

UNITED WAY OF WASHINGTON COUNTY, TN, INC.

Financial Statements

March 31, 2019 and 2018

UNITED WAY OF WASHINGTON COUNTY, TN, INC.
Financial Statements
March 31, 2019 and 2018

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Independent Auditors' Report

To the Board of Directors
United Way of Washington County, TN, Inc.

We have audited the accompanying financial statements of United Way of Washington County, TN, Inc. (a nonprofit organization), which comprise the statements of financial position as of March 31, 2019 and 2018, and the related statements of activities, cash flows, and functional expenses for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of United Way of Washington County, TN, Inc. as of March 31, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 2 to the financial statements, in 2019, the entity adopted Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. Our opinion is not modified with respect to this matter.

Roderic Moss & Co, PLLC

Greeneville, Tennessee
October 4, 2019



UNITED WAY OF WASHINGTON COUNTY, TN, INC.
 Statements of Financial Position
 March 31, 2019 and 2018

	2019	2018
ASSETS		
Current Assets		
Cash	\$ 332,393	\$ 641,888
Restricted cash	40,518	73,593
Unconditional promises to give, net	706,825	873,161
Other receivables	2,701	-
Prepaid expenses	2,282	2,482
Total current assets	1,084,719	1,591,124
Property and Equipment		
Property and equipment	65,867	105,411
Less accumulated depreciation	(60,647)	(105,276)
Total property and equipment	5,220	135
Total assets	\$ 1,089,939	\$ 1,591,259
LIABILITIES AND NET ASSETS		
Current Liabilities		
Allocations to agencies	\$ 771,967	\$ 1,097,370
Designations payable	33,995	120,945
Accrued compensation	8,627	14,235
Total current liabilities	814,589	1,232,550
Noncurrent Liabilities		
Accrued compensation	-	8,612
Total liabilities	814,589	1,241,162
Net Assets		
Without donor restrictions	193,351	233,989
With donor restrictions	81,999	116,108
Total net assets	275,350	350,097
Total liabilities and net assets	\$ 1,089,939	\$ 1,591,259

UNITED WAY OF WASHINGTON COUNTY, TN, INC.
 Statements of Activities
 Years Ended March 31, 2019 and 2018

	2019			2018		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Revenues and other support						
Public support	\$ 1,262,206	\$ 169,872	\$ 1,432,078	\$ 1,630,497	\$ 126,307	\$ 1,756,804
Administrative fees	1,692	-	1,692	2,998	-	2,998
In-kind donations	-	39,960	39,960	52,447	-	52,447
Interest income	8,243	812	9,055	6,054	665	6,719
Gain on sale of asset	-	-	-	8,673	-	8,673
Miscellaneous	5,611	-	5,611	32	1,028	1,060
Net assets released from restrictions	244,753	(244,753)	-	136,982	(136,982)	-
Less designations	(33,995)	-	(33,995)	(48,845)	-	(48,845)
Total revenues and other support	1,488,510	(34,109)	1,454,401	1,788,838	(8,982)	1,779,856
Expenses						
Program services	1,029,864	-	1,029,864	1,401,789	-	1,401,789
Cost of direct benefits to donors	28,852	-	28,852	12,531	-	12,531
Management and general	94,086	-	94,086	256,857	-	256,857
Fundraising	376,346	-	376,346	220,165	-	220,165
Total expenses	1,529,148	-	1,529,148	1,891,342	-	1,891,342
Change in net assets	(40,638)	(34,109)	(74,747)	(102,504)	(8,982)	(111,486)
Net assets at the beginning of the year	233,989	116,108	350,097	336,493	125,090	461,583
Net assets at the end of the year	\$ 193,351	\$ 81,999	\$ 275,350	\$ 233,989	\$ 116,108	\$ 350,097

See accompanying notes to financial statements.

UNITED WAY OF WASHINGTON COUNTY, TN, INC.
 Statements of Cash Flows
 Years Ended March 31, 2019 and 2018

	2019	2018
Cash Flows From Operating Activities		
Decrease in net assets	\$ (74,747)	\$ (111,486)
Adjustments to reconcile decrease in net assets to net cash flows from operating activities		
Depreciation expense	970	1,037
Bad debt expense	224,364	318,926
Decrease (increase) in operating assets:		
Unconditional promises to give	(58,028)	(139,089)
Other receivables	(2,701)	19,018
Prepaid expenses	200	(26)
(Decrease) Increase in liabilities:		
Allocations payable	(325,403)	19,709
Accrued compensation	(14,220)	(16,195)
Designations payable	(86,950)	(94,325)
Net cash flows from operating activities	(336,515)	(2,431)
 Cash Flows From Investing Activities		
Purchase of property and equipment	(6,055)	-
Net cash flows from investing activities	(6,055)	-
 Net change in cash	(342,570)	(2,431)
 Cash at the beginning of the year	715,481	717,912
Cash at the end of the year	\$ 372,911	\$ 715,481

UNITED WAY OF WASHINGTON COUNTY, TN, INC.
 Statements of Functional Expenses
 Year Ended March 31, 2019

