

Pinkstaff, Simpson & Headrick, P.C.
8858 Cedar Springs Lane, Suite 5000
Knoxville, TN 37923
865-690-7010

November 14, 2023

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 2022 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 of 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 income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income 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 income tax returns.

You are responsible for designating an individual with suitable skill, knowledge, or experience to oversee any bookkeeping and accounting services we provide. You are responsible for evaluating the adequacy and results of the services performed and accepting responsibility for such services.

We may encounter instances where the tax law is unclear, or where there may be differences between the taxing authorities' interpretations of the law and other supportable positions. In those instances, we will outline each position, including the respective risks and consequences. We will adopt the position which you select.

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. If your return is selected for examination by the taxing authorities, we will be available upon request, to represent you. However, such additional services are not included in the fees for the preparation of the tax return.

The timeliness of furnishing information to us is essential to our ability to complete this engagement. Specifically, we must receive sufficient information from which to prepare your returns within a reasonable period of time prior to the applicable filing deadline. Accordingly, if we do not receive your information in time and an extension of time is prepared, we will bill any preparation time incurred through the filing of the extension.

Fee and Payment Requirements

Our fees for these services are determined by the amount of time required, the complexity of the issues involved, and the degree of expertise required to resolve the issues and complete the tax return(s). Our fees are structured to reflect the value of the services provided, and that is usually, though not always, a function of our standard hourly billing rates, plus out-of-pocket expenses. All invoices are due and payable upon presentation. We reserve the right to hold your tax return(s) until fees and expenses are paid. The unpaid balance on any invoice will be subject to a 1.5% per month late charge after the original invoice has been outstanding for 30 days.

If we elect to terminate our services for nonpayment, or for any other reason provided for in this letter, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our engagement. You agree to compensate us for all time expended, and to reimburse us for all of our out-of-pocket costs, through the date of termination.

Other Terms of Our Engagement

All original records will be returned at the end of this engagement. In accordance with our firm's document retention policy; we will retain copies of tax returns, the records furnished to us, and our workpapers for a period of seven years. After seven years, our workpapers and copies of tax returns will be destroyed. Any workpapers prepared by Pinkstaff, Simpson & Headrick, P.C. as a result of the engagement are considered Pinkstaff, Simpson & Headrick, P.C.'s property. We will provide copies of such documents at our discretion. In addition, we will be compensated for any time and costs associated with providing such documentation. Our working papers and files are not a substitute for the original records which you should retain.

In connection with this engagement, we may communicate with you or others via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement. In that regard, we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits, or disclosure or communication of confidential or proprietary information.

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,

Pinkstaff, Simpson & Headrick, P.C.

Accepted By: _____

Date: _____

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

23-7122193

UNITED WAY OF BLOUNT COUNTY

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

Revenue

Contributions	<u>1,982,503</u>	
Program service revenue		
Investment income	<u>3,555</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>56,434</u>	
Direct expenses	<u>7,092</u>	
Net income	<u>49,342</u>	
Other income	<u>37,560</u>	
Total revenue		<u>2,072,960</u>

Expenses

Program services	<u>1,855,125</u>	
Management and general	<u>113,382</u>	
Fundraising	<u>159,295</u>	
Total expenses		<u>2,127,802</u>
Excess / (deficit)		<u>-54,842</u>

Changes 5

Net Asset / Fund Balance at End of Year 4,246,947

Reconciliation of Revenue

Total revenue per financial statements	<u>2,121,400</u>
Less:	
Unrealized gains	
Donated services	<u>17,750</u>
Recoveries	
Other	<u>30,690</u>
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>2,072,960</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>2,176,242</u>
Less:	
Donated services	<u>17,750</u>
Prior year adjustments	
Losses	
Other	<u>30,690</u>
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>2,127,802</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>4,350,761</u>	<u>4,458,779</u>	
Liabilities	<u>48,977</u>	<u>211,832</u>	
Net assets	<u>4,301,784</u>	<u>4,246,947</u>	<u>-54,837</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/23
 Failure to file penalty _____

Pinkstaff, Simpson & Headrick, P.C.
8858 Cedar Springs Lane, Suite 5000
Knoxville, TN 37923
865-690-7010

November 14, 2023

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. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

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.

Tax professionals, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding the privacy of client information. Our firm has been, and continues to be, bound by professional standards of confidentiality that are even more stringent than those required by law. We have always protected your right to privacy.

Types of Nonpublic Personal Information We Collect

We collect nonpublic personal information that is either provided by you or obtained with your authorization.

Parties to Whom We Disclose Information

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law for both current and former clients. Permitted disclosures include, for instance, providing information to our employees, and in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

Protecting the Confidentiality and Security of Current and Former Clients' Information

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

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,

Pinkstaff, Simpson & Headrick, P.C.

Filing Instructions

UNITED WAY OF BLOUNT COUNTY

Exempt Organization Tax Return

Taxable Year Ended December 31, 2022

Date Due: November 15, 2023

Remittance: None is required. Your Form 990 for the tax year ended 12/31/22 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Pinkstaff, Simpson & Headrick, P.C.
8858 Cedar Springs Lane, Suite 5000
Knoxville, TN 37923

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

IRS e-file Signature Authorization for a Tax Exempt Entity

Department of the Treasury Internal Revenue Service

For calendar year 2022, or fiscal year beginning ... 2022, and ending ... 20

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

2022

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.

Table with 3 columns: Line number and description, Input box, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

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) ... and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize PINKSTAFF, SIMPSON & HEADRICK, P.C. to enter my PIN 45763 as my signature. Enter five numbers, but do not enter all zeros.

on the tax year 2022 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 2022 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 11/06/23

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.

