

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 **04/01/15**, and ending **03/31/16**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization BEAUFORT COUNTY UNITED WAY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 1963 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON NC 27889	<b>D</b> Employer identification number 23-7128377 <b>E</b> Telephone number 252-915-6209 <b>G</b> Gross receipts \$ 628,334
<b>F</b> Name and address of principal officer: JIM MADSON 1436 HIGHLAND DRIVE WASHINGTON NC 27889		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ WWW.UNITEDWAYBC.NET		<b>L</b> Year of formation: 1961
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>M</b> State of legal domicile: NC

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: CHARITABLE CONTRIBUTIONS TO COMMUNITY ORGANIZATIONS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	63
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	293,138	617,915
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	159	171
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	293,297	618,109
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	225,752	212,336
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	45,103	48,868
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 33,303		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	37,346	40,814
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	308,201	302,018
19 Revenue less expenses. Subtract line 18 from line 12	-14,904	316,091	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	175,227	491,503
	22 Net assets or fund balances. Subtract line 21 from line 20	2,178	2,363
		173,049	489,140

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>JIM MADSON</b>	Date	
	Type or print name and title <b>CHAIRMAN</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DAVID F. SINGLETON	Preparer's signature DAVID F. SINGLETON	Date 08/08/16
	Firm's name SEILER, SINGLETON, & ASSOCIATES, P.A.	Firm's EIN 56-1304481	Check <input type="checkbox"/> if self-employed PTIN P00003854
Firm's address P.O. DRAWER 1628 WASHINGTON, NC 27889		Phone no. 252-946-8052	