	Program Services	Management and General	Fund- Raising	Cost of Direct Benefit to Donors	2019 Total
Direct support	\$ 756,500	\$ -	\$ -	\$ -	\$ 756,500
Bad debt	56,091	33,655	134,618	-	224,364
Salaries	55,819	33,491	133,965	-	223,275
Keeping Warm	65,627	-	-	-	65,627
Professional fees	8,777	5,267	21,066	-	35,110
Vello program	33,075	-	-	-	33,075
Occupancy	8,101	4,861	19,442	-	32,404
Campaign	6,015	3,609	14,437	-	24,061
Entertainment	-	-	-	20,850	20,850
Payroll taxes	4,391	2,635	10,540	-	17,566
National dues	4,314	2,588	10,352	-	17,254
Miscellaneous	3,726	2,235	8,941	2,085	16,987
Volunteer Community Impact	15,023	-	-	-	15,023
Employee benefits	2,411	1,446	5,785	-	9,642
Advertising and marketing	1,869	1,121	4,486	1,012	8,488
Insurance	668	400	1,602	1,396	4,066
Meals	456	-	-	3,430	3,886
Equipment lease	884	530	2,122	-	3,536
Travel	865	519	2,076	-	3,460
Telephone	779	467	1,870	-	3,116
Women's Leadership	2,373	-	-	-	2,373
Supplies	544	327	1,307	79	2,257
Membership dues	486	292	1,167	-	1,945
Postage and shipping	459	275	1,102	-	1,836
Maintenance	369	222	886	-	1,477
Depreciation	242	146	582	-	970
Totals	<u>\$ 1,029,864</u>	<u>\$ 94,086</u>	<u>\$ 376,346</u>	<u>\$ 28,852</u>	<u>\$ 1,529,148</u>

UNITED WAY OF WASHINGTON COUNTY, TN, INC.
 Statements of Functional Expenses
 Year Ended March 31, 2018

	Program Services	Management and General	Fund- Raising	Cost of Direct Benefit to Donors	2018 Total
Direct support	\$ 1,066,001	\$ -	\$ -	\$ -	\$ 1,066,001
Bad debt	111,624	111,624	95,678	-	318,926
Salaries	68,563	68,563	58,768	-	195,894
Keeping Warm	74,688	-	-	-	74,688
Campaign	22,024	22,024	18,878	-	62,926
Professional fees	12,785	12,785	10,959	-	36,529
Occupancy	8,996	8,996	7,711	-	25,703
Employee benefits	5,704	5,704	4,889	-	16,297
National dues	5,579	5,579	4,782	-	15,940
Payroll taxes	5,286	5,286	4,531	-	15,103
Miscellaneous	3,358	3,358	2,879	87	9,682
Advertising and marketing	2,960	2,960	2,537	885	9,342
Entertainment	-	-	-	8,090	8,090
Membership dues	2,519	2,519	2,159	-	7,197
Supplies	1,534	1,534	1,315	-	4,383
Postage and shipping	1,507	1,507	1,292	-	4,306
Telephone	1,498	1,498	1,284	-	4,280
Insurance	895	895	767	1,229	3,786
Volunteer Community Impact	3,459	-	-	-	3,459
Meals	784	-	-	2,240	3,024
Equipment lease	889	889	762	-	2,540
Maintenance	499	499	428	-	1,426
Depreciation	363	363	311	-	1,037
Travel	274	274	235	-	783
Totals	<u>\$ 1,401,789</u>	<u>\$ 256,857</u>	<u>\$ 220,165</u>	<u>\$ 12,531</u>	<u>\$ 1,891,342</u>

UNITED WAY OF WASHINGTON COUNTY, TN, INC.
Notes to Financial Statements
March 31, 2019 and 2018

NOTE 1 - ORGANIZATION

United Way of Washington County, TN, Inc. (the "Organization"), is a local, non-profit 501(c)3 organization formed to raise money in Washington County from people in the workplace, businesses and individuals in the community to help support agencies that serve Washington County. Through these agencies, the Organization helps to support a wide range of services to foster programs that have measurable positive impact on the quality of life in our caring community.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Organization have been prepared in conformity with accounting principles generally accepted in the United States of America ("GAAP") as applied to non-profit organizations. The following is a summary of the more significant accounting policies:

Basis of Presentation - The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 958-205, Not-for-Profit Entities, Presentation of Financial Statements. During 2018, the Organization adopted the provisions of Accounting Standards Update ("ASU") 2016-14: Not-for-Profit-Entities (Topic 958) Presentation of Financial Statements of Not-for-Profit Entities, which improves the current net asset classification and the related information presented in the financial statements and notes about the Organization's liquidity, financial performance, and cash flows.

The Organization is required to report information regarding its financial position and activities based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Net assets without donor restrictions are not restricted by donors or the donor-imposed restrictions have expired. Net assets without donor restrictions represent funds that are fully available, at the discretion of management and the board of directors, for the Organization to utilize in any of its programs or supporting services.

Net assets with donor restrictions are comprised of funds that are restricted by donors for specific purposes or time periods. When donor restrictions expire, that is, when a time restriction ends, or a purpose restriction is fulfilled, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as support and revenue.

Contributions - Contributions, which include unconditional promises to give, are recognized as revenues in the period received. Contributed materials, fixed assets, or investments are recorded at fair value when received. The Organization uses the allowance method to estimate uncollectible unconditional promises receivable. The allowance is based on prior years' experience and management's analysis of promises made.

Net Assets with Donor Restrictions - Support that is restricted by the donor is reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in net assets with donor restrictions. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the Statement of Activities as net assets released from restrictions.

Cash and Cash Equivalents - The Organization considers all highly liquid investments purchased with an original maturity of three months or less to be cash equivalents.

Allowance for Uncollectible Pledges - Provision for uncollectible pledges is primarily based upon a three year historical average, applied to gross campaign revenues, including donor designations. The allowance is affected by management's evaluation of the quality, character, current trends, and inherent risks associated with the receivables. Management has recorded an allowance for uncollectible pledges of \$101,610 and \$146,745 at March 31, 2019 and 2018, respectively.