62560419416

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 Date 11/06/23

ERO Must Retain This Form — See Instructions

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

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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2022 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 UNITED WAY OF BLOUNT COUNTY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1615 EAST BROADWAY City or town, state or province, country, and ZIP or foreign postal code MARYVILLE TN 37804 F Name and address of principal officer: JENNIFER WACKERHAGEN	D Employer identification number 23-7122193 E Telephone number 865-982-2251 G Gross receipts\$ 2,110,742 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 H(c) Group exemption number
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		
J Website: WWW.UNITEDWAYBLOUNT.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1954 M State of legal domicile: TN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 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.		
	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 2022 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	1192
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b 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)	2,057,134	1,982,503
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,096	3,555
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	151,763	86,902
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,210,993	2,072,960
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,562,909	1,477,699
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	436,007	494,239
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 159,295	185,544	155,864
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,184,460	2,127,802
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	26,533	-54,842	
19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	4,350,761	4,458,779
	21 Total liabilities (Part X, line 26)	48,977	211,832
	22 Net assets or fund balances. Subtract line 21 from line 20	4,301,784	4,246,947

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 JENNIFER WACKERHAGEN	Date			
	Type or print name and title PRESIDENT & CEO				
Paid Preparer Use Only	Print/Type preparer's name STEPHEN C. DAVES, JR.	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01062154
	Firm's name PINKSTAFF, SIMPSON & HEADRICK, P.C.	Firm's EIN 62-1719416			
	Firm's address 8858 CEDAR SPRINGS LANE, SUITE 5000 KNOXVILLE, TN 37923	Phone no. 865-690-7010			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 1,639,308 including grants of \$ 1,261,882) (Revenue \$) SEE SCHEDULE O

4b (Code:) (Expenses \$ 215,817 including grants of \$ 215,817) (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 \$ 0 including grants of \$) (Revenue \$)

4e Total program service expenses 1,855,125

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 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?		X

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

Yes No

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
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 or other person engage in any 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	23	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	23	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed TN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 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, box 6 of 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 PRESIDENT & CEO	40.00 0.00			X				96,000	0	22,180
(2) ALYSSA IKNER FINANCIAL OFFICER	40.00 0.00			X				53,000	0	12,247
(3) REGINA JENNINGS CHAIR	1.00 0.00	X		X				0	0	0
(4) BOB BOOKER PAST CHAIR	1.00 0.00	X		X				0	0	0
(5) CHRIS SORO CHAIR ELECT	1.00 0.00	X		X				0	0	0
(6) KURT WILKERSON SECRETARY/TREASURER	1.00 0.00	X		X				0	0	0
(7) ADRIEL MCCORD CAMPAIGN CHAIR	1.00 0.00	X		X				0	0	0
(8) ALLISON WILLIAMSON COMMUNITY IMPACT CHAIR	1.00 0.00	X		X				0	0	0
(9) CAITLIN DARRAS DIRECTOR AT LARGE	1.00 0.00	X		X				0	0	0
(10) ALEX WILLARD DIRECTOR AT LARGE	1.00 0.00	X		X				0	0	0
(11) JENNIFER COFFIN BOARD MEMBER	1.00 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) ANN DRAKE BOARD MEMBER	1.00 0.00	X						0	0	0
(14) KEITH EDMONDS BOARD MEMBER	1.00 0.00	X						0	0	0
(15) ROSEMARY GARLAND BOARD MEMBER	1.00 0.00	X						0	0	0
(16) RYAN GODDARD BOARD MEMBER	1.00 0.00	X						0	0	0
(17) KIM GOLLY BOARD MEMBER	1.00 0.00	X						0	0	0
(18) JANE GROFF BOARD MEMBER	1.00 0.00	X						0	0	0
(19) JEFF INGLE BOARD MEMBER	1.00 0.00	X						0	0	0
1b Subtotal								149,000		34,427
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								149,000		34,427

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	39,926			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,942,577			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		1,982,503			
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)		3,555		3,555	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	68,250			
		(ii) Personal				
		6a	68,250			
	b Less: rental expenses	6b	30,690			
	c Rental inc. or (loss)	6c	37,560			
	d Net rental income or (loss)		37,560		37,560	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	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 \$ 39,926 of contributions reported on line 1c). See Part IV, line 18		56,434				
	b Less: direct expenses	8b	7,092			
	c Net income or (loss) from fundraising events		49,342		49,342	
9a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances						
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		2,072,960	0	0	90,457	

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	1,477,699	1,477,699		
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	183,427	103,097	31,991	48,339
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	230,356	129,475	40,174	60,707
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	50,463	26,411	11,639	12,413
10 Payroll taxes	29,993	16,864	5,213	7,916
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	6,280	3,454	1,256	1,570
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	449	449		
13 Office expenses	15,526	9,703	2,588	3,235
14 Information technology				
15 Royalties				
16 Occupancy	21,924	12,058	4,385	5,481
17 Travel	2,448	1,346	490	612
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,930	1,814	496	620
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,798	21,413	7,464	8,921
23 Insurance	6,329	3,481	1,266	1,582
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	21,167	20,488	302	377
b MAINTENANCE & REPAIRS	16,671	9,169	3,334	4,168
c CONTRACT LABOR	10,000	10,000		
d TELEPHONE	6,109	3,360	1,222	1,527
e All other expenses	8,233	4,844	1,562	1,827
25 Total functional expenses. Add lines 1 through 24e	2,127,802	1,855,125	113,382	159,295
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	1,278,443	1		
	2 Savings and temporary cash investments		2	1,389,017	
	3 Pledges and grants receivable, net	1,798,602	3	1,855,521	
	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	10a 2,165,155			
	b Less: accumulated depreciation	10b 950,914	1,273,716	10c	1,214,241
	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)		4,350,761	16	4,458,779	
Liabilities	17 Accounts payable and accrued expenses	12,802	17	12,694	
	18 Grants payable		18		
	19 Deferred revenue	24,800	19	187,763	
	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	48,977	26	211,832	
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	2,503,182	27	2,391,426	
	28 Net assets with donor restrictions	1,798,602	28	1,855,521	
	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	4,301,784	32	4,246,947		
33 Total liabilities and net assets/fund balances	4,350,761	33	4,458,779		

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	2,072,960
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,127,802
3	Revenue less expenses. Subtract line 2 from line 1	3	-54,842
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,301,784
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	17,750
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-17,745
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,246,947

