

Whitlock & Company, PC
375 Fountain View Circle
Alcoa, TN 37701-1945
865-981-9638

August 22, 2022

CONFIDENTIAL

United Way of Blount County
1615 East Broadway
Maryville, TN 37804

Dear Jennifer:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Whitlock & Company, PC

Accepted By: _____

Date: _____

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning _____, and ending _____

23-7122193

UNITED WAY OF BLOUNT COUNTY

Net Asset / Fund Balance at Beginning of Year 4,275,251

Revenue

Contributions	<u>2,057,134</u>	
Program service revenue		
Investment income	<u>2,096</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>49,955</u>	
Direct expenses	<u>7,092</u>	
Net income	<u>42,863</u>	
Other income	<u>108,900</u>	
Total revenue		<u>2,210,993</u>

Expenses

Program services	<u>1,931,511</u>	
Management and general	<u>87,071</u>	
Fundraising	<u>165,878</u>	
Total expenses		<u>2,184,460</u>
Excess / (deficit)		<u>26,533</u>

Changes _____

Net Asset / Fund Balance at End of Year 4,301,784

Reconciliation of Revenue

Total revenue per financial statements	<u>2,076,316</u>	
Less:		
Unrealized gains	_____	
Donated services	_____	
Recoveries	_____	
Other	_____	
Plus:		
Investment expenses	_____	
Other	<u>134,677</u>	
Total revenue per return	<u>2,210,993</u>	

Reconciliation of Expenses

Total expenses per financial statements	<u>2,049,783</u>	
Less:		
Donated services	_____	
Prior year adjustments	_____	
Losses	_____	
Other	_____	
Plus:		
Investment expenses	_____	
Other	<u>134,677</u>	
Total expenses per return	<u>2,184,460</u>	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>4,300,706</u>	<u>4,350,761</u>	
Liabilities	<u>25,455</u>	<u>48,977</u>	
Net assets	<u>4,275,251</u>	<u>4,301,784</u>	<u>26,533</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/22
 Failure to file penalty _____

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August 22, 2022

CONFIDENTIAL

United Way of Blount County
1615 East Broadway
Maryville, TN 37804

Dear Jennifer:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 12/31/21 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Whitlock & Company, PC
375 Fountain View Circle
Alcoa, TN 37701-1945

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Whitlock & Company, PC

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2021, or fiscal year beginning 2021, and ending 20

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2021

Name of filer **UNITED WAY OF BLOUNT COUNTY** EIN or SSN **23-7122193**

Name and title of officer or person subject to tax **JENNIFER WACKERHAGEN
PRESIDENT & CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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>2,210,993</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	_____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize WHITLOCK & COMPANY, PC to enter my PIN 23712 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax _____ Date **08/22/22**

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.

62480462213

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 **J. GRANT BEELER** Date **08/22/22**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">UNITED WAY OF BLOUNT COUNTY</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">1615 EAST BROADWAY</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">MARYVILLE TN 37804</p>	D Employer identification number <p style="text-align: center;">23-7122193</p> E Telephone number <p style="text-align: center;">865-982-2251</p> G Gross receipts \$ 2,305,548
F Name and address of principal officer: <p style="text-align: center;">JENNIFER WACKERHAGEN 1615 E. BROADWAY AVE. MARYVILLE TN 37804</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.UNITEDWAYBLOUNT.ORG		L Year of formation: 1954
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: TN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">UNITED WAY OF BLOUNT COUNTY FIGHTS FOR THE HEALTH, EDUCATION AND SELF-SUFFICIENCY OF EVERY PERSON IN BLOUNT COUNTY. TOGETHER, WE JOIN IN THE FIGHT TO LIVE UNITED AND MOBILIZE THE BEST RESOURCES FOR THOSE IN NEED.</p>		
	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 2021 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	654
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,996,200	2,057,134
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,450	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,364	2,096
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	395,752	151,763
		2,398,766	2,210,993
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,604,001	1,562,909
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	419,893	436,007
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 165,878		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	265,643	185,544
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,289,537	2,184,460	
19 Revenue less expenses. Subtract line 18 from line 12	109,229	26,533	
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)	4,300,706	4,350,761
	22 Net assets or fund balances. Subtract line 21 from line 20	25,455	48,977
		4,275,251	4,301,784

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 <p style="text-align: center;">JENNIFER WACKERHAGEN</p> Type or print name and title	Date <p style="text-align: center;">PRESIDENT & CEO</p>
	Print/Type preparer's name J. GRANT BEELER	Preparer's signature J. GRANT BEELER
Paid Preparer Use Only	Check <input type="checkbox"/> if self-employed	PTIN P01847342
	Firm's name ▶ WHITLOCK & COMPANY, PC 375 FOUNTAIN VIEW CIRCLE Firm's address ▶ ALCOA, TN 37701-1945	Firm's EIN ▶ 74-3074343 Phone no. 865-981-9638

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:

TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITIES.

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 \$ **1,719,936** including grants of \$ **1,351,334**) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ **211,575** including grants of \$ **211,575**) (Revenue \$)

DONOR CONTRIBUTIONS DESIGNATED TO OTHER LOCAL UNITED WAYS.

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

N/A

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

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

4e Total program service expenses **1,931,511**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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 on 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 on 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?		

1a	1
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		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 on 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 on 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
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 23, Yes, No. Rows include questions about voting members, family relationships, management delegation, and documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

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.
19 Describe on 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