UNITED WAY OF WASHINGTON COUNTY, TN, INC.
Notes to Financial Statements (Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Property and Equipment - Property and equipment with a cost greater than \$500 and an estimated useful life of one or more years are capitalized and are carried at cost or, if donated, at the approximate fair value at the date of donation. Depreciation is computed using the straight-line method based on the estimated useful lives of the various classes of assets. The cost of maintenance and repairs is recorded as expense as incurred.

Allocations to Agencies - In March 2019 and 2018, the Board of Directors approved a pledged amount to be allocated to specific agencies for the years ended March 31, 2019 and 2018. This pledged amount is reflected in the accompanying Statement of Financial Position as allocations to agencies. Amounts committed for periods after March 31, 2019 and 2018 are subject to further review and approval by the Board and success of the current year campaign. Accordingly, such additional funds are not reflected as a liability as of March 31, 2019 and 2018.

Designations Payable - Funds are distributed to not-for-profit agencies in accordance with donor instructions. To be eligible to receive these funds, a not-for-profit organization must have been granted exemption under 501(c)3 of the Internal Revenue Code and must comply with the U.S. Patriot Act requirements.

Assets Held as Fiscal Agent - The Organization acts as a fiscal agent for community initiatives. These funds are not recorded as revenue and are included in designations payable in the Statement of Financial Position. The amounts recorded for the years ended March 31, 2019 and 2018 were \$33,995 and \$120,945 respectively.

In-kind Contributions - Donated assets and services are reflected as contributions in the accompanying statements at their estimated values at date of receipt. Contributions of services are recognized if the services received create or enhance a non-financial asset or the services require specialized skills that are provided by individuals possessing those skills. Summarized below are in-kind contributions for the years ended March 31, 2019 and 2018.

	2019	2018
Campaign	\$ 4,727	\$ 35,947
Professional fees	20,300	16,500
Special events	14,160	-
Advertising/marketing	773	-
	\$ 39,960	\$ 52,447

Advertising - Advertising costs are charged to operations when incurred. Advertising costs for the years ended March 31, 2019 and 2018 were \$8,488 and \$9,342, respectively.

Federal Income Tax - The Internal Revenue Service has determined that the Organization is exempt from federal income tax under Internal Revenue Code Section 501(c)3; accordingly no provision has been made for federal income tax in the accompanying financial statements. It is management's opinion that no significant uncertain tax positions remain open at March 31, 2019.

Concentrations of Credit Risk - Financial instruments which potentially subject the Organization to concentrations of credit risk consist primarily of bank deposits in excess of federally insured limits and accounts receivable. Management does not believe significant credit risk exists at March 31, 2019 and 2018.

UNITED WAY OF WASHINGTON COUNTY, TN, INC.
Notes to Financial Statements (Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Functional Allocation of Expenses - The majority of expenses generally can be identified with the program or supporting services to which they relate and are charged accordingly. Other expenses by function have to be allocated among program and supporting services classifications on the basis of full-time equivalent employees, salaries and other bases determined by management of the Organization. This is consistent with the standards for allocation of functional expenses adopted by United Way of America to promote consistency in reporting among the United Ways.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Actual results could differ from those estimates.

Change in Accounting Principle - On August 18, 2016 the FASB issued ASU 2016-14, Not-For-Profit Entities (Topic 958) - *Presentation of Financial Statements of Not-for-Profit Entities*. The update addresses the complexity and understandability of net asset classification and requires additional information about liquidity, availability of resources, expenses and investment return. The Organization has implemented ASU 2016-14 and has adjusted the presentation in these financial statements accordingly. The ASU has been applied retrospectively to all periods presented.

Recent Accounting Pronouncements - The FASB also issued the following accounting standards, which will be effective in subsequent years: 1) ASU No. 2014-09, *Revenue from Contracts with Customers*, effective for fiscal years beginning after December 15, 2018; 2) ASU No. 2016-18, *Statement of Cash Flows: Restricted Cash*, effective for years beginning after December 15, 2018; 3) ASU No. 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*, effective for fiscal years beginning after December 15, 2018, 4) ASU No. 2016-02, *Leases*, effective for fiscal years beginning after December 15, 2020). The Organization will evaluate each of these new standards and has not determined the effect, if any, on its financial position and operations.

A summary of the net asset reclassifications driven by the adoption of ASU 2016-14 as of March 31, 2018 follows:

As originally stated:	Unrestricted	Temporarily Restricted	Total
Net assets, beginning of year	\$ 336,493	\$ 125,090	\$ 461,583
Net assets, end of year	233,989	116,108	350,097
	Without Donor Restrictions	With Donor Restrictions	
As restated:	Restrictions	Restrictions	Total
Net assets, beginning of year	\$ 336,493	\$ 125,090	\$ 461,583
Net assets, end of year	233,989	116,108	350,097

Reclassifications - Certain items from the March 31, 2018 financial statements have been reclassified for presentation at March 31, 2019. These changes do not impact net assets or liabilities.

Date of Management's Review - Management has evaluated events and transactions occurring subsequent to the statement of financial position for items that should be recognized or disclosed in these financial statements. The evaluation was conducted through the date of the report, which is the date these financial statements were available to be issued.

UNITED WAY OF WASHINGTON COUNTY, TN, INC.
Notes to Financial Statements (Continued)

NOTE 3 - LIQUIDITY AND AVAILABILITY OF FUNDS

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position date, are as follows:

	2019	2018
Cash	\$ 332,393	\$ 641,888
Accounts receivable	706,825	873,161
Total financial assets available to meet general expenditures within the next 12 months	\$ 1,039,218	\$ 1,515,049

The Organization maintains financial assets, consisting of cash and accounts receivable from the prior year campaign that are collected throughout the year, on hand to meet its normal operating expenses based on its annual budget. Operating expenses are compared to budget expenses on a monthly basis and financial assets on hand are adjusted as necessary.