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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) ANDREA POPE BOARD MEMBER	1.00 0.00	X						0	0	0
(21) KATIE POWERS BOARD MEMBER	1.00 0.00	X						0	0	0
(22) CHRISTI SAYLES BOARD MEMBER	1.00 0.00	X						0	0	0
(23) DEB SKYLER BOARD MEMBER	1.00 0.00	X						0	0	0
(24) ABHIJIT VERE KAR BOARD MEMBER	1.00 0.00	X						0	0	0
(25) SUSAN ZERAMBO 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

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

UNITED WAY OF 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						

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

Schedule A (Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,184,891	1,909,857	1,996,200	2,057,134	1,982,503	10,130,585
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	2,184,891	1,909,857	1,996,200	2,057,134	1,982,503	10,130,585
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)						1,290,078
6 Public support. Subtract line 5 from line 4.						8,840,507

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2,184,891	1,909,857	1,996,200	2,057,134	1,982,503	10,130,585
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,163	73,337	71,614	70,346	71,805	292,265
9 Net income from unrelated business activities, whether or not the business is regularly carried on	65,004					65,004
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	24,022	35,803	37,737	49,955	56,434	203,951
11 Total support. Add lines 7 through 10						10,691,805

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

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 2022 (line 6, column (f) divided by line 11, column (f))	14	82.68%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	83.44%

16a 33 1/3% support test—2022. 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—2021. 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—2022. 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—2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2022.** 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—2021.** 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 on 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>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</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>		
9b	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>		
9c	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>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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>		

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>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described 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. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>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>		

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

\$ 59,825

SPECIAL EVENTS REVENUE \$ 144,126

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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

[X] 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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 37803	\$ 335,000	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 37803	\$ 50,000	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

2022

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

Part II Conservation Easements.

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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

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? 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		203,535		203,535
b Buildings		1,775,518	815,991	959,527
c Leasehold improvements		86,000	43,673	42,327
d Equipment		100,102	91,251	8,851
e Other		0	0	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,214,240

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 DEPOSIT	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	2,121,400
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	17,750
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	30,690
e	Add lines 2a through 2d	2e	48,440
3	Subtract line 2e from line 1	3	2,072,960
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,072,960

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	2,176,242
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	17,750
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	30,690
e	Add lines 2a through 2d	2e	48,440
3	Subtract line 2e from line 1	3	2,127,802
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,127,802

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 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RENTAL EXPENSES \$ 30,690

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RENTAL EXPENSES \$ 30,690

**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

2022

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.

.....

.....

.....

.....

.....

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>	<u>GAS DAY</u>	<u>1</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	56,434	39,926		96,360
	2 Less: Contributions		39,926		39,926
	3 Gross income (line 1 minus line 2)	56,434			56,434
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,092			7,092
	10 Direct expense summary. Add lines 4 through 9 in column (d)				7,092
11 Net income summary. Subtract line 10 from line 3, column (d)				49,342	

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: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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	32,500				PROGRAM OPER COST
(2)	ALLOC-OTHER COUNTIES & UNITED WAY 1615 EAST BROADWAY MARYVILLE TN 37803			215,817				DD - GENERAL SUPPORT
(3)	BIG BROTHERS BIG SISTERS OF EAST TN 1100 MARION ST SUITE 100 KNOXVILLE TN 37921	62-0842531	501	10,875				PROGRAM OPER COST
(4)	BLOUNT COUNTY COMMUNITY ACTION AGEN 3905 TUCKALEECHIE PIKE MARYVILLE TN 37803	62-1561673	501	80,000				PROGRAM OPER COST
(5)	BLOUNT COUNTY HABITAT FOR HUMANITY 1017 HAMPSHIRE DRIVE MARYVILLE TN 37801	62-1504881	501	42,000				PROGRAM OPER COST
(6)	BOYS & GIRLS CLUB OF BLOUNT COUNTY 967 IRWIN STREET KNOXVILLE TN 37917	62-0475743	501	167,153				PROGRAM OPER COST
(7)	CASA OF THE TN HEARTLAND P.O. BOX 4226 OAK RIDGE TN 37831	62-1372126	501	35,000				PROGRAM OPER COST
(8)	COMPASSION COUNSELING 331 W. BROADWAY AVENUE MARYVILLE TN 37801	46-2300707	501	25,000				PROGRAM "SEED" FDG
(9)	EAST TN CHILDREN'S HOSP REHAB 1025 CHILDREN'S WAY KNOXVILLE TN 37933	62-0886595	501	5,320				DD - PROGRAM COSTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 26
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0