ALYSSA IKNER
MARYVILLE

1615 E BROADWAY

TN 37804

865-982-2251

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JENNIFER WACKERHAGEN	40.00									
PRESIDENT & CEO	0.00			X			94,000	0	21,634	
(2) ALYSSA IKNER	40.00									
TOP FINANCIAL OFF.	0.00			X			48,000	0	11,649	
(3) BOB BOOKER	1.00									
CHAIR	0.00	X		X			0	0	0	
(4) KATHY JOHNSON	1.00									
PAST CHAIR	0.00	X		X			0	0	0	
(5) REGINA JENNINGS	1.00									
CHAIR ELECT	0.00	X		X			0	0	0	
(6) JEFF INGLE	1.00									
SECRETARY/TREASURER	0.00	X		X			0	0	0	
(7) KEVIN PAINTER	1.00									
CAMPAIGN CHAIR	0.00	X		X			0	0	0	
(8) KELLY LOVE	1.00									
COMMUNITY IMPACT CH.	0.00	X		X			0	0	0	
(9) JANE GROFF	1.00									
DIRECTOR AT LARGE	0.00	X		X			0	0	0	
(10) CHRISTI SAYLES	1.00									
DIRECTOR AT LARGE	0.00	X		X			0	0	0	
(11) JENNIFER COFFIN	1.00									
BOARD MEMBER	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) AMY COWDEN BOARD MEMBER	1.00 0.00	X						0	0	0
(13) CAITLIN DARRAS BOARD MEMBER	1.00 0.00	X						0	0	0
(14) KEITH EDMONDS BOARD MEMBER	1.00 0.00	X						0	0	0
(15) CORY EVERETT BOARD MEMBER	1.00 0.00	X						0	0	0
(16) ROSEMARY GARLAND BOARD MEMBER	1.00 0.00	X						0	0	0
(17) KIM GOLLY BOARD MEMBER	1.00 0.00	X						0	0	0
(18) MICHAEL HEARON BOARD MEMBER	1.00 0.00	X						0	0	0
(19) KATIE POWERS BOARD MEMBER	1.00 0.00	X						0	0	0
1b Subtotal								142,000		33,283
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								142,000		33,283

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, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

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

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

Part 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	34,994				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,022,140				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 20,269				
	h Total. Add lines 1a-1f				2,057,134			
	Program Service Revenue	2a			Business Code			
b								
c								
d								
e								
f			All other program service revenue					
g Total. Add lines 2a-2f								
Other Revenue	3			Investment income (including dividends, interest, and other similar amounts)	2,096		2,096	
	4			Income from investment of tax-exempt bond proceeds				
	5			Royalties				
	6a	Gross rents	(i) Real					
			6a	68,250				
			(ii) Personal					
	b	Less: rental expenses	6b	87,463				
	c	Rental inc. or (loss)	6c	-19,213				
	d				Net rental income or (loss)	-19,213		-19,213
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			7a					
			(ii) Other					
	b	Less: cost or other basis and sales exps.	7b					
	c	Gain or (loss)	7c					
	d				Net gain or (loss)			
8a	Gross income from fundraising events (not including \$ 34,994 of contributions reported on line 1c). See Part IV, line 18							
		8a	49,955					
		b	Less: direct expenses					8b
c				Net income or (loss) from fundraising events	42,863		42,863	
9a	Gross income from gaming activities. See Part IV, line 19							
		9a						
		b	Less: direct expenses					9b
c				Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances							
		10a						
		b	Less: cost of goods sold					10b
c				Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11a			COVID-19 RESPONSE FUND	95,050	95,050		
	b			MEDIA SPONSOR	14,700	14,700		
	c			MEETING SPONSOR	12,450	12,450		
	d			All other revenue	5,913	5,913		
	e				Total. Add lines 11a-11d	128,113		
	12				Total revenue. See instructions	2,210,993	128,113	0 25,746

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	1,562,909	1,562,909		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	157,755	96,406	17,528	43,821
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	205,058	125,314	22,784	56,960
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	47,821	29,224	11,363	7,234
10 Payroll taxes	25,373	15,506	5,638	4,229
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	5,000	2,750	1,000	1,250
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	27,782	15,280		12,502
13 Office expenses	5,692	3,130	1,138	1,424
14 Information technology				
15 Royalties				
16 Occupancy	8,470	4,598	1,694	2,178
17 Travel	3,900	2,145	780	975
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,110	3,360	1,222	1,528
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,798	21,411	7,464	8,923
23 Insurance	5,622	3,132	1,125	1,365
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES	33,871	18,629	6,774	8,468
b MAINTENANCE AND REPAIRS	26,369	14,314	5,274	6,781
c MEETING SPONSORS EXPENSE	7,933	4,363		3,570
d TELEPHONE	4,651	2,558	930	1,163
e All other expenses	12,346	6,482	2,357	3,507
25 Total functional expenses. Add lines 1 through 24e	2,184,460	1,931,511	87,071	165,878
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	1,205,039	1	1,278,443
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,764,964	3	1,798,602
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,165,155		
	10b	Less: accumulated depreciation	891,439	10c	1,273,716
	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 33)	4,300,706	16	4,350,761	
Liabilities	17	Accounts payable and accrued expenses	14,080	17	12,802
	18	Grants payable		18	
	19	Deferred revenue		19	24,800
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	11,375	25	11,375
	26	Total liabilities. Add lines 17 through 25	25,455	26	48,977
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	2,510,287	27	2,503,182
	28	Net assets with donor restrictions	1,764,964	28	1,798,602
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	4,275,251	32	4,301,784
33	Total liabilities and net assets/fund balances	4,300,706	33	4,350,761	

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	2,210,993
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,184,460
3	Revenue less expenses. Subtract line 2 from line 1	3	26,533
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,275,251
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,301,784

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 on 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 on 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 on 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DEB SKYLER BOARD MEMBER	1.00 0.00	X						0	0	0
(21) ANDY SONNER BOARD MEMBER	1.00 0.00	X						0	0	0
(22) CHRIS SORO BOARD MEMBER	1.00 0.00	X						0	0	0
(23) ABHIJIT VEREKAR BOARD MEMBER	1.00 0.00	X						0	0	0
(24) KURT WILKERSON BOARD MEMBER	1.00 0.00	X						0	0	0
(25) ALEX WILLARD BOARD MEMBER	1.00 0.00	X						0	0	0
1b Subtotal										
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, 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)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF BLOUNT COUNTY

Employer identification number

23-7122193

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

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,993,646	2,184,891	1,909,857	1,996,200	2,057,134	10,141,728
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,993,646	2,184,891	1,909,857	1,996,200	2,057,134	10,141,728
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,240,870
6 Public support. Subtract line 5 from line 4						8,900,858

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	1,993,646	2,184,891	1,909,857	1,996,200	2,057,134	10,141,728
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,436	5,163	73,337	71,614	70,346	224,896
9 Net income from unrelated business activities, whether or not the business is regularly carried on	65,004	65,004				130,008
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	22,864	24,022	35,803	37,737	49,955	170,381
11 Total support. Add lines 7 through 10						10,667,013

