United Way of Iredell County, Inc.

56-0792674

FYE: 12/31/2015

# 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>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
8	Printer (Georgia)	3/25/99	1,485	0	0
			<u>1,485</u>	<u>0</u>	<u>0</u>
<b>Other Depreciation:</b>					
1	Building - Davie Avenue	8/15/00	504,000	12,600	0
2	Carpet for Building	2/19/01	12,333	0	0
3	Flag Pole & Spot Light-Front of Bldg - Donate	6/15/01	801	0	0
5	Heat/Air System	5/25/07	38,686	967	0
10	Printer/Hubs (Server)	5/31/00	1,175	0	0
23	Powerpoint Projection Equipment	7/22/04	1,296	0	0
25	HP Laptop Computer - Pat	8/12/05	970	0	0
37	DC5700 MT E6300 1.86 Computer (Liz)	3/05/07	895	89	0
42	DC5700 SFF E6600 2.4G Computer & Keyboard	7/13/07	994	99	0
45	DC5700 SFF E6600 2.4G Computer & Keyboard	7/13/07	994	99	0
48	DC5700 SFF E6600 2.4G Computer	7/19/07	994	99	0
50	HP LaserJet Printer #CNB9L02515	6/08/07	624	62	0
53	PC, Monitor, & Speaker Bar (SA)	1/01/08	1,254	126	0
67	HP dc5700 PC & monitor	2/13/08	1,179	118	0
68	HPLC 1901 PC, Monitor, & Keyboard (Maria)	8/19/09	836	84	0
69	Land - Davie Avenue	8/15/00	56,000	0	0
117	Cubicle Walls - 34 (donated)	6/30/97	6,000	0	0
120	Office Chairs&Table(Chair&Round Table-Pat D	6/01/00	534	0	0
155	Sony Video Camera 40GB & 4 GB Memory Stic	8/26/08	1,223	123	0
158	Whirlpool Ice Maker	5/09/08	1,472	147	0
169	Picnic Banner 3' x 30" Community Wide	8/02/10	608	87	0
214	Backflow with hot box and pad	11/03/11	862	0	0
215	SonicWall - Wireless Network	4/16/12	767	77	0
216	Dell HD Vostro Laptop	7/15/12	677	68	0
217	Dell Optiplex	3/26/13	863	87	0
218	New Compressor - for asset #5	4/24/13	1,631	109	0
219	Phone System Upgrade	10/01/14	3,359	336	0
220	Chairs (28) (Board Rm - Donated)	6/15/01	720	0	0
221	4-Drawer Filling Cabinets (6)	3/11/08	769	77	0
	<b>Total Other Depreciation</b>		<u>642,516</u>	<u>15,454</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>642,516</u>	<u>15,454</u>	<u>0</u>
	<b>Grand Totals</b>		<u>644,001</u>	<u>15,454</u>	<u>0</u>

Form **990****Two Year Comparison Report****2014 & 2015**

For calendar year 2015, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name

Taxpayer Identification Number

**United Way of Iredell County, Inc.****56-0792674**

		2014	2015	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1. 675,745	642,275	-33,470
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4.		
	5. Investment income	5. 4,638	-7,539	-12,177
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		-27
	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. 31,845	14,211	-17,634
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 712,228	648,920	-63,308
<b>Expenses</b>	13. Grants and similar amounts paid	13. 457,412	446,296	-11,116
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 140,697	128,343	-12,354
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 13,111	13,486	375
	19. Occupancy, rent, utilities, and maintenance	19. 16,459	14,656	-1,803
	20. Depreciation and Depletion	20. 15,375	15,522	147
	21. Other expenses	21. 89,255	74,279	-14,976
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 732,309	692,582	-39,727
23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. -20,081	-43,662	-23,581	
<b>Other Information</b>	24. Total exempt revenue	24. 712,228	648,920	-63,308
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 36,483	6,645	-29,838
	27. Total assets	27. 1,099,026	974,943	-124,083
	28. Total liabilities	28. 204,271	216,698	12,427
	29. Retained earnings	29. 894,755	758,245	-136,510
	30. Number of voting members of governing body	30. 29	29	
	31. Number of independent voting members of governing body	31. 29	29	
32. Number of employees	32. 3	3		
33. Number of volunteers	33. 400	400		

Form **990**

**Tax Return History**

**2015**

Name **United Way of Iredell County, Inc.** Employer Identification Number **56-0792674**