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

Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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)	EAST TN KIDNEY FOUNDATION P.O. BOX 22072 KNOXVILLE TN 37933	62-0886595	501	13,500				PROGRAM OPER COST
(2)	FAMILY PROMISE OF BLOUNT COUNTY P.O. BOX 4458 ALCOA TN 37701	26-1457703	501	70,000				PROGRAM OPER COST
(3)	GATE-GATEWAY TO INDEPENDENCE P.O. BOX 6023 MARYVILLE TN 37802	86-1084910	501	20,000				PROGRAM OPER COST
(4)	GIRLS INC OF TN VALLEY 1798 OAK RIDGE TURNPIKE OAK RIDGE TN 37830	59-1743795	501	30,000				PROGRAM OPER COST
(5)	GOOD NEIGHBORS OF BLOUNT COUNTY 320 W. BROADWAY AVE. MARYVILLE TN 37801	62-1634594	501	90,000				PROGRAM OPER COST
(6)	GREAT SMOKY MTN COUNCIL, BSA P.O. BOX 51885 KNOXVILLE TN 37950	62-0476811	501	20,000				PROGRAM OPER COST
(7)	HAVEN HOUSE P.O. BOX 134 ALCOA TN 37701	58-1534034	501	91,000				PROGRAM OPER COST
(8)	LEGAL AID OF EAST TENNESSEE 604 W. SUMIT HILL DR SW KNOXVILLE TN 37902	58-9132803	501	77,000				PROGRAM OPER COST
(9)	LTVEC - BIRTH TO THREE PROGRAM 1432 EAST LEE HIGHWAY LOUDON TN 37774	62-0859642	501	23,000				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) (2022)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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)	MARYVILLE KIWANIS (IMAGINATION LIBR 576 FOOTHILLS PLAZA DR PMB 154 MARYVILLE TN 37801	62-1790735	501	7,500				PROGRAM OPER COST
(2)	MCNABB CENTER 200 TECH CENTER DRIVE KNOXVILLE TN 37912	62-0548914	501	233,348				PROGRAM OPER COST
(3)	NEW HOPE CHILDREN'S ADVOCACY CENTER P.O. BOX 5058 MARYVILLE TN 37802	62-1806067	501	65,000				PROGRAM OPER COST
(4)	SECOND HARVEST FOOD BANK 136 HARVEST LANE MARYVILLE TN 37801	58-1450139	501	15,000				PROGRAM OPER COST
(5)	SENIOR CITIZENS HOME ASSISTANCE 386 HIGH STREET MARYVILLE TN 37801	62-0809589	501	50,417				PROGRAM OPER COST
(6)	THE FLORENCE CRITTENTON AGENCY 1531 DICK LONAS ROAD KNOXVILLE TN 37909	62-6044288	501	16,800				PROGRAM OPER COST
(7)	THE HEARING AND SPEECH FOUNDATION 1619 E. BROADWAY AVE. MARYVILLE TN 37804	58-1458925	501	10,000				PROGRAM OPER COST
(8)	TRINITY HEALTH MINISTRIES 1127 E. LAMAR ALEXANDER PKWY MARYVILLE TN 37804	20-3113032	501	30,000				PROGRAM OPER COST
(9)								

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

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

Schedule I (Form 990) (2022)

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

**SCHEDULE I
(Form 990)**

Supplemental Information

2022

For calendar year 2022, or tax year beginning , and ending

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
ALL GRANT RECIPIENT PROGRAMS ARE EVALUATED ANNUALLY THROUGH 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 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 WITH THE COMMUNITY TOGETHER FOR THE
PURPOSE OF CREATING COLLABORATIVE EFFORTS THAT WILL ADDRESS SPECIFIC
COMMUNITY ISSUES.

**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

2022

**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 PART VIII, LINE 12) FOR THE YEAR ENDED 12/31/2022. THE OVERHEAD RATE IS 13.15%. THIS AMOUNT IS CONSISTENT WITH PRIOR YEARS.

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

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.

Name of the organization

Employer identification number

UNITED WAY OF BLOUNT COUNTY

23-7122193

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

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

COMPENSATION PROCESS FOR TOP OFFICIAL: 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 EACH YEAR AND IS INTENDED TO ENSURE 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

Name of the organization

Employer identification number

UNITED WAY OF BLOUNT COUNTY

23-7122193

COMPENSATION PROCESS FOR OFFICERS: 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 KEY EMPLOYEES COMPENSATION TO EVALUATE THE ORGANIZATION'S KEY EMPLOYEE COMPENSATION PROGRAM AGAINST THE COMPETITIVE MARKET. THE EVALUATION IS REVIEWED IN THE FALL EACH YEAR AND IS INTENDED TO ENSURE 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 KEY EMPLOYEES 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
 ROUNDING \$ 5

Name of the organization

Employer identification number

UNITED WAY OF BLOUNT COUNTY

23-7122193

IN KIND ADVERTISING EXPENSE

\$ -17,750

TOTAL

\$ -17,745

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.

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	1,080,000
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	2,700,000
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 2021 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 2023. 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 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2022 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.

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.