NOTE 4 - CASH

All cash is held in demand deposits at TruPoint Bank and are insured up to \$250,000 by the FDIC. Assets have not been pledged for excess deposits. Management does not believe that it is exposed to significant credit risk regarding cash. The cash accounts for Keeping Warm and Combined Federal Campaign have been restricted for specific purposes.

	2019	2018
General	\$ 332,393	\$ 641,888
Keeping Warm	36,799	49,706
Live Well	3,719	-
Combined Federal Campaign	-	23,887
	\$ 372,911	\$ 715,481

NOTE 5 - RETIREMENT PLAN

The Organization sponsors a defined contribution retirement plan for each of its employees. The plan is underwritten by Mutual of America. Contributions and costs are determined as 7.5% of each covered employee's salary. The employer contributions for the years ended March 31, 2019 and 2018 were \$3,469 and \$2,955. Costs of participants' life and disability insurance for the years ended March 31, 2019 and 2018 were \$5,382 and \$4,930.

UNITED WAY OF WASHINGTON COUNTY, TN, INC.
Notes to Financial Statements (Continued)

NOTE 6 - NET ASSETS

Net assets with donor restrictions are restricted for the following purposes as of March 31, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
<u>Subject to expenditure for a specific purpose:</u>		
Hands up	\$ 36,799	\$ 47,726
Meals	3,357	2,596
Subsequent year's campaign	9,216	20,025
Vello program	25,000	-
Ladies leadership	7,627	-
Special events	<u>-</u>	<u>45,761</u>
Total net assets with donor restrictions	<u>\$ 81,999</u>	<u>\$ 116,108</u>

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of the passage of time or other events specified by donors as follows for the years ended March 31, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
<u>Purpose restrictions accomplished:</u>		
Hands up	\$ 67,065	\$ 74,688
Meals	351	692
Vello program	16,250	-
Ladies leadership	2,373	-
Special events	<u>52,466</u>	<u>9,037</u>
Total purpose restrictions accomplished	138,505	84,417
<u>Time restrictions expired:</u>		
Passage of specified time	<u>106,248</u>	<u>52,565</u>
Total restrictions released	<u>\$ 244,753</u>	<u>\$ 136,982</u>

Resolutions for agency appropriations approved by the Board of Directors are included as net assets without donor restrictions program services on the Statement of Activities. For the years ended March 31, 2019 and 2018 agency appropriations are as follows:

UNITED WAY OF WASHINGTON COUNTY, TN, INC.
Notes to Financial Statements (Continued)

NOTE 6 - NET ASSETS (Continued)

	2019	2018
Salvation Army	\$ 150,000	\$ 227,000
Boy's & Girl's Club of Johnson City/Washington County	119,500	155,000
Coalition for Kids	115,000	131,000
Girls, Inc. of Johnson City/Washington County	83,000	124,000
American Red Cross of Northeast Tennessee	40,000	83,000
Arc of Washington County	36,000	48,000
Girl Scouts of the Appalachian Council	34,500	46,000
Family Promise of Greater Johnson City, Tennessee	23,250	31,000
Sequoyah Boy Scouts	21,000	42,000
Frontier Health	20,250	20,000
Keystone Dental Care	20,000	41,000
Adult Day Services	20,000	42,000
Contact Ministries	20,000	30,000
The Crumley House	12,500	-
Personal Support Services	10,000	20,000
Washington County Schools Shoe and Clothing Fund	10,000	13,900
Johnson City Schools Shoe Fund	10,000	12,100
Project Access	5,000	-
Appalachia Service Project	4,000	-
Jonesborough Senior Center	2,500	-
	<u>\$ 756,500</u>	<u>\$ 1,066,000</u>
Total		

NOTE 7 - BUILDING LEASE

The Organization has a lease agreement with Northridge Properties for the office space located at 926 West Oakland Avenue, Johnson City, Tennessee and for a storage building. The lease was renewed in 2016 for a 3 year period to expire December 31, 2018. The monthly rent will increase in \$25 increments each year. The rental expense for the year ended March 31, 2018 was \$25,703.

During 2019, the Organization signed a new lease agreement with Home Trust Bank for office space located at 1907 North Roan Street, Johnson City, Tennessee. The lease is for a period of 63 months, commencing on August 1, 2018 and ending on October 31, 2023. No rent will be paid for the period from August 1, 2018 through October 31, 2018. Monthly rent will be \$2,701. The rental expense for the year ended March 31, 2019 was \$32,404.

The future minimum rental payments are as follows:

2020	\$ 32,415
2021	32,415
2022	32,415
2023	18,909
	<u>\$ 116,154</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning **04/01/18** , and ending **03/31/19**

**UNITED WAY OF WASHINGTON COUNTY, 62-6001105
TENNESSEE, INC.**

Net Asset / Fund Balance at Beginning of Year		<u>350,097</u>
Revenue		
Contributions	<u>1,409,220</u>	
Program service revenue	<u>1,692</u>	
Investment income	<u>9,055</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>27,710</u>	
Direct expenses	<u>14,693</u>	
Net income	<u>13,017</u>	
Other income	<u>6,724</u>	
Total revenue		<u>1,439,708</u>
Expenses		
Program services	<u>987,929</u>	
Management and general	<u>60,434</u>	
Fundraising	<u>241,728</u>	
Total expenses		<u>1,290,091</u>
Excess / (deficit)		<u>149,617</u>
Changes		<u>-224,364</u>
Net Asset / Fund Balance at End of Year		<u>275,350</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>1,479,668</u>
Less:	
Unrealized gains	
Donated services	<u>39,960</u>
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>1,439,708</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,330,051</u>
Less:	
Donated services	<u>39,960</u>
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>1,290,091</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>1,591,259</u>	<u>1,089,939</u>	
Liabilities	<u>1,241,162</u>	<u>814,589</u>	
Net assets	<u>350,097</u>	<u>275,350</u>	<u>-74,747</u>