	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants		766,814	723,813	675,745	642,275	
Membership dues						
Program service revenue						
Capital gain or loss						-27
Investment income		888	6,766	4,638	-7,539	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue		16,130	20,166	31,845	14,211	
<b>Total revenue</b>		783,832	750,745	712,228	648,920	
Grants and similar amounts paid		487,283	532,635	457,412	446,296	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		194,681	161,547	140,697	128,343	
Professional fees			13,104	13,111	13,486	
Occupancy costs		15,354	16,486	16,459	14,656	
Depreciation and depletion		15,101	15,298	15,375	15,522	
Other expenses		91,678	77,467	89,255	74,279	
<b>Total expenses</b>		804,097	816,537	732,309	692,582	
<b>Excess or (Deficit)</b>		-20,265	-65,792	-20,081	-43,662	
Total exempt revenue		783,832	750,745	712,228	648,920	
Total unrelated revenue						
Total excludable revenue		783,832	26,932	36,483	6,645	
Total Assets		1,377,811	1,234,142	1,099,026	974,943	
Total Liabilities		227,549	253,851	204,271	216,698	
Net Fund Balances		1,150,262	980,291	894,755	758,245	



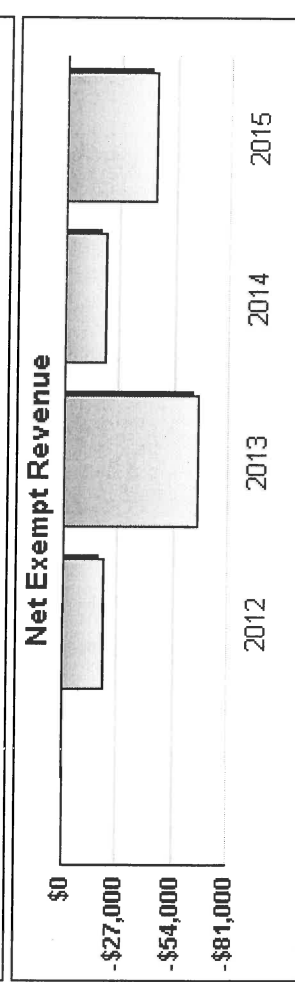
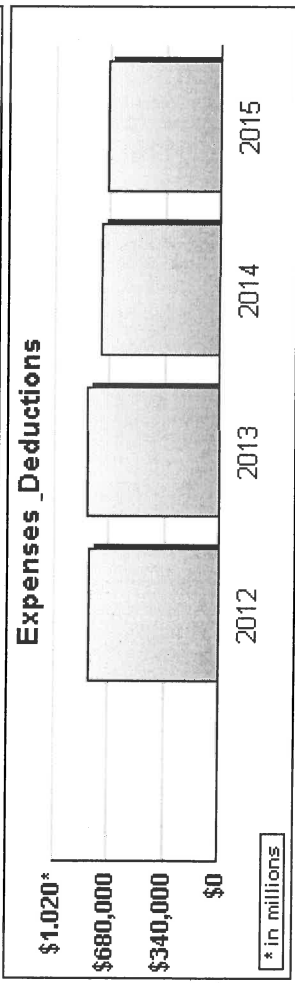
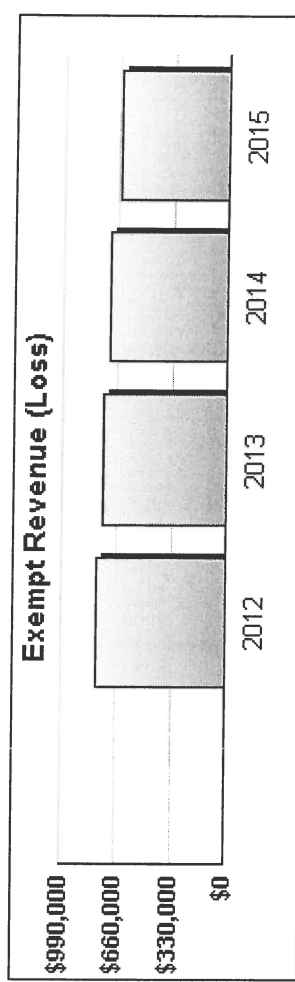
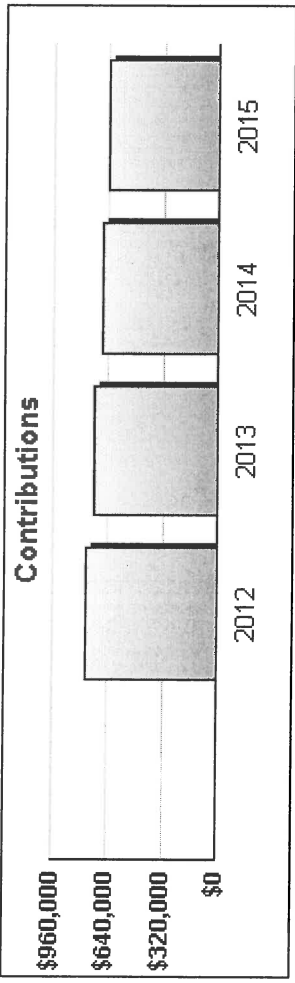
Form **990T**