12 Gross receipts from related activities, etc. (see instructions) 12 583,710

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	83.44 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	84.90 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2020.** 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—2021.** 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—2020.** 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2021.** 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—2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c 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 box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b 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>		
c 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 lines 5b and 5c 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>		
b 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?		
c 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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 line 10b below.</i>		
b 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 on line 2, above, 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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <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 governmental entity (see instructions).</i>			
2 Activities Test. <i>Answer lines 2a and 2b below.</i>			
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 on line 2a, above, 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. <i>Answer lines 3a and 3b below.</i>			
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>If "Yes" or "No," 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>			
2a			
2b			
3a			
3b			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 0.015 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 0.035.	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 0.85 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— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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

SPECIAL EVENTS INCOME	\$ 123,495
MISCELLANEOUS	\$ 250
NONPROFIT ENRICHMENT WORKSHOPS	\$ 490
MEDIA SPONSOR	\$ 24,034
MEETING SPONSOR	\$ 21,492
CHAMPIONS FOR CHANGE	\$ 620

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2021

Name of the organization

Employer identification number

UNITED WAY OF BLOUNT COUNTY

23-7122193

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), 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), 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).

Name of organization

UNITED WAY OF BLOUNT COUNTY

Employer identification number

23-7122193

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	CLAYTON HOMES 5000 CLAYTON ROAD MARYVILLE TN 37801	\$ 320,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DENSO MANUFACTURING TENN, INC. 1720 ROBERT C JACKSON DRIVE MARYVILLE TN 37801	\$ 85,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input 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

2021

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF BLOUNT COUNTY

23-7122193

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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** Term 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? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		203,535		203,535
b Buildings		1,861,518	805,526	1,055,992
c Leasehold improvements				
d Equipment		97,613	85,913	11,700
e Other		2,489		2,489
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,273,716

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) SECURITY DEPOSITS	11,375
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	11,375

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,076,316
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,076,316
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	134,677	
c	Add lines 4a and 4b		4c	134,677
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,210,993

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

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

1	Total expenses and losses per audited financial statements		1	2,049,783
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,049,783
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	134,677	
c	Add lines 4a and 4b		4c	134,677
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,184,460

Part XIII Supplemental Information.

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

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR DESIGNATIONS \$ **222,140**

RENTAL EXPENSES \$ **-87,463**

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR DESIGNATIONS \$ **222,140**

RENTAL EXPENSES \$ **-87,463**

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

UNITED WAY OF BLOUNT COUNTY

Employer identification number

23-7122193

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>GAS DAY</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	49,955	33,494	83,449
	2	Less: Contributions		33,494	33,494
	3	Gross income (line 1 minus line 2)	49,955		49,955
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	1,790		1,790
	6	Rent/facility costs	5,000		5,000
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	165	88	253
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				42,912

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.

OMB No. 1545-0047

2021

**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 BLOUNT COUNTY

Employer identification number

23-7122193

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	A PLACE TO STAY 1735 OLD NILES FERRY RD MARYVILLE TN 37803	84-3644615	501	26,717				PROGRAM OPER. COST
(2)	ALLOC-OTHER COUNTIES & UNITED WAYS 1615 EAST BROADWAY MARYVILLE TN 37804			211,575				DD - GENERAL SUPPORT
(3)	BIG BROTHERS/BIG SISTER OF EAST TN 318 N. GAY ST. STE 100 KNOXVILLE TN 37917	62-0842531	501	12,084				PROGRAM OPER. COST
(4)	BLOUNT CO. HABITAT FOR HUMANITY 1017 HAMPSHIRE DRIVE MARYVILLE TN 37801	62-1504881	501	35,636				PROGRAM OPER. COST
(5)	BLOUNT COUNTY COMM ACTION AGCY 3905 TUCKALEECHEE PIKE MARYVILLE TN 37803	62-1561673	501	79,480				PROGRAM OPER. COST
(6)	BOY SCOUTS OF AMERICA P.O. BOX 51885 KNOXVILLE TN 37950	62-0476811	501	8,000				PROGRAM OPER. COST
(7)	BOYS & GIRLS CLUBS OF BLOUNT COUNTY 520 SOUTH WASHINGTON ST. MARYVILLE TN 37804	62-0475743	501	166,085				PROGRAM OPER. COST
(8)	CASA OF THE TN HEARTLAND P.O. BOX 4426 OAK RIDGE TN 37831	62-1372126	501	35,000				PROGRAM OPER. COST
(9)	COMPASSION COUNSELING 331 W. BROADWAY AVE. MARYVILLE TN 37801	46-2300707	501	25,000				PROGRAM "SEED" FDG

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 27
- 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

2021

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Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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Name of the organization

UNITED WAY OF BLOUNT COUNTY

Employer identification number

23-7122193

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	E TN CHILDREN'S HOSPITAL REHAB 1025 CHILDREN'S WAY KNOXVILLE TN 37922	62-0574524	501	9,295				DD - PROGRAM COSTS
(2)	EAST TN KIDNEY FOUNDATION P.O. BOX 22072 KNOXVILLE TN 37933	62-0886595	501	13,500				PROGRAM OPER. COST
(3)	FAMILY PROMISE OF BLOUNT COUNTY P.O. BOX 4457 ALCOA TN 37701	26-1457703	501	71,500				PROGRAM OPER. COST
(4)	GATE-GATEWAY TO INDEPENDENCE P.O. BOX 6023 MARYVILLE TN 37802	86-1084910	501	20,000				PROGRAM OPER. COST
(5)	GIRLS INC. OF TN VALLEY 1798 OAK RIDGE TURNPIKE OAK RIDGE TN 37830	59-1743795	501	35,000				PROGRAM OPER. COST
(6)	GOOD NEIGHBORS OF BLOUNT COUNTY 320 W. BROADWAY AVE. MARYVILLE TN 37801	62-1634594	501	135,000				PROGRAM OPER. COST
(7)	HAVEN HOUSE P.O. BOX 134 ALCOA TN 37701	58-1534034	501	84,916				PROGRAM OPER. COST
(8)	KINGDOM DESIGN MINISTRIES, INC. PO BOX 1041 ALCOA TN 37701	45-1625696	501	15,000				PROGRAM OPER. COST
(9)	KIWANIS (IMAGINATION LIBRARY) 576 FOOTHILLS PLAZA DR., PMB 154 MARYVILLE TN 37801	62-1790735	501	7,500				PROGRAM OPER. COST