Miscellaneous Information

Amended return _____
Return / extended due date 02/15/20
Failure to file penalty _____

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**For calendar year 2018, or fiscal year beginning 4/01, 2018, and ending 3/31, 20 19Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2018

Name of exempt organization

**UNITED WAY OF WASHINGTON COUNTY,
TENNESSEE, INC.**

Employer identification number

62-6001105

Name and title of officer

**KRISTAN GINNINGS
PRESIDENT & CEO****Part I Type of Return and Return Information (Whole Dollars Only)**

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,439,708</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize RODEFER MOSS & CO, PLLC to enter my PIN 01105 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 10/18/19**Part III Certification and Authentication**

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

62069112345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 10/18/19**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

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

OMB No. 1545-0047

2018
Open to Public Inspection

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

A For the 2018 calendar year, or tax year beginning 04/01/18, and ending 03/31/19

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

C Name of organization: **UNITED WAY OF WASHINGTON COUNTY, TENNESSEE, INC.**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): **1907 N. ROAN STREET SUITE 409** Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **JOHNSON CITY TN 37601**

D Employer identification number: **62-6001105**

E Telephone number: **423-220-1229**

F Name and address of principal officer:
KRISTAN GINNINGS
1907 N. ROAN STREET
JOHNSON CITY TN 37601

G Gross receipts: **1,454,401**

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.UNITEDWAYOFWASHINGTONCOUNTYTN.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1930** **M** State of legal domicile: **TN**

H(c) Group exemption number: _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY FIGHTS FOR THE HEALTH, EDUCATION, AND FINANCIAL STABILITY OF EVERY PERSON IN WASHINGTON COUNTY TENNESSEE.		
	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	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	350
	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 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,725,043	1,409,220
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,998	1,692
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,392	9,055
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,892	19,741
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,767,325	1,439,708
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,066,000	756,500
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		14,160
	16a Professional fundraising fees (Part IX, column (A), line 11e)		227,291
	b Total fundraising expenses (Part IX, column (D), line 25) 241,728		250,483
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	266,594	268,948
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,559,885	1,290,091	
19 Revenue less expenses. Subtract line 18 from line 12	207,440	149,617	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,591,259	1,089,939
	22 Net assets or fund balances. Subtract line 21 from line 20	1,241,162	814,589
		350,097	275,350

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: **KRISTAN GINNINGS** Date: _____
 Type or print name and title: **PRESIDENT & CEO**

Paid Preparer Use Only

Print/Type preparer's name: **CURTIS MORRISON** Preparer's signature: _____ Date: **10/18/19** Check if self-employed PTIN: **P01878351**

Firm's name: **RODEFER MOSS & CO, PLLC** Firm's EIN: **62-1690032**
 129 W DEPOT STREET, SUITE 1
 Firm's address: **GREENEVILLE, TN 37743** Phone no.: **423-638-8144**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
UNITED WAY FIGHTS FOR THE HEALTH, EDUCATION, AND FINANCIAL STABILITY OF EVERY PERSON IN WASHINGTON COUNTY TENNESSEE.

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 \$ **987,929** including grants of \$ **756,500**) (Revenue \$)
PROVIDE SUPPORT TO HUMAN SERVICE AGENCIES THAT PROVIDE SUPPORT & AID TO MEMBERS OF THE COMMUNITY.

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

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **987,929**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No		
2a	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	2a	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	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)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	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?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	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?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X

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
1a	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.	23	
1b	Enter the number of voting members included in line 1a, above, who are independent	23	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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 **▶ TN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 **▶**

KRISTAN GINNINGS
JOHNSON CITY

1907 N. ROAN STREET

TN 37601

423-220-1229

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) KRISTAN GINNINGS	40.00									
PRESIDENT & CEO	0.00	X		X			81,925	0	0	
(2) JOHN BRADLEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) YVETTE BRYAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) DR. DARYL CARTER	0.00									
DIRECTOR	0.00	X					0	0	0	
(5) SHANNON CASTILLO	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) ZAC CLARK	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) STEPHEN DARDEN	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) DONNA DEPEW	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) JEFF DERBY	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) STEPHEN DIXON	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) MARK EADES	1.00									
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) MARK FINUCANE	1.00									
DIRECTOR	0.00	X						0	0	
(13) TAMMY GORZKA	1.00									
DIRECTOR	0.00	X						0	0	
(14) KEITH JOHNSON	1.00									
DIRECTOR	0.00	X						0	0	
(15) KENNY LAWRENCE	1.00									
DIRECTOR	0.00	X						0	0	
(16) GARY MCALLISTER	1.00									
DIRECTOR	0.00	X						0	0	
(17) JUDY MOSS	1.00									
DIRECTOR	0.00	X						0	0	
(18) RICK VAN HOEVER	1.00									
BOARD CHAIR	0.00	X						0	0	
(19) JENN OWEN	1.00									
TRUSTEE/DIRECTOR	0.00	X						0	0	
1b Sub-total								81,925		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								81,925		

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	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	1,409,220				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		1,409,220				
	Program Service Revenue	2a ADMINISTRATIVE FEE	Busn. Code	1,692	1,692		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			1,692				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,055			9,055	
	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)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	27,710				
		b Less: direct expenses	b	14,693			
c Net income or (loss) from fundraising events			13,017				
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Busn. Code						
11a OTHER REVENUE		6,724	6,724				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		6,724					
12 Total revenue. See instructions.		1,439,708	8,416	0	9,055		