**Tax Return History**

**2015**

Name **United Way of Iredell County, Inc.** Employer Identification Number **56-0792674**

	2011	2012	2013	2014	2015	2016
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						



\* in millions

Form **990T**

**Tax Return History**

**2015**

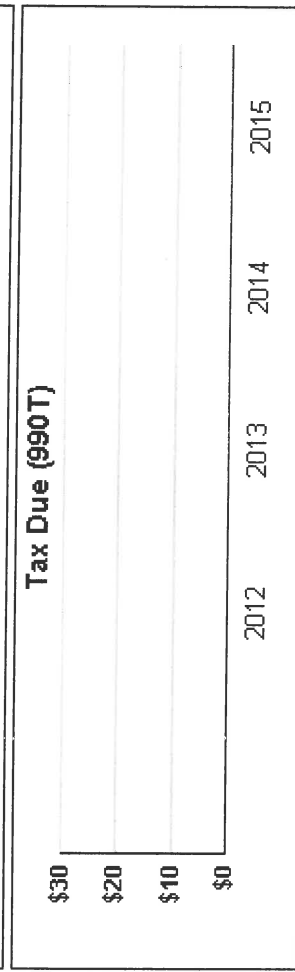
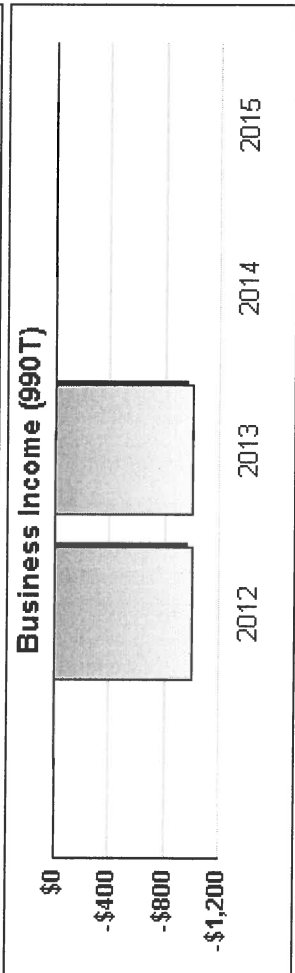
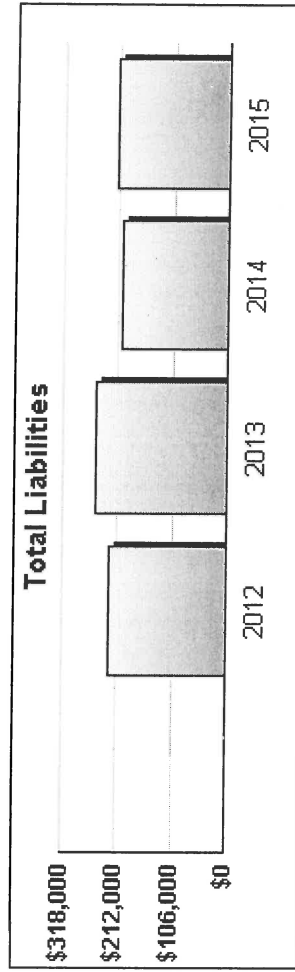
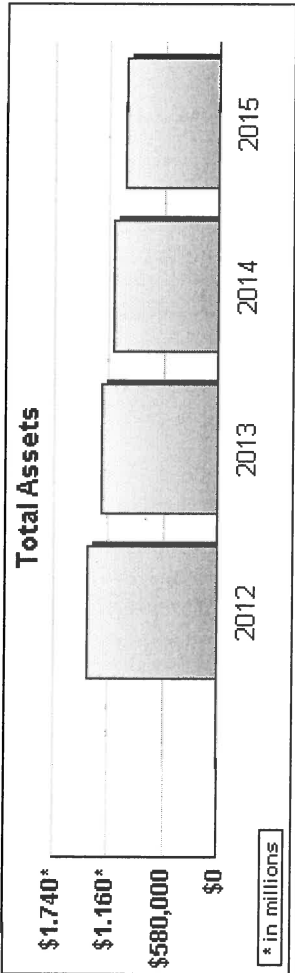
Name