- 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) (2021)

**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.

OMB No. 1545-0047

2021

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Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

UNITED WAY OF BLOUNT COUNTY

Employer identification number

23-7122193

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LEGAL AID OF EAST TN 607 W. SUMMIT HILL DR. SW KNOXVILLE TN 37902	58-9132803	501	77,000				PROGRAM OPER. COST
(2)	LTVEC-BIRTH TO THREE PROGRAM 1432 EAST LEE HIGHWAY LOUDON TN 37774	62-0859642	501	23,000				PROGRAM OPER. COST
(3)	MCNABB CENTER 200 TECH CENTER DRIVE KNOXVILLE TN 37912	62-0548914	501	261,564				PROGRAM OPER. COST
(4)	NEW HOPE CHILDREN'S ADVOCACY CENTER PO BOX 5058 MARYVILLE TN 37802	62-1806067	501	58,872				PROGRAM OPER. COST
(5)	SECOND HARVEST FOOD BANK 136 HARVEST LANE MARYVILLE TN 37801	58-1450139	501	27,448				PROGRAM OPER. COST
(6)	SENIOR CITIZENS HOME ASSISTANCE 386 HIGH ST. MARYVILLE TN 37801	62-0809589	501	59,667				PROGRAM OPER. COST
(7)	THE FLORENCE CRITTENTON AGENCY 1531 DICK LONAS ROAD KNOXVILLE TN 37909	62-6044288	501	16,800				PROGRAM OPER. COST
(8)	THE HEARING AND SPEECH FOUNDATION 1619 E. BROADWAY AVE. MARYVILLE TN 37804	58-1458925	501	10,000				PROGRAM OPER. COST
(9)	TRINITY HEALTH MINISTRIES 1127 E. LAMAR ALEXANDER PKWY MARYVILLE TN 37804	20-3113032	501	30,000				PROGRAM OPER. COST

- 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) (2021)

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.

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2021, or tax year beginning , and ending

2021

Name of the organization

UNITED WAY OF BLOUNT COUNTY

Employer identification number

23-7122193

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

RE: PART I LINE 2:

ALL GRANT RECIPIENT PROGRAMS ARE EVALUATED ANNUALLY THROUGH MID-YEAR AND YEAR-END REPORTS REQUIRING TRANSPARENCY OF AGENCY AND PROGRAM-SPECIFIC FINANCIALS AS WELL AS GOALS AND OUTCOME MEASUREMENTS. IN ADDITION, ALL NEW GRANT RECIPIENTS MUST SUBMIT AN EXTENSIVE GRANT APPLICATION HIGHLIGHTING KEY DETAILS OF AGENCY AND PROGRAM INFORMATION, INCLUDING BUT NOT LIMITED TO 990S AND AUDIT INFORMATION, WHICH WILL BE EVALUATED BY TRAINED VOLUNTEER COMMITTEES. ALL GRANTS ARE INDIVIDUALLY REVIEWED AND APPROVED BY OUR BOARD OF DIRECTORS ANNUALLY. GRANT RECIPIENTS MUST SIGN ANNUAL CONTRACT AGREEMENTS AS WELL AS ANTI-TERRORISM CLAUSES.

RE: PART II, COLUMN (H)-PURPOSE OF GRANT OR ASSISTANCE DESCRIPTIONS

- PROGRAM OPERATING COST: A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT OPERATES.
- DONOR DESIGNATED FOR GENERAL SUPPORT: AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL OPERATING COSTS.
- DONOR DESIGNATED FOR PROGRAM COSTS: AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT OPERATES.
- PROGRAM "SEED" FUNDING: A RESTRICTED GRANT MADE TO A START-UP AGENCY TO SUPPORT ITS INITIAL ORGANIZATIONAL COSTS.
- COMMUNITY COLLABORATION: A RESTRICTED GRANT MADE TO FUND THE COSTS ASSOCIATED WITH BRINGING ORGANIZATIONS WITHIN THE COMMUNITY TOGETHER FOR THE PURPOSE OF CREATING COLLABORATIVE EFFORTS THAT WILL ADDRESS SPECIFIC

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF BLOUNT COUNTY

Employer identification number

23-7122193

FORM 990 - ADDITIONAL INFORMATION

THE OVERHEAD RATE FOR THE APPLICABLE FISCAL YEAR IS CALCULATED AS
TOTAL MANAGEMENT AND GENERAL EXPENSES PLUS TOTAL FUNDRAISING EXPENSES (AS
SHOWN ON 990 PART IX, LINE 25) DIVIDED BY TOTAL REVENUE (AS SHOWN ON 990,
PART VIII, LINE 12).

FOR THE YEAR ENDING 12/31/2021, THE OVERHEAD RATE IS 11.44%. THIS AMOUNT
IS CONSISTENT WITH PRIOR YEARS.

FORM 990, PART I, LINE 6

VOLUNTEER DESCRIPTIONS:

BOARD MEMBERS AND STANDING BOARD LEVEL COMMITTEES. QUALIFIED EMPLOYEES OF
COMPANIES AND ORGANIZATIONS THAT ASSISTED UWBC DURING THE ANNUAL CAMPAIGN
AS AN EXTENSION OF OUR STAFF THAT ARE SPONSORED THROUGH CORPORATE SUPPORT
(CHAMPIONS, FORMERLY KNOWN AS LOANED EXECUTIVES).

CAMPAIGN VOLUNTEERS WHO DIRECTLY OR INDIRECTLY SOLICITED COMPANIES AND
INDIVIDUALS ON BEHALF OF UWBC.

COMPANY EMPLOYEES WHO HELPED RUN THE ANNUAL COMPANY EMPLOYEE CAMPAIGNS.