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	756,500	756,500		
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	14,160	14,160		
5 Compensation of current officers, directors, trustees, and key employees	81,925	20,481	12,289	49,155
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	141,350	35,337	21,203	84,810
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	9,642	2,411	1,446	5,785
10 Payroll taxes	17,566	4,391	2,635	10,540
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	35,110	8,777	5,267	21,066
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
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	7,451	1,862	1,118	4,471
13 Office expenses	11,426	2,856	1,714	6,856
14 Information technology				
15 Royalties				
16 Occupancy	32,404	8,101	4,861	19,442
17 Travel	3,460	865	519	2,076
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	17,254	4,314	2,588	10,352
22 Depreciation, depletion, and amortization	970	242	146	582
23 Insurance	2,670	667	401	1,602
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 KEEPING WARM	65,627	65,627		
b VELLO PROGRAM	33,075	33,075		
c CAMPAIGN	24,061	6,015	3,609	14,437
d VOL. COMMUNITY IMPACT	15,023	15,023		
e All other expenses	20,417	7,225	2,638	10,554
25 Total functional expenses. Add lines 1 through 24e	1,290,091	987,929	60,434	241,728
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		1
	2	Savings and temporary cash investments	715,481	2 372,911
	3	Pledges and grants receivable, net	873,161	3 706,825
	4	Accounts receivable, net		4 2,701
	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	2,482	9 2,282
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 65,867	
	b	Less: accumulated depreciation	10b 60,647	10c 5,220
	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		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11		15
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,591,259	16 1,089,939	
Liabilities	17	Accounts payable and accrued expenses	22,846	17 8,627
	18	Grants payable	1,218,316	18 805,962
	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		25
	26	Total liabilities. Add lines 17 through 25	1,241,162	26 814,589
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	233,989	27 193,351
	28	Temporarily restricted net assets	116,108	28 81,999
	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	Total net assets or fund balances	350,097	33 275,350	
34	Total liabilities and net assets/fund balances	1,591,259	34 1,089,939	

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	1,439,708
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,290,091
3	Revenue less expenses. Subtract line 2 from line 1	3	149,617
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	350,097
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	-224,364
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	275,350

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.		

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) DR. B. J. KING	1.00									
TRUSTEE/DIRECTOR	0.00	X					0	0	0	
(21) MATT EVANS	1.00									
TRUSTEE/DIRECTOR	0.00	X					0	0	0	
(22) TRISH BAISE	1.00									
TRUSTEE/DIRECTOR	0.00	X					0	0	0	
(23) KIM HOLLEY	1.00									
DIRECTOR	0.00			X			0	0	0	
(24) MELISSA STEAGALL-JONES	1.00									
CFO	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? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

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

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

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2018 Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization UNITED WAY OF WASHINGTON COUNTY, TENNESSEE, INC. Employer identification number 62-6001105

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions).

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 99.58%. Row 15: Public support percentage from 2017 Schedule A, Part II, line 14 99.62%.

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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 **\$ 1,528**

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047
2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization
**UNITED WAY OF WASHINGTON COUNTY,
TENNESSEE, INC.**

Employer identification number
62-6001105

Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

UNITED WAY OF WASHINGTON COUNTY,

Employer identification number

62-6001105

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITI 541 SID MARTIN RD. GRAY TN 37615	\$ 146,523	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CITY OF JOHNSON CITY 601 EAST MAIN ST JOHNSON CITY TN 37601	\$ 33,296	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	AT&T 2612 N. ROAN ST JOHNSON CITY TN 37601	\$ 42,540	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BRIGHT RIDGE 2600 BOONES CREEK RD. JOHNSON CITY TN 37615-4448	\$ 41,634	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	UNITED WAY OF GREATER KINGSPORT 301 LOUIS STREET SUITE 201 KINGSPORT TN 37660	\$ 161,982	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BALLAD HEALTH 310 N. STATE OF FRANKLIN RD JOHNSON CITY TN 37604	\$ 58,321	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: UNITED WAY OF WASHINGTON COUNTY, TENNESSEE, INC. Employer identification number: 62-6001105

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including checkboxes for purposes of easements and a table for lines 2a-2d held at the end of the tax year.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, and 2.

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

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
 - a** Board designated or quasi-endowment ▶ %
 - b** Permanent endowment ▶ %
 - c** Temporarily restricted endowment ▶ %
 The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		65,867	60,647	5,220
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,220

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

**UNITED WAY OF WASHINGTON COUNTY,
TENNESSEE, INC.**

Employer identification number

62-6001105

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF TOURNAMENT</u> (event type)	<u>COMEDY NIGHT</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	22,031	5,529		27,560
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	22,031	5,529		27,560
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,093	600		14,693
	10 Direct expense summary. Add lines 4 through 9 in column (d)				14,693
11 Net income summary. Subtract line 10 from line 3, column (d)				12,867	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF WASHINGTON COUNTY,
TENNESSEE, INC.** Employer identification number
62-6001105

