| For calend                                                                          | ar year 2016 or tax year beginning                                                                                                                                                                                                                                                                 | and ending                                                       |                                                                                                                               |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Name:<br>Name line 2:<br>Address:<br>City, State, and Zip Code:                     | Roane County United Way Inc  Po Box 317 HARRIMAN TN 37748                                                                                                                                                                                                                                          |                                                                  | 23-7337273<br>865-882-7711                                                                                                    |  |  |  |  |  |  |  |
| Email address                                                                       |                                                                                                                                                                                                                                                                                                    |                                                                  |                                                                                                                               |  |  |  |  |  |  |  |
| (Form 990) Organization exempt us with gross receipts less Private foundation or se | nder section 501(c), 527 or 4947(a)(1) of the Internal Revenuence section 501(c), 527 or 4947(a)(1) of the Internal Revenues than \$200,000 and total assets less than \$500,000 at the election 4947(a)(1) nonexempt charitable trust treated as a prinith unrelated business income (Form 990-T) | ue Code (except black lung bene<br>end of the year (Form 990-EZ) | ,                                                                                                                             |  |  |  |  |  |  |  |
| Firm's name: $\frac{\mathrm{ALI}}{\mathrm{Address:}}$                               | LISSA D MCGEE CPA<br>LEN MCGEE AND ASSOCIATES                                                                                                                                                                                                                                                      | Self-employed:<br>Firm's EIN:                                    | $\begin{array}{c} 306 \\ \hline 05/01/2018 \\ \hline P00282946 \\ \hline \\ 95-4896609 \\ \hline 931-393-3307 \\ \end{array}$ |  |  |  |  |  |  |  |

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

| 2017                         |  |
|------------------------------|--|
| Open to Public<br>Inspection |  |

| Department of<br>Internal Reven |                  | ■ Go to www.irs.gov/Form990 for instructions and the latest information.                                                                                                                                                                 | Inspection                       |
|---------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
|                                 |                  | endar year, or tax year beginning , and ending                                                                                                                                                                                           |                                  |
| B Check if                      | applicable:      | C Name of organization Roane County United Way Inc D Employ                                                                                                                                                                              | yer identification number        |
| Address                         | change           | Doing business as                                                                                                                                                                                                                        |                                  |
| <u> </u>                        | -                | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 23-733                                                                                                                                             | 7273                             |
| Name ch                         | nange            | Po Box 317                                                                                                                                                                                                                               | one number                       |
| Initial ret                     | urn              | City or town State ZIP code 865-883                                                                                                                                                                                                      | 2 _ 7 7 1 1                      |
| Final retur                     | n/terminated     | HARRIMAN TN 37748                                                                                                                                                                                                                        | 2-1111                           |
| 듬                               |                  | Foreign country name Foreign province/state/county Foreign postal code                                                                                                                                                                   |                                  |
| Amende                          | d return         | G Gross r                                                                                                                                                                                                                                | receipts \$ 467720.              |
| Applicati                       | on pending       | F Name and address of principal officer: Dina Jackson H(a) Is this a group retu                                                                                                                                                          | urn for subordinates?            |
|                                 |                  | PO Box 317 HARRIMAN TN 37748 H(b) Are all subordin                                                                                                                                                                                       | = =                              |
|                                 |                  |                                                                                                                                                                                                                                          | a list. (see instructions)       |
| I Tax-exem                      | -                |                                                                                                                                                                                                                                          | <u> </u>                         |
| J Website                       | e: 🛮 www         | w.unitedwayroane.org H(c) Group exemption                                                                                                                                                                                                | on number                        |
| K Form of o                     | organization:    | : X Corporation Trust Association Other ■ L Year of formation:                                                                                                                                                                           | M State of legal domicile:       |
| Part I                          | Sur              | mmary                                                                                                                                                                                                                                    |                                  |
| 1                               |                  |                                                                                                                                                                                                                                          | ty United Way, a                 |
|                                 | •                | rofit organization, exists to improve lives by mobilizing t                                                                                                                                                                              |                                  |
|                                 |                  | g power of the Roane County Community.                                                                                                                                                                                                   |                                  |
| 2                               |                  | his box lif