UNITED WAY OF BLOUNT COUNTY

Identifying number

23-7122193

Business or activity to which this form relates

6500 SQ FT 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	1,080,000
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	2,700,000
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 2021 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 2023. 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 2022	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 2022 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2022 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.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	PICTURE FRAMES	6/01/05	479			479	7 MO S/L	479	0
2	FILING CABINETS	12/31/97	200			200	7 MO S/L	200	0
3	COMPUTER DESKS	2/09/01	255			255	7 MO S/L	255	0
4	BOOKCASES	2/09/01	650			650	7 MO S/L	650	0
5	FOLDING CHAIRS	2/09/01	270			270	7 MO S/L	270	0
6	BULLETIN BOARD & BOOKSHELVES	2/09/01	257			257	7 MO S/L	257	0
7	FILING CABINETS	2/09/01	200			200	7 MO S/L	200	0
8	PAGEMAKER SOFTWARE	2/14/03	505			505	7 MO S/L	505	0
9	PORTABLE DISPLAY	4/17/03	307			307	7 MO S/L	307	0
10	SAGE SOFTWARE	6/01/05	27,974			27,974	7 MO S/L	27,974	0
11	SIGNS	6/01/05	3,270			3,270	7 MO S/L	3,270	0
12	BD ROOM ROLLER SHADES	6/01/05	1,650			1,650	7 MO S/L	1,650	0
13	POLYCARB DISPLAY PANELS	7/19/10	575			575	7 MO S/L	575	0
14	ENTERPRISE SOFTWARE	7/30/12	9,100			9,100	7 MO S/L	9,100	0
15	SERVER UPGRADE	11/01/12	10,577			10,577	7 MO S/L	10,577	0
16	PHONE SYSTEM UPGRADE	11/26/12	5,523			5,523	7 MO S/L	5,523	0
17	LG 55" LOBBY SMART TV	4/21/15	940			940	7 MO S/L	940	0
18	BOARDROOM SPEAKER EQUIP	5/01/15	3,049			3,049	7 MO S/L	3,049	0
19	PROJECTOR	9/15/15	1,082			1,082	7 MO S/L	1,082	0
20	LG 55" TV	12/06/15	800			800	7 MO S/L	800	0
21	PAPER FOLDING MACHINE	12/15/15	1,038			1,038	7 MO S/L	1,038	0
22	BRIGHTSIGN - XD INTERACTIVE	12/23/15	1,150			1,150	7 MO S/L	1,150	0
23	OFFICE FURNITURE	12/28/18	3,499			3,499	7 MO S/L	1,500	500
24	COMPUTERS & SERVER	12/31/18	23,086			23,086	5 MO S/L	13,852	4,617
25	HP SWITCH & FIREWALL	12/17/18	1,165			1,165	5 MO S/L	699	233
26	LAND	6/30/02	203,535			203,535	0 -- Land	0	0
27	BLDG UNITED WAY HQ PORTION	9/01/04	858,464			858,464	39 MO S/L	379,155	22,012
28	NEW ROOF	4/06/12	71,598			71,598	39 MO S/L	17,900	1,836
29	HVAC UNIT 1	7/10/17	6,615			6,615	10 MO S/L	2,977	662
30	HVAC UNIT 2	8/16/17	6,615			6,615	10 MO S/L	2,867	662
31	HVAC UNIT 3	8/24/17	6,615			6,615	10 MO S/L	2,867	662
32	HVAC UNIT 4	8/24/17	6,615			6,615	10 MO S/L	2,867	662
33	HVAC UNIT 5	8/24/17	6,615			6,615	10 MO S/L	2,867	662
34	HVAC UNIT 6	8/24/17	6,615			6,615	10 MO S/L	2,867	662
35	5 TON ONYX SILVER SERIES AC	2/23/18	6,615			6,615	10 MO S/L	2,537	662
36	4 TON ONYX SILVER SERIES AC SYST	2/23/18	6,615			6,615	10 MO S/L	2,537	661
37	3.5 TON SILVER SERIES AC SYSTEM 2	2/23/18	6,615			6,615	10 MO S/L	2,537	661
38	4 TON ONYZ SILVER SERIES AC SYST	2/23/18	6,615			6,615	10 MO S/L	2,537	661
39	3 TON ONYX SILVER SERIES AC SYST	2/23/18	6,615			6,615	10 MO S/L	2,537	661
40	3 TON ONYX SILVER SERIES AC SYST	2/23/18	6,615			6,615	10 MO S/L	2,537	661
41	2.5 TON ONYX SILVER SERIES AC SYS	2/23/18	6,615			6,615	10 MO S/L	2,537	661
42	MISC FRAMED ARTWORK	3/16/21	2,505			2,505	99 MO S/L	0	0
Total Other Depreciation			<u>1,319,698</u>			<u>1,319,698</u>		<u>518,028</u>	<u>37,798</u>
Total ACRS and Other Depreciation			<u>1,319,698</u>			<u>1,319,698</u>		<u>518,028</u>	<u>37,798</u>
Grand Totals			1,319,698			1,319,698		518,028	37,798
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>1,319,698</u>			<u>1,319,698</u>		<u>518,028</u>	<u>37,798</u>

Federal Asset Report

6500 SQ FT OFFICE SPACE

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
43	BLDG - RENTED PORTION	9/01/04	<u>845,457</u>			<u>845,457</u>	39 MO S/L	<u>373,410</u>	<u>21,678</u>
	Total Other Depreciation		<u>845,457</u>			<u>845,457</u>		<u>373,410</u>	<u>21,678</u>
	Total ACRS and Other Depreciation		<u>845,457</u>			<u>845,457</u>		<u>373,410</u>	<u>21,678</u>
	Grand Totals		845,457			845,457		373,410	21,678
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>845,457</u>			<u>845,457</u>		<u>373,410</u>	<u>21,678</u>

TN Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
Other Depreciation:								
1	PICTURE FRAMES	6/01/05	479	479	479	0	0	0
2	FILING CABINETS	12/31/97	200	200	200	0	0	0
3	COMPUTER DESKS	2/09/01	255	255	255	0	0	0
4	BOOKCASES	2/09/01	650	650	650	0	0	0
5	FOLDING CHAIRS	2/09/01	270	270	270	0	0	0
6	BULLETIN BOARD & BOOKSHELVES	2/09/01	257	257	257	0	0	0
7	FILING CABINETS	2/09/01	200	200	200	0	0	0
8	PAGEMAKER SOFTWARE	2/14/03	505	505	505	0	0	0
9	PORTABLE DISPLAY	4/17/03	307	307	307	0	0	0
10	SAGE SOFTWARE	6/01/05	27,974	27,974	27,974	0	0	0
11	SIGNS	6/01/05	3,270	3,270	3,270	0	0	0
12	BD ROOM ROLLER SHADES	6/01/05	1,650	1,650	1,650	0	0	0
13	5 POLYCARB DISPLAY PANELS	7/19/10	575	575	575	0	0	0
14	ENTERPRISE SOFTWARE	7/30/12	9,100	9,100	9,100	0	0	0
15	SERVER UPGRADE	11/01/12	10,577	10,577	10,577	0	0	0
16	PHONE SYSTEM UPGRADE	11/26/12	5,523	5,523	5,523	0	0	0
17	LG 55" LOBBY SMART TV	4/21/15	940	940	940	0	0	0
18	BOARDROOM SPEAKER EQUIP	5/01/15	3,049	3,049	3,049	0	0	0
19	PROJECTOR	9/15/15	1,082	1,082	1,082	0	0	0
20	LG 55" TV	12/06/15	800	800	800	0	0	0
21	PAPER FOLDING MACHINE	12/15/15	1,038	1,038	1,038	0	0	0
22	BRIGHTSIGN - XD INTERACTIVE	12/23/15	1,150	1,150	1,150	0	0	0
23	OFFICE FURNITURE	12/28/18	3,499	3,499	1,500	500	500	0
24	COMPUTERS & SERVER	12/31/18	23,086	23,086	13,852	4,617	4,617	0
25	HP SWITCH & FIREWALL	12/17/18	1,165	1,165	699	233	233	0
26	LAND	6/30/02	203,535	203,535	0	0	0	0
27	BLDG UNITED WAY HQ PORTION	9/01/04	858,464	858,464	379,155	22,012	22,012	0
28	NEW ROOF	4/06/12	71,598	71,598	17,900	1,836	1,836	0
29	HVAC UNIT 1	7/10/17	6,615	6,615	2,977	662	662	0
30	HVAC UNIT 2	8/16/17	6,615	6,615	2,867	662	662	0
31	HVAC UNIT 3	8/24/17	6,615	6,615	2,867	662	662	0
32	HVAC UNIT 4	8/24/17	6,615	6,615	2,867	662	662	0
33	HVAC UNIT 5	8/24/17	6,615	6,615	2,867	662	662	0
34	HVAC UNIT 6	8/24/17	6,615	6,615	2,867	662	662	0
35	5 TON ONYX SILVER SERIES AC	2/23/18	6,615	6,615	2,537	662	662	0
36	4 TON ONYX SILVER SERIES AC SYST	2/23/18	6,615	6,615	2,537	661	661	0
37	3.5 TON SILVER SERIES AC SYSTEM 2	2/23/18	6,615	6,615	2,537	661	661	0
38	4 TON ONYZ SILVER SERIES AC SYST	2/23/18	6,615	6,615	2,537	661	661	0
39	3 TON ONYX SILVER SERIES AC SYST	2/23/18	6,615	6,615	2,537	661	661	0
40	3 TON ONYX SILVER SERIES AC SYST	2/23/18	6,615	6,615	2,537	661	661	0
41	2.5 TON ONYX SILVER SERIES AC SYS	2/23/18	6,615	6,615	2,537	661	661	0
42	MISC FRAMED ARTWORK	3/16/21	2,505	2,505	0	0	0	0
Total Other Depreciation			<u>1,319,698</u>	<u>1,319,698</u>	<u>518,028</u>	<u>37,798</u>	<u>37,798</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>1,319,698</u>	<u>1,319,698</u>	<u>518,028</u>	<u>37,798</u>	<u>37,798</u>	<u>0</u>
Grand Totals			1,319,698	1,319,698	518,028	37,798	37,798	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>1,319,698</u>	<u>1,319,698</u>	<u>518,028</u>	<u>37,798</u>	<u>37,798</u>	<u>0</u>