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ADULT DAY SERVICES 704 ROLLING HILLS DR. JOHNSON CITY TN 37604	62-0928394	3	20,000				ORGANIZATION SUPPORT
(2)	ARC OF WASHINGTON COUNTY 2700 SOUTH ROAN STREET JOHNSON CITY TN 37601	62-0694557	3	36,000				ORGANIZATION SUPPORT
(3)	BOY SCOUTS P.O. BOX 3010 JOHNSON CITY TN 37602	62-0476819	3	21,000				ORGANIZATION SUPPORT
(4)	CITY SHOE FUND P.O. BOX 1517 JOHNSON CITY TN 37605			10,000				ORGANIZATION SUPPORT
(5)	COALITION FOR KIDS P.O. BOX 3156 JOHNSON CITY TN 37602	62-1765487	3	115,000				ORGANIZATION SUPPORT
(6)	CONTACT MINISTRIES P.O. BOX 1403 JOHNSON CITY TN 37601	62-1044861	3	20,000				ORGANIZATION SUPPORT
(7)	COUNTY SHOE FUND 3519 W WALNUT STREET JOHNSON CITY TN 37604			10,000				ORGANIZATION SUPPORT
(8)	PERSONAL SUPPORT SERVICES 704 ROLLING HILLS DR. JOHNSON CITY TN 37604	62-0928394	3	10,000				ORGANIZATION SUPPORT
(9)	FRONTIER HEALTH P.O. BOX 9054 GRAY TN 37615	62-0582605	3	20,250				ORGANIZATION 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 ▶

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization **UNITED WAY OF WASHINGTON COUNTY,
TENNESSEE, INC.** Employer identification number
62-6001105

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	GIRL SCOUTS P.O. BOX 3100 JOHNSON CITY TN 37602	62-0830472	3	34,500				ORGANIZATION SUPPORT
(2)	GIRLS INCORPORATED P.O. BOX 1435 JOHNSON CITY TN 37605	62-0493392	3	83,000				ORGANIZATION SUPPORT
(3)	FAMILY PROMISE OF GREATER JC P.O. BOX 205 JOHNSON CITY TN 37605	62-1808323	3	23,250				ORGANIZATION SUPPORT
(4)	JC BOY'S AND GIRL'S CLUB P.O. BOX 5219 JOHNSON CITY TN 37602	62-0810733	3	119,500				ORGANIZATION SUPPORT
(5)	KEYSTONE DENTAL CARE 603 BERT STREET, SUITE 206 BOX 12 JOHNSON CITY TN 37601	62-1762300	3	20,000				ORGANIZATION SUPPORT
(6)	RED CROSS 501 SOUTH WILCOX DRIVE KINGSPORT TN 37660	53-0196605	3	40,000				ORGANIZATION SUPPORT
(7)	SALVATION ARMY P.O. BOX 1715 JOHNSON CITY TN 37605	58-0660607	3	150,000				ORGANIZATION SUPPORT
(8)	CRUMLEY HOUSE 300 URBANA RD LIMESTONE TN 37681	58-1988511	3	12,500				ORGANIZATION SUPPORT
(9)								

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

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

Schedule I (Form 990) (2018)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization UNITED WAY OF WASHINGTON COUNTY, TENNESSEE, INC.	Employer identification number 62-6001105
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FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE 990 IS REVIEWED BY THE FINANCE COMMITTEE (ON BEHALF OF THE BOARD) PRIOR
TO BEING FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
BOARD MEMBERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY AT THE
BEGINNING OF EVERY YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
UNITED WAY'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE IS
RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION
PROGRAM FOR THE PRESIDENT, AND CONSULTING WITH THE PRESIDENT REGARDING THE
RECOMMENDATIONS FOR SENIOR STAFF COMPENSATION. THE COMMITTEE MEETS TO
REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS TO THE BOARD OF
DIRECTORS, AS APPROPRIATE.

THE EXECUTIVE COMMITTEE SOLICITS INFORMATION FROM VARIOUS SOURCES INCLUDING
UNITED WAY OF TENNESSEE AND THE UNITED WAY OF AMERICA SALARY SURVEY TO
EVALUATE THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM WITHIN THE
MARKET. THE EVALUATION IS REVIEWED ANNUALLY AND IS INTENDED TO ENSURE THAT
THE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE
PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS.
FOLLOWING THIS REVIEW, THE COMMITTEE REVIEWS AND APPROVES THE PRESIDENT'S
COMPENSATION, BASE SALARY, AND OBJECTIVES AND GOALS FOR THE UPCOMING FISCAL
YEAR AND CONSULTS WITH THE PRESIDENT ON REQUIRED STAFFING LEVELS. THE

Name of the organization

Employer identification number

UNITED WAY OF WASHINGTON COUNTY,

62-6001105

COMMITTEE REVIEWS AND RECOMMENDS TO THE BOARD FOR APPROVAL, SALARY AND ANY INCENTIVE AWARDS FOR THE PRESIDENT.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

UNITED WAY'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE PRESIDENT, AND CONSULTING WITH THE PRESIDENT REGARDING THE RECOMMENDATIONS FOR SENIOR STAFF COMPENSATION. THE COMMITTEE MEETS TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTORS, AS APPROPRIATE.

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

INFORMATION IS AVAILABLE ON THE ORGANIZATION'S WEBSITE. ALSO, THE ORGANIZATION MAKES CERTAIN INFORMATION AVAILABLE IN THE PUBLISHED ANNUAL REPORT.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

UNCOLLECTIBLE PLEDGES \$ -224,364

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning 04/01/18 , ending 03/31/19		