STANDING AND AD HOC COMMITTEE VOLUNTEERS THAT HELPED DECIDE FUNDING LEVELS
FOR PARTNER AGENCIES OR OTHER PROGRAMS.

VOLUNTEERS WHO PARTICIPATED IN EVENTS MANAGED, COORDINATED AND BRANDED (OR
CO-BRANDED) BY UWBC SUCH AS SPECIAL EVENTS, SERVE DAYS.

OTHER VOLUNTEERS WHO GAVE THEIR TIME AND SERVICES TO DIRECTLY SUPPORT UWBC,
NOT MENTIONED ABOVE.

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

Name of the organization

Employer identification number

UNITED WAY OF BLOUNT COUNTY

23-7122193

PROVIDES FINANCIAL RESOURCES TO NONPROFIT COMMUNITY PARTNERS SERVING THE MOST VULNERABLE POPULATIONS OF BLOUNT COUNTY, TN, WITH SPECIFIC FOCUS ON PROGRAMS IN THE AREAS OF HEALTH, EDUCATION AND SELF-SUFFICIENCY. WITHIN THESE FOCUS AREAS, WE FUND TARGET ISSUES, BROKEN DOWN AS FOLLOWS:

HEALTH

- ACCESS TO HEALTHCARE
- MENTAL HEALTH
- PREVENTION/TREATMENT PROGRAMS

(CONTINUED ON SCHEDULE O)

EDUCATION

- FAMILY SUPPORT & TRAINING
- JOB SKILLS/ADULT EDUCATION

SELF-SUFFICIENCY

- BASIC NEEDS
- CRISIS & DISASTER ASSISTANCE
- HOUSING SUPPORT
- TRANSPORTATION

ALSO PROVIDES TECHNICAL ASSISTANCE TO NONPROFITS IN THE AREAS OF BUSINESS MANAGEMENT, OUTCOME EVALUATION, ASSET BUILDING, RESOURCE AND REFERRAL, GRANT WRITING, MARKETING AND FUND DEVELOPMENT. ADDITIONALLY OVERSEES INTERNAL INITIATIVES RELATING TO OUR FOCUS AREAS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE STAFF AND FINANCE COMMITTEE REVIEWED, AND THE FINAL DRAFT WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AND THEN FULL BOARD.

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

Name of the organization

UNITED WAY OF BLOUNT COUNTY

Employer identification number

23-7122193

THE BOARD REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AND ANYONE WHO IS NOT IN COMPLIANCE WITH THE POLICY IS REMOVED FROM SERVICE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL PROCESS: UNITED WAY'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS. THE HUMAN RESOURCES COMMITTEE IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE KEY EXECUTIVES OF THE ORGANIZATION. THE COMMITTEE MEETS TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES TO THE BOARD OF DIRECTORS, AS APPROPRIATE.

MARKET COMPARISONS: THE HUMAN RESOURCES COMMITTEE USES OUTSIDE STUDIES OF EXECUTIVE COMPENSATION TO EVALUATE THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM AGAINST THE COMPETITIVE MARKET. THE EVALUATION IS REVIEWED IN THE FALL OF EACH YEAR AND IS INTENDED TO INSURE THAT THE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS.

REVIEWS: FOLLOWING THIS REVIEW, THE COMMITTEE REVIEWS AND APPROVES, FOR SELECTED KEY EXECUTIVES, BASE SALARIES AND ANNUAL INCENTIVE OPPORTUNITY ADJUSTMENTS AND OBJECTIVES AND GOALS FOR THE UPCOMING YEAR'S ANNUAL INCENTIVE PLAN. THE COMMITTEE REVIEWS AND RECOMMENDS SALARY AND INCENTIVE AWARDS FOR THE CEO TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR APPROVAL WHICH IS THEN SENT TO THE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS PROCESS: UNITED WAY'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS. THE HUMAN RESOURCES

Name of the organization

Employer identification number

UNITED WAY OF BLOUNT COUNTY

23-7122193

COMMITTEE IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE KEY EXECUTIVES OF THE ORGANIZATION. THE COMMITTEE MEETS TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES TO THE BOARD OF DIRECTORS, AS APPROPRIATE.

MARKET COMPARISONS: THE HUMAN RESOURCES COMMITTEE USES OUTSIDE STUDIES OF EXECUTIVE COMPENSATION TO EVALUATE THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM AGAINST THE COMPETITIVE MARKET. THE EVALUATION IS REVIEWED IN THE FALL OF EACH YEAR AND IS INTENDED TO INSURE THAT THE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS.

REVIEWS: FOLLOWING THIS REVIEW, THE COMMITTEE REVIEWS AND APPROVES, FOR SELECTED KEY EXECUTIVES, BASE SALARIES AND ANNUAL INCENTIVE OPPORTUNITY ADJUSTMENTS AND OBJECTIVES AND GOALS FOR THE UPCOMING YEAR'S ANNUAL INCENTIVE PLAN. THE COMMITTEE REVIEWS AND RECOMMENDS SALARY AND INCENTIVE AWARDS FOR THE CEO TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR APPROVAL WHICH IS THEN SENT TO THE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST THROUGH THE PRESIDENT/CEO. THE FINANCIAL STATEMENTS AND THE 990 ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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

DONOR DESIGNATIONS	\$ -222,140
RENTAL EXPENSES	\$ 87,463
DONOR DESIGNATIONS	\$ 222,140

Name of the organization

Employer identification number

UNITED WAY OF BLOUNT COUNTY

23-7122193

RENTAL EXPENSES

\$ -87,463

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

UNITED WAY OF BLOUNT COUNTY

Identifying number
23-7122193

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	▶ 13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	37,798

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	37,798
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

UNITED WAY OF BLOUNT COUNTY

Identifying number
23-7122193

Business or activity to which this form relates

RENTAL 6500 SF OFFICE SPACE

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	▶ 13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	21,678