TN Asset Report

6500 SQ FT OFFICE SPACE

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
Other Depreciation:								
43	BLDG - RENTED PORTION	9/01/04	845,457	845,457	373,410	21,678	21,678	0
	Total Other Depreciation		<u>845,457</u>	<u>845,457</u>	<u>373,410</u>	<u>21,678</u>	<u>21,678</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>845,457</u>	<u>845,457</u>	<u>373,410</u>	<u>21,678</u>	<u>21,678</u>	<u>0</u>
	Grand Totals		845,457	845,457	373,410	21,678	21,678	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>845,457</u>	<u>845,457</u>	<u>373,410</u>	<u>21,678</u>	<u>21,678</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	PICTURE FRAMES	6/01/05	0			0	0 HY	0	0
2	2 FILING CABINETS	12/31/97	0			0	0 HY	0	0
3	2 COMPUTER DESKS	2/09/01	0			0	0 HY	0	0
4	5 BOOKCASES	2/09/01	0			0	0 HY	0	0
5	9 FOLDING CHAIRS	2/09/01	0			0	0 HY	0	0
6	BULLETIN BOARD & BOOKSHELVES	2/09/01	0			0	0 HY	0	0
7	FILING CABINETS	2/09/01	0			0	0 HY	0	0
8	PAGEMAKER SOFTWARE	2/14/03	0			0	0 HY	0	0
9	PORTABLE DISPLAY	4/17/03	0			0	0 HY	0	0
10	SAGE SOFTWARE	6/01/05	0			0	0 HY	0	0
11	SIGNS	6/01/05	0			0	0 HY	0	0
12	BD ROOM ROLLER SHADES	6/01/05	0			0	0 HY	0	0
13	5 POLYCARB DISPLAY PANELS	7/19/10	0			0	0 HY	0	0
14	ENTERPRISE SOFTWARE	7/30/12	0			0	0 HY	0	0
15	SERVER UPGRADE	11/01/12	0			0	0 HY	0	0
16	PHONE SYSTEM UPGRADE	11/26/12	0			0	0 HY	0	0
17	LG 55" LOBBY SMART TV	4/21/15	0			0	0 HY	0	0
18	BOARDROOM SPEAKER EQUIP	5/01/15	0			0	0 HY	0	0
19	PROJECTOR	9/15/15	0			0	0 HY	0	0
20	LG 55" TV	12/06/15	0			0	0 HY	0	0
21	PAPER FOLDING MACHINE	12/15/15	0			0	0 HY	0	0
22	BRIGHTSIGN - XD INTERACTIVE	12/23/15	0			0	0 HY	0	0
23	OFFICE FURNITURE	12/28/18	0			0	0 HY	0	0
24	COMPUTERS & SERVER	12/31/18	0			0	0 HY	0	0
25	HP SWITCH & FIREWALL	12/17/18	0			0	0 HY	0	0
26	LAND	6/30/02	0			0	0 HY	0	0
27	BLDG UNITED WAY HQ PORTION	9/01/04	0			0	0 HY	0	0
28	NEW ROOF	4/06/12	0			0	0 HY	0	0
29	HVAC UNIT 1	7/10/17	0			0	0 HY	0	0
30	HVAC UNIT 2	8/16/17	0			0	0 HY	0	0
31	HVAC UNIT 3	8/24/17	0			0	0 HY	0	0
32	HVAC UNIT 4	8/24/17	0			0	0 HY	0	0
33	HVAC UNIT 5	8/24/17	0			0	0 HY	0	0
34	HVAC UNIT 6	8/24/17	0			0	0 HY	0	0
35	5 TON ONYX SILVER SERIES AC	2/23/18	0			0	0 HY	0	0
36	4 TON ONYX SILVER SERIES AC SYST	2/23/18	0			0	0 HY	0	0
37	3.5 TON SILVER SERIES AC SYSTEM 2	2/23/18	0			0	0 HY	0	0
38	4 TON ONYZ SILVER SERIES AC SYST	2/23/18	0			0	0 HY	0	0
39	3 TON ONYX SILVER SERIES AC SYST	2/23/18	0			0	0 HY	0	0
40	3 TON ONYX SILVER SERIES AC SYST	2/23/18	0			0	0 HY	0	0
41	2.5 TON ONYX SILVER SERIES AC SYS	2/23/18	0			0	0 HY	0	0
42	MISC FRAMED ARTWORK	3/16/21	0			0	0 HY	0	0
Total Other Depreciation			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Grand Totals			0			0		0	0
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