Name

Taxpayer Identification Number

**UNITED WAY OF WASHINGTON COUNTY,
TENNESSEE, INC.**
62-6001105

		2017	2018	Differences
R e v e n u e	1. Contributions, gifts, grants	1,725,043	1,409,220	-315,823
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	2,998	1,692	-1,306
	5. Investment income	6,719	9,055	2,336
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	8,673		-8,673
	8. Net income or (loss) from fundraising events	22,832	13,017	-9,815
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	1,060	6,724	5,664
	12. Total revenue. Add lines 1 through 11	1,767,325	1,439,708	-327,617
E x p e n s e s	13. Grants and similar amounts paid	1,066,000	756,500	-309,500
	14. Benefits paid to or for members		14,160	14,160
	15. Compensation of officers, directors, trustees, etc.	83,333	81,925	-1,408
	16. Salaries, other compensation, and employee benefits	143,958	168,558	24,600
	17. Professional fundraising fees			
	18. Other professional fees	36,530	35,110	-1,420
	19. Occupancy, rent, utilities, and maintenance	25,703	32,404	6,701
	20. Depreciation and Depletion	1,037	970	-67
	21. Other expenses	203,324	200,464	-2,860
	22. Total expenses. Add lines 13 through 21	1,559,885	1,290,091	-269,794
	23. Excess or (Deficit). Subtract line 22 from line 12	207,440	149,617	-57,823
O t h e r I n f o r m a t i o n	24. Total exempt revenue	1,767,325	1,439,708	-327,617
	25. Total unrelated revenue			
	26. Total excludable revenue	19,450	17,471	-1,979
	27. Total assets	1,591,259	1,089,939	-501,320
	28. Total liabilities	1,241,162	814,589	-426,573
	29. Retained earnings	350,097	275,350	-74,747
	30. Number of voting members of governing body	32	23	
31. Number of independent voting members of governing body	32	23		
32. Number of employees	6	9		
33. Number of volunteers	135	350		

Form 990	Tax Return History	2018
Name UNITED WAY OF WASHINGTON COUNTY, TENNESSEE, INC.		Employer Identification Number 62-6001105

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	1,618,738	1,637,980	1,695,976	1,725,043	1,409,220	
Membership dues						
Program service revenue	18,849	14,403	19,087	2,998	1,692	
Capital gain or loss				8,673		
Investment income	4,724	4,854	7,247	6,719	9,055	
Fundraising revenue (income/loss)			35,919	22,832	13,017	
Gaming revenue (income/loss)						
Other revenue	1,528	1,903	3,560	1,060	6,724	
Total revenue	1,643,839	1,659,140	1,761,789	1,767,325	1,439,708	
Grants and similar amounts paid	1,069,500	1,052,000	1,046,000	1,066,000	756,500	
Benefits paid to or for members					14,160	
Compensation of officers, etc.				83,333	81,925	
Other compensation	238,887	204,713	255,897	143,958	168,558	
Professional fees	27,857	41,436	51,063	36,530	35,110	
Occupancy costs	24,792	24,587	25,023	25,703	32,404	
Depreciation and depletion	2,918	2,918	2,191	1,037	970	
Other expenses	317,054	331,336	298,396	203,324	200,464	
Total expenses	1,681,008	1,656,990	1,678,570	1,559,885	1,290,091	
Excess or (Deficit)	-37,169	2,150	83,219	207,440	149,617	
Total exempt revenue	1,643,839	1,659,140	1,761,789	1,767,325	1,439,708	
Total unrelated revenue						
Total excludable revenue	25,101	21,160	29,894	19,450	17,471	
Total Assets	1,672,990	1,709,278	1,793,557	1,591,259	1,089,939	
Total Liabilities	1,296,777	1,330,915	1,331,975	1,241,162	814,589	
Net Fund Balances	376,213	378,363	461,582	350,097	275,350	

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 9,055		14			
TOTAL	<u>\$ 9,055</u>					

Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
EQUIPMENT LEASE	\$ 3,536	\$ 884	\$ 530	\$ 2,122
MISCELLANEOUS	3,499	875	525	2,099
WOMEN'S LEADERSHIP	2,373	2,373		
SUPPLIES	2,178	544	327	1,307
TELEPHONE	2,161	540	324	1,297
MEMBERSHIP DUES	1,945	486	292	1,167
POSTAGE AND SHIPPING	1,836	459	275	1,102
MAINTENANCE	1,477	369	222	886
UTILITIES	956	239	143	574
MEALS	456	456		
TOTAL	<u>\$ 20,417</u>	<u>\$ 7,225</u>	<u>\$ 2,638</u>	<u>\$ 10,554</u>

Schedule A, Part II, Line 1(e)

Description	Amount
PUBLIC SUPPORT IN-KIND	\$ 1,409,220
TOTAL	\$ <u>1,409,220</u>

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
JOHNSON CITY PRESS, INC.	\$	\$
MOUNTAIN STATES HEALTH ALLIANCE DEPARTMENT OF VETERANS AFFAIRS KATZ AMERICAS	19,728	
EAST TENNESSEE STATE UNIVERSITY CITI	19,010	
JOHNSON CITY PRESS	146,523	
EASTMAN CHEMICAL COMPANY CITY OF JOHNSON CITY	33,296	
AT&T	42,540	
BRIGHT RIDGE	41,634	
MULLICAN FLOORING FIRST TENNESSEE BANK	27,013	
UNITED WAY OF GREATER KINGSPORT ATMOS ENERGY	161,982	
BALLAD HEALTH	58,321	
TOTAL	<u>\$ 550,047</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
	\$ 9,055
TOTAL	\$ 9,055

Schedule A, Part II, Line 12 - Current year

Description	Amount
ADMINISTRATIVE FEE	\$ 1,692
OTHER REVENUE	6,724
GOLF TOURNAMENT	22,031
COMEDY NIGHT	5,529
CARDINALS NIGHT	150
TOTAL	\$ 36,126

GOLF TOURNAMENT

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
	\$ <u>14,093</u>
TOTAL	\$ <u><u>14,093</u></u>

COMEDY NIGHT

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
	\$ <u>600</u>
TOTAL	\$ <u><u>600</u></u>