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	21,678
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
85	PICTURE FRAMES	6/01/05	479			479	7 HY 200DB	479	0
			<u>479</u>			<u>479</u>		<u>479</u>	<u>0</u>
Other Depreciation:									
7	2 FILING CABINETS	12/31/97	200			200	7 MO S/L	200	0
59	2 COMPUTER DESKS	2/09/01	255			255	7 MO S/L	255	0
60	5 BOOKCASES	2/09/01	650			650	7 MO S/L	650	0
61	9 FOLDING CHAIRS	2/09/01	270			270	7 MO S/L	270	0
62	BULLETIN BOARD	2/09/01	29			29	7 MO S/L	29	0
63	4 DWR FILE CABINET	2/09/01	100			100	7 MO S/L	100	0
64	2 59 INCH BOOKSHELVES	2/09/01	240			240	7 MO S/L	240	0
68	FILING CABINET	1/11/01	100			100	7 MO S/L	100	0
73	LAND	6/30/02	203,535			203,535	39 -- Land	0	0
74	PAGEMAKER SOFTWARE	2/14/03	505			505	7 MO S/L	505	0
75	PORTABLE DISPLAY	4/17/03	307			307	7 MO S/L	307	0
77	BLDG UNITED WAY HDQTRS PORTION	9/01/04	858,464			858,464	39 MO S/L	357,143	22,012
82	SAGE SOFTWARE	6/01/05	27,974			27,974	7 MO S/L	27,974	0
83	SIGNS	6/01/05	3,270			3,270	7 MO S/L	3,270	0
84	ROLLER SHADES BD ROOM	6/01/05	1,650			1,650	7 MO S/L	1,650	0
93	5 POLYCARBONATE DISPLAY PANELS	7/19/10	575			575	5 MO S/L	575	0
94	Enterprise Software	7/30/12	9,100			9,100	7 MO S/L	9,100	0
95	Server Upgrade	11/01/12	10,577			10,577	7 MO S/L	10,577	0
96	Phone System	11/26/12	5,523			5,523	7 MO S/L	5,523	0
97	New Roof	4/06/12	71,598			71,598	39 MO S/L	16,064	1,836
98	LG 55" Smart TV	4/21/15	940			940	3 MO S/L	940	0
99	Boardroom Speaker Equipment	5/01/15	3,049			3,049	5 MO S/L	3,049	0
100	Projector	9/15/15	1,082			1,082	3 MO S/L	1,082	0
101	LG 55" Smart TV - Lobby	12/06/15	800			800	3 MO S/L	800	0
102	Paper Folding Machine	12/15/15	1,038			1,038	5 MO S/L	1,038	0
103	Brightsign - XD Interactive	12/23/15	1,150			1,150	5 MO S/L	1,150	0
104	HVAC Unit (1)	7/10/17	6,615			6,615	10 MO S/L	2,315	662
105	HVAC Unit (2)	8/16/17	6,615			6,615	10 MO S/L	2,205	662
106	HVAC Unit (3)	8/24/17	6,615			6,615	10 MO S/L	2,205	662
107	HVAC Unit (4)	8/24/17	6,615			6,615	10 MO S/L	2,205	662
108	HVAC Unit (5)	8/24/17	6,615			6,615	10 MO S/L	2,205	662
109	HVAC Unit (6)	8/24/17	6,615			6,615	10 MO S/L	2,205	662
110	Office Furniture	12/28/18	3,499			3,499	7 MO S/L	1,000	500
111	Computers and Server	12/31/18	23,086			23,086	5 MO S/L	9,234	4,618
112	HP Switch and Firewall	12/17/18	1,165			1,165	5 MO S/L	466	233
113	5 ton Onyx Silver Series AC (System 5)	2/23/18	6,615			6,615	10 MO S/L	1,874	662
114	4 ton Onyx Silver Series AC (System 3)	2/23/18	6,615			6,615	10 MO S/L	1,874	662
115	3.5 ton Onyx Silver Series AC (System 2)	2/23/18	6,615			6,615	10 MO S/L	1,874	662
116	4 ton Onyx Silver Series AC (System 7)	2/23/18	6,615			6,615	10 MO S/L	1,874	662
117	3 ton Onyx Silver Series AC (System 4)	2/23/18	6,615			6,615	10 MO S/L	1,874	662
118	3 ton Onyx Silver Series AC (System 6)	2/23/18	6,615			6,615	10 MO S/L	1,874	662
119	2.5 ton Onyx Silver Series AC (system 8)	2/23/18	6,615			6,615	10 MO S/L	1,874	662
120	Song of Summer 13X13 - Framed Art	3/16/21	370			370	0 -- Memo	0	0
121	Above the Clouds 16 1/2 x 24 Framed	3/16/21	542			542	0 -- Memo	0	0
122	Unknown 30 x 22 Framed Picture	3/16/21	961			961	0 -- Memo	0	0
123	Unknown 24 x 20 Framed Picture	3/16/21	616			616	0 -- Memo	0	0
	Total Other Depreciation		<u>1,319,215</u>			<u>1,319,215</u>		<u>479,749</u>	<u>37,805</u>
	Total ACRS and Other Depreciation		<u>1,319,215</u>			<u>1,319,215</u>		<u>479,749</u>	<u>37,805</u>
	Grand Totals		1,319,694			1,319,694		480,228	37,805
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,319,694</u>			<u>1,319,694</u>		<u>480,228</u>	<u>37,805</u>

UWBC2193 United Way of Blount County

23-7122193

FYE: 12/31/2021

Federal Asset Report
Rental 6500 SF office space

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
78	BLDG RENTED PORTION 6500SF OF 13	9/01/04	845,457			845,457	39 MO S/L	351,732	21,678
	Total Other Depreciation		<u>845,457</u>			<u>845,457</u>		<u>351,732</u>	<u>21,678</u>
	Total ACRS and Other Depreciation		<u>845,457</u>			<u>845,457</u>		<u>351,732</u>	<u>21,678</u>
	Grand Totals		845,457			845,457		351,732	21,678
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>845,457</u>			<u>845,457</u>		<u>351,732</u>	<u>21,678</u>