AMT Asset Report 6500 SQ FT OFFICE SPACE

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
43	BLDG - RENTED PORTION	9/01/04	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

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

Future Depreciation Report FYE: 12/31/23

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	PICTURE FRAMES	6/01/05	479	0	0
2	2 FILING CABINETS	12/31/97	200	0	0
3	2 COMPUTER DESKS	2/09/01	255	0	0
4	5 BOOKCASES	2/09/01	650	0	0
5	9 FOLDING CHAIRS	2/09/01	270	0	0
6	BULLETIN BOARD & BOOKSHELVES	2/09/01	257	0	0
7	FILING CABINETS	2/09/01	200	0	0
8	PAGEMAKER SOFTWARE	2/14/03	505	0	0
9	PORTABLE DISPLAY	4/17/03	307	0	0
10	SAGE SOFTWARE	6/01/05	27,974	0	0
11	SIGNS	6/01/05	3,270	0	0
12	BD ROOM ROLLER SHADES	6/01/05	1,650	0	0
13	5 POLYCARB DISPLAY PANELS	7/19/10	575	0	0
14	ENTERPRISE SOFTWARE	7/30/12	9,100	0	0
15	SERVER UPGRADE	11/01/12	10,577	0	0
16	PHONE SYSTEM UPGRADE	11/26/12	5,523	0	0
17	LG 55" LOBBY SMART TV	4/21/15	940	0	0
18	BOARDROOM SPEAKER EQUIP	5/01/15	3,049	0	0
19	PROJECTOR	9/15/15	1,082	0	0
20	LG 55" TV	12/06/15	800	0	0
21	PAPER FOLDING MACHINE	12/15/15	1,038	0	0
22	BRIGHTSIGN - XD INTERACTIVE	12/23/15	1,150	0	0
23	OFFICE FURNITURE	12/28/18	3,499	500	0
24	COMPUTERS & SERVER	12/31/18	23,086	4,617	0
25	HP SWITCH & FIREWALL	12/17/18	1,165	233	0
26	LAND	6/30/02	203,535	0	0
27	BLDG UNITED WAY HQ PORTION	9/01/04	858,464	22,012	0
28	NEW ROOF	4/06/12	71,598	1,836	0
29	HVAC UNIT 1	7/10/17	6,615	661	0
30	HVAC UNIT 2	8/16/17	6,615	662	0
31	HVAC UNIT 3	8/24/17	6,615	662	0
32	HVAC UNIT 4	8/24/17	6,615	662	0
33	HVAC UNIT 5	8/24/17	6,615	662	0
34	HVAC UNIT 6	8/24/17	6,615	662	0
35	5 TON ONYX SILVER SERIES AC	2/23/18	6,615	661	0
36	4 TON ONYX SILVER SERIES AC SYSTEM 1	2/23/18	6,615	662	0
37	3.5 TON SILVER SERIES AC SYSTEM 2	2/23/18	6,615	662	0
38	4 TON ONYZ SILVER SERIES AC SYSTEM 7	2/23/18	6,615	662	0
39	3 TON ONYX SILVER SERIES AC SYSTEM 4	2/23/18	6,615	662	0
40	3 TON ONYX SILVER SERIES AC SYSTEM 6	2/23/18	6,615	662	0
41	2.5 TON ONYX SILVER SERIES AC SYSTEM 5	2/23/18	6,615	662	0
42	MISC FRAMED ARTWORK	3/16/21	2,505	25	0
Total Other Depreciation			<u>1,319,698</u>	<u>37,827</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>1,319,698</u>	<u>37,827</u>	<u>0</u>
Grand Totals			<u>1,319,698</u>	<u>37,827</u>	<u>0</u>

Future Depreciation Report FYE: 12/31/23
6500 SQ FT OFFICE SPACE

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Other Depreciation:</u>					
43	BLDG - RENTED PORTION	9/01/04	<u>845,457</u>	<u>21,679</u>	<u>0</u>
	Total Other Depreciation		<u>845,457</u>	<u>21,679</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>845,457</u>	<u>21,679</u>	<u>0</u>
	Grand Totals		<u>845,457</u>	<u>21,679</u>	<u>0</u>