**United Way of Iredell County, Inc.**

Employer Identification Number  
**56-0792674**

	2011	2012	2013	2014	2015	2016
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....		1,000	1,000			
<b>Income after expense and deductions</b> .....		-1,000	-1,000			
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 .....			628			
<b>Balance due/Overpayment</b> .....			-628			

\* Income shown net of expenses



**Federal Statements**

**Tax-Exempt 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>InState Muni (\$ or %)</u>
Investment income	\$ 21				14 NC	
Gain (loss) on investment	-7,560				14 NC	
Total	<u>\$ -7,539</u>					

## Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Copier lease and supplies	\$ 3,506	1,454	965	1,087
Telephone	3,355	1,391	924	1,040
Dues and memberships	2,230	744	743	743
Reimbursable expenses	1,671	1,276	188	207
Postage	1,478	613	407	458
Bank charges	1,166	484	321	361
Miscellaneous	628	259	175	194
License	302			302
Total	\$ 14,336	\$ 6,221	\$ 3,723	\$ 4,392

## Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Food Drive	19,437
2013-2016 Campaign Revenues	296,958
Donated Airtime - UWW	14,175
Amesbury Statesville West	
Cash Contribution	12,848
Amesbury Statesville West	
Cash Contribution	4,000
City of Statesville	
Cash Contribution	17,567
City of Statesville	
Cash Contribution	1,247
Duke Energy Co	
Cash Contribution	4,362
Duke Energy Co.	
Cash Contribution	13,665
Mitchell Community College	
Cash Contribution	6,199
Iredell Health System	
Cash Contribution	69,607
Iredell Health System	
Cash Contribution	7,363
Iredell Statesville Schools	
Cash Contribution	40,385
Iredell Statesville Schools	
Cash Contribution	24,736
JC Steele & Sons	
Cash Contribution	12,758
JC Steele & Sons	
Cash Contribution	11,933
Kewaunee Scientific Corp	
Cash Contribution	24,773
Mitchell Community College	
Cash Contribution	11,063
Kewaunee Scientific Corp	
Cash Contribution	11,500
JCP Logistics	
Cash Contribution	18,279
Davis Regional Medical Center	

# Federal Statements

## Schedule A, Part II, Line 1(e) (continued)

Description	Amount
Cash Contribution	\$ 12,437
Davis Regional Medical Center	
Cash Contribution	6,983
Total	\$ 642,275

## Schedule A, Part II, Line 8(e)

Description	Amount
Investment income	\$ 21
Gain (loss) on investment	-7,560
Total	\$ -7,539

## Schedule A, Part II, Line 10(e)

Description	Amount
Sales tax refund	\$ 1,075
Total	\$ 1,075

## Schedule A, Part II, Line 12

Description	Amount
Rent	\$ 13,136
Total	\$ 13,136

## Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

56-0792674

### United Way of Iredell County, Inc.

Net Asset / Fund Balance at Beginning of Year 894,755

#### Revenue

Contributions	<u>642,275</u>	
Program service revenue		
Investment income	<u>-7,539</u>	
Capital gain / loss	<u>-27</u>	
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>14,211</u>	
<b>Total revenue</b>		<u>648,920</u>

#### Expenses

Program services	<u>551,976</u>	
Management and general	<u>64,341</u>	
Fundraising	<u>76,265</u>	
<b>Total expenses</b>		<u>692,582</u>
<b>Excess / (deficit)</b>		<u>-43,662</u>

Changes -92,848

Net Asset / Fund Balance at End of Year 758,245

#### Reconciliation of Revenue

Total revenue per financial statements	<u>556,072</u>	
Less:		
Unrealized gains		
Donated services		
Recoveries		
Other	<u>-92,848</u>	
Plus:		
Investment expenses		
Other		
<b>Total revenue per return</b>	<u><u>648,920</u></u>	

#### Reconciliation of Expenses

Total expenses per financial statements	<u>692,582</u>	
Less:		
Donated services		
Prior year adjustments		
Losses		
Other		
Plus:		
Investment expenses		
Other		
<b>Total expenses per return</b>	<u><u>692,582</u></u>	

#### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>1,099,026</u>	<u>974,943</u>	
Liabilities	<u>204,271</u>	<u>216,698</u>	
Net assets	<u><u>894,755</u></u>	<u><u>758,245</u></u>	<u>-136,510</u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 08/15/16  
 Failure to file penalty \_\_\_\_\_