UWBC2193 United Way of Blount County

23-7122193

FYE: 12/31/2021

Depreciation Adjustment Report

All Business Activities

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

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
85	PICTURE FRAMES	6/01/05	479	0	0
			<u>479</u>	<u>0</u>	<u>0</u>
Other Depreciation:					
7	2 FILING CABINETS	12/31/97	200	0	0
59	2 COMPUTER DESKS	2/09/01	255	0	0
60	5 BOOKCASES	2/09/01	650	0	0
61	9 FOLDING CHAIRS	2/09/01	270	0	0
62	BULLETIN BOARD	2/09/01	29	0	0
63	4 DWR FILE CABINET	2/09/01	100	0	0
64	2 59 INCH BOOKSHELVES	2/09/01	240	0	0
68	FILING CABINET	1/11/01	100	0	0
73	LAND	6/30/02	203,535	0	0
74	PAGEMAKER SOFTWARE	2/14/03	505	0	0
75	PORTABLE DISPLAY	4/17/03	307	0	0
77	BLDG UNITED WAY HDQTRS PORTION 666	9/01/04	858,464	22,012	0
82	SAGE SOFTWARE	6/01/05	27,974	0	0
83	SIGNS	6/01/05	3,270	0	0
84	ROLLER SHADES BD ROOM	6/01/05	1,650	0	0
93	5 POLYCARBONATE DISPLAY PANELS	7/19/10	575	0	0
94	Enterprise Software	7/30/12	9,100	0	0
95	Server Upgrade	11/01/12	10,577	0	0
96	Phone System	11/26/12	5,523	0	0
97	New Roof	4/06/12	71,598	1,835	0
98	LG 55" Smart TV	4/21/15	940	0	0
99	Boardroom Speaker Equipment	5/01/15	3,049	0	0
100	Projector	9/15/15	1,082	0	0
101	LG 55" Smart TV - Lobby	12/06/15	800	0	0
102	Paper Folding Machine	12/15/15	1,038	0	0
103	Brightsign - XD Interactive	12/23/15	1,150	0	0
104	HVAC Unit (1)	7/10/17	6,615	661	0
105	HVAC Unit (2)	8/16/17	6,615	661	0
106	HVAC Unit (3)	8/24/17	6,615	661	0
107	HVAC Unit (4)	8/24/17	6,615	661	0
108	HVAC Unit (5)	8/24/17	6,615	661	0
109	HVAC Unit (6)	8/24/17	6,615	661	0
110	Office Furniture	12/28/18	3,499	499	0
111	Computers and Server	12/31/18	23,086	4,617	0
112	HP Switch and Firewall	12/17/18	1,165	233	0
113	5 ton Onyx Silver Series AC (System 5)	2/23/18	6,615	661	0
114	4 ton Onyx Silver Series AC (System 3)	2/23/18	6,615	661	0
115	3.5 ton Onyx Silver Series AC (System 2)	2/23/18	6,615	661	0
116	4 ton Onyx Silver Series AC (System 7)	2/23/18	6,615	661	0
117	3 ton Onyx Silver Series AC (System 4)	2/23/18	6,615	661	0
118	3 ton Onyx Silver Series AC (System 6)	2/23/18	6,615	661	0
119	2.5 ton Onyx Silver Series AC (system 8)	2/23/18	6,615	661	0
120	Song of Summer 13X13 - Framed Art	3/16/21	370	0	0
121	Above the Clouds 16 1/2 x 24 Framed	3/16/21	542	0	0
122	Unknown 30 x 22 Framed Picture	3/16/21	961	0	0
123	Unknown 24 x 20 Framed Picture	3/16/21	616	0	0
	Total Other Depreciation		<u>1,319,215</u>	<u>37,789</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,319,215</u>	<u>37,789</u>	<u>0</u>
	Grand Totals		<u>1,319,694</u>	<u>37,789</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
78	BLDG RENTED PORTION 6500SF OF 13100	9/01/04	845,457	21,678	0
	Total Other Depreciation		<u>845,457</u>	<u>21,678</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>845,457</u>	<u>21,678</u>	<u>0</u>
	Grand Totals		<u>845,457</u>	<u>21,678</u>	<u>0</u>

Form 990	Two Year Comparison Report	2020 & 2021
Name _____ For calendar year 2021, or tax year beginning _____, ending _____		Taxpayer Identification Number _____

Name **UNITED WAY OF BLOUNT COUNTY** Taxpayer Identification Number **23-7122193**

			2020	2021	Differences
R e v e n u e	1. Contributions, gifts, grants	1.	1,996,200	2,057,134	60,934
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	3,450		-3,450
	5. Investment income	5.	3,364	2,096	-1,268
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	31,066	42,863	11,797
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	364,686	108,900	-255,786
	12. Total revenue. Add lines 1 through 11	12.	2,398,766	2,210,993	-187,773
E x p e n s e s	13. Grants and similar amounts paid	13.	1,604,001	1,562,909	-41,092
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	157,086	157,755	669
	16. Salaries, other compensation, and employee benefits	16.	262,807	278,252	15,445
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	4,600	5,000	400
	19. Occupancy, rent, utilities, and maintenance	19.	9,697	8,470	-1,227
	20. Depreciation and Depletion	20.	39,507	37,798	-1,709
	21. Other expenses	21.	211,839	134,276	-77,563
	22. Total expenses. Add lines 13 through 21	22.	2,289,537	2,184,460	-105,077
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	109,229	26,533	-82,696
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24.	2,398,766	2,210,993	-187,773
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	402,566	153,859	-248,707
	27. Total assets	27.	4,300,706	4,350,761	50,055
	28. Total liabilities	28.	25,455	48,977	23,522
	29. Retained earnings	29.	4,275,251	4,301,784	26,533
	30. Number of voting members of governing body	30.	25	23	
31. Number of independent voting members of governing body	31.	25	23		
32. Number of employees	32.	8	9		
33. Number of volunteers	33.	590	654		