TN Future Depreciation Report

FYE: 12/31/23
Form 990, Page 1

Asset	Description	Date In Service	Cost	TN
Other Depreciation:				
1	PICTURE FRAMES	6/01/05	479	0
2	2 FILING CABINETS	12/31/97	200	0
3	2 COMPUTER DESKS	2/09/01	255	0
4	5 BOOKCASES	2/09/01	650	0
5	9 FOLDING CHAIRS	2/09/01	270	0
6	BULLETIN BOARD & BOOKSHELVES	2/09/01	257	0
7	FILING CABINETS	2/09/01	200	0
8	PAGEMAKER SOFTWARE	2/14/03	505	0
9	PORTABLE DISPLAY	4/17/03	307	0
10	SAGE SOFTWARE	6/01/05	27,974	0
11	SIGNS	6/01/05	3,270	0
12	BD ROOM ROLLER SHADES	6/01/05	1,650	0
13	5 POLYCARB DISPLAY PANELS	7/19/10	575	0
14	ENTERPRISE SOFTWARE	7/30/12	9,100	0
15	SERVER UPGRADE	11/01/12	10,577	0
16	PHONE SYSTEM UPGRADE	11/26/12	5,523	0
17	LG 55" LOBBY SMART TV	4/21/15	940	0
18	BOARDROOM SPEAKER EQUIP	5/01/15	3,049	0
19	PROJECTOR	9/15/15	1,082	0
20	LG 55" TV	12/06/15	800	0
21	PAPER FOLDING MACHINE	12/15/15	1,038	0
22	BRIGHTSIGN - XD INTERACTIVE	12/23/15	1,150	0
23	OFFICE FURNITURE	12/28/18	3,499	500
24	COMPUTERS & SERVER	12/31/18	23,086	4,617
25	HP SWITCH & FIREWALL	12/17/18	1,165	233
26	LAND	6/30/02	203,535	0
27	BLDG UNITED WAY HQ PORTION	9/01/04	858,464	22,012
28	NEW ROOF	4/06/12	71,598	1,836
29	HVAC UNIT 1	7/10/17	6,615	661
30	HVAC UNIT 2	8/16/17	6,615	662
31	HVAC UNIT 3	8/24/17	6,615	662
32	HVAC UNIT 4	8/24/17	6,615	662
33	HVAC UNIT 5	8/24/17	6,615	662
34	HVAC UNIT 6	8/24/17	6,615	662
35	5 TON ONYX SILVER SERIES AC	2/23/18	6,615	661
36	4 TON ONYX SILVER SERIES AC SYSTEM 1	2/23/18	6,615	662
37	3.5 TON SILVER SERIES AC SYSTEM 2	2/23/18	6,615	662
38	4 TON ONYZ SILVER SERIES AC SYSTEM 7	2/23/18	6,615	662
39	3 TON ONYX SILVER SERIES AC SYSTEM 4	2/23/18	6,615	662
40	3 TON ONYX SILVER SERIES AC SYSTEM 6	2/23/18	6,615	662
41	2.5 TON ONYX SILVER SERIES AC SYSTEM 8	2/23/18	6,615	662
42	MISC FRAMED ARTWORK	3/16/21	2,505	25
Total Other Depreciation			<u>1,319,698</u>	<u>37,827</u>
Total ACRS and Other Depreciation			<u>1,319,698</u>	<u>37,827</u>
Grand Totals			<u>1,319,698</u>	<u>37,827</u>

TN Future Depreciation Report FYE: 12/31/23
6500 SQ FT OFFICE SPACE

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>TN</u>
<u>Other Depreciation:</u>				
43	BLDG - RENTED PORTION	9/01/04	<u>845,457</u>	<u>21,679</u>
	Total Other Depreciation		<u>845,457</u>	<u>21,679</u>
	Total ACRS and Other Depreciation		<u>845,457</u>	<u>21,679</u>
	Grand Totals		<u>845,457</u>	<u>21,679</u>

Description GOLF TOURNAMENT

Name
UNITED WAY OF BLOUNT COUNTY

Taxpayer Identification Number
23-7122193

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>56,434</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	<u>56,434</u>
8. Cost of Goods Sold	8.	<u>7,092</u>
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	<u>7,092</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>49,342</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	<u>7,092</u>
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	<u>7,092</u>

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Description GAS DAY

Name
UNITED WAY OF BLOUNT COUNTY

Taxpayer Identification Number
23-7122193

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	<u>39,926</u>
7. Total revenue. Add lines 1 through 6	7.	<u>39,926</u>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	_____
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>39,926</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code	_____	Seq #	_____
<input type="checkbox"/>	Part V, Debt Financing		
<input type="checkbox"/>	Part VI, Controlled Org Income		
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)		
<input type="checkbox"/>	Part VIII, Exploited Activities		
<input type="checkbox"/>	Part IX, Advertising Income		

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Name <u>UNITED WAY OF BLOUNT COUNTY</u>	Taxpayer Identification Number <u>23-7122193</u>
--	---

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1.	<u>68,250</u>
Expenses (see details on worksheets below):		
2. Fees for services	2.	
3. Depreciation Expense	3.	<u>21,678</u>
4. Direct Expense	4.	<u>9,012</u>
5. Total expenses. Add lines 8 through 12	5.	<u>30,690</u>
6. Net Income/Loss. Line 7 minus Line 13	6.	<u>37,560</u>

Expense Details - Fees for Services:

Accounting	_____
Legal	_____
Commissions	_____
Management	_____
Other Professional Fees	_____
Total Fees for Services	_____

Expense Details - Depreciation Expense:

On non-investment property	<u>21,678</u>
On investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	<u>21,678</u>

Expense Details - Direct Expense:

Interest	_____
Taxes/licenses	_____
Occupancy Expenses	_____
Repairs & Maintenance	<u>6,311</u>
Travel/conferences/meetings	_____
Printing & Publication	_____
Advertising	_____
Insurance	<u>2,701</u>
Utilities	_____
Supplies	_____
Other expenses	_____
Total Direct Expense	<u>9,012</u>

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part IV, Rent Income
- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990E:

First	_____
Second	_____
Third	_____
All other	_____

Taxable Interest on Investments

Description	<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
		<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
	\$ 3,555					
TOTAL	\$ 3,555				18	

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	\$ 5,937	\$ 3,211	\$ 1,267	\$ 1,459
CAMPAIGN SUPPLIES	1,474	811	295	368
OTHER OPERATING EXPENSE	822	822		
TOTAL	<u>\$ 8,233</u>	<u>\$ 4,844</u>	<u>\$ 1,562</u>	<u>\$ 1,827</u>

Schedule A, Part II, Line 1(e)

Description	Amount
CLAYTON HOMES	\$ 1,557,577
CASH CONTRIBUTION	335,000
DENSO MANUFACTURING TENN, INC.	
CASH CONTRIBUTION	50,000
GAS DAY	
CASH CONTRIBUTION	39,926
TOTAL	<u>\$ 1,982,503</u>

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
CLAYTON HOMES	\$ 1,467,750	\$ 1,253,914
DENSO MANUFACTURING	250,000	36,164
TOTAL	<u>\$ 1,717,750</u>	<u>\$ 1,290,078</u>

Schedule A, Part II, Line 8(e)

Description	Amount
6500 SQ FT OFFICE SPACE	\$ 3,555
TOTAL	<u>68,250</u>
	<u>\$ 71,805</u>