Form 990	Tax Return History	2021
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Name UNITED WAY OF BLOUNT COUNTY	Employer Identification Number 23-7122193
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	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	1,964,431	2,123,954	1,909,857	1,996,200	2,057,134	
Membership dues						
Program service revenue	410	700	660	3,450		
Capital gain or loss						
Investment income	4,436	5,163	6,710	3,364	2,096	
Fundraising revenue (income/loss)	13,326	25,607	6,430	31,066	42,863	
Gaming revenue (income/loss)						
Other revenue	11,674	8,319	13,422	364,686	108,900	
Total revenue	1,994,277	2,163,743	1,937,079	2,398,766	2,210,993	
Grants and similar amounts paid	1,402,572	1,493,021	1,480,452	1,604,001	1,562,909	
Benefits paid to or for members						
Compensation of officers, etc.	135,889	120,686	124,650	157,086	157,755	
Other compensation	241,361	274,355	290,018	262,807	278,252	
Professional fees	4,900	4,900	4,600	4,600	5,000	
Occupancy costs	9,330	10,726	11,759	9,697	8,470	
Depreciation and depletion	30,869	36,913	41,587	39,507	37,798	
Other expenses	161,826	236,828	159,648	211,839	134,276	
Total expenses	1,986,747	2,177,429	2,112,714	2,289,537	2,184,460	
Excess or (Deficit)	7,530	-13,686	-175,635	109,229	26,533	
Total exempt revenue	1,994,277	2,163,743	1,937,079	2,398,766	2,210,993	
Total unrelated revenue						
Total excludable revenue	29,846	39,789	27,222	402,566	153,859	
Total Assets	4,369,681	4,358,002	4,178,810	4,300,706	4,350,761	
Total Liabilities	14,338	16,345	12,788	25,455	48,977	
Net Fund Balances	4,355,343	4,341,657	4,166,022	4,275,251	4,301,784	

Federal Statements

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>
INTEREST INCOME	\$ <u>2,096</u>		14			
TOTAL	\$ <u><u>2,096</u></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>
BANK FEES	\$ 3,785	\$ 2,082	\$ 757	\$ 946
LICENSES AND FEES	3,269	1,798	654	817
SUPPLIES	1,805	993	361	451
MISC	1,414	778	283	353
EQUIPMENT	791	435	158	198
OTHER OPERATING EXPENSE	720	396	144	180
CAMPAIGN SUPPLIES	562			562
TOTAL	\$ <u>12,346</u>	\$ <u>6,482</u>	\$ <u>2,357</u>	\$ <u>3,507</u>

UWBC2193 United Way of Blount County

23-7122193

FYE: 12/31/2021

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
CONTRIBUTIONS	\$ 1,977,140
GRANTS	45,000
GAS DAY	
CASH CONTRIBUTION	33,494
DINE OUT DAY	
CASH CONTRIBUTION	1,500
TOTAL	<u>\$ 2,057,134</u>

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
AMBER KRUPACS	\$ 55,000	\$
AMY MILES	28,590	
ANGELS OVER AMERICA FOUNDATION	20,000	
ARCONIC	8,068	
BARRY K. DAVIS	6,000	
BILL COBBLE	5,000	
BLOUNT MEMORIAL HOSPITAL	60,000	
C2RL, INC.	7,000	
CARL P. MCDONALD, ESQUIRE	16,000	
CBBC BANK	85,000	
CITY OF MARYVILLE	30,000	
CLAYTON FAMILY FOUNDATION	205,000	
CLAYTON HOMES	1,379,250	1,165,910
CLEARRESULT/TVA	30,000	
CORNERSTONE FOUNDATION	33,000	
CORNERSTONE OF RECOVERY	30,000	
DAN CALDWELL	5,000	
DENSO MANUFACTURING	288,300	74,960
ENTERPRISE RENT-A-CAR	13,094	
ERIC BARTON	18,000	
FIRST HORIZON BANK	109,000	
FOOTHILLS BANK & TRUST	10,000	
GARRY ERNSBERGER	5,000	
GAYNELL LAWSON	5,000	
GUBMK CONSTRUCTORS	19,800	
HASLAM FAMILY FOUNDATION	10,000	
J. NEWSOM BAKER	16,113	
JAMES A. HASLAM, III	10,000	
JAMES HASLAM, II	40,000	
JANE QUALLS MCGUIRE	11,400	
JOE MATTEO	5,200	
JOSEPH ZAPPA	60,000	
JOY M. BISHOP	41,669	
KATHLEEN & VIRGIL METTS	25,000	
KEELI BOYCE	5,000	
KEVIN A PAINTER	31,000	
KEVIN CLAYTON	40,548	
KEVIN S PROFFITT	31,000	
LAMAR ALEXANDER	10,000	
LELAND WAGGONER	21,278	
LOU ANN ORLOWSKI	20,000	
MARK LOUDERMILK	17,970	
MARY HELTON	10,000	
MERCK & CO.	5,000	
MIKE BAKER	7,037	
NEWELL BRANDS	25,000	
PATRICK H BURKHART	6,000	
RANDY BURLESON	62,500	
RANDY MASSEY	60,000	
REGIONS BANK	16,000	
RENASANT BANK	7,700	
ROBERT CARROLL	5,000	
RODNEY LAWLER	22,000	
SARAH ANN WILSON	5,860	

Schedule A, Part II, Line 5 - Excess Gifts (continued)

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
SMARTBANK	\$ 16,000	\$
STEVE WEST	36,407	
THE DAILY TIMES	25,000	
THE HASLAM III FOUNDATION	10,000	
TIMOTHY S. LUCAS	41,000	
TOM HOWARD	36,000	
WILLIAM E. HARMON	21,000	
WILLIAM H. SAVELL, JR.	15,250	
WILLIAM PHILLIPS	155,000	
TOTAL	<u>\$ 3,455,034</u>	<u>\$ 1,240,870</u>

UWBC2193 United Way of Blount County
23-7122193
FYE: 12/31/2021

Federal Statements

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
INTEREST INCOME	\$ 2,096
RENTAL 6500 SF OFFICE SPACE	68,250
TOTAL	<u>\$ 70,346</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
MEDIA SPONSOR	\$ 14,700
MEETING SPONSOR	12,450
FUTURE FUND REVENUE	
CREDIT CARD CASH BACK REBATES	
MISCELLANEOUS	5,913
PPP LOAN FORGIVENESS	
COVID-19 RESPONSE FUND	95,050
TOTAL	<u>\$ 128,113</u>

Federal Statements

Golf Tournament

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
MARKETING	\$ <u>165</u>
TOTAL	\$ <u><u>165</u></u>

Whitlock & Company, PC
375 Fountain View Circle
Alcoa, TN 37701-1945

United Way of Blount County
1615 East Broadway
Maryville, TN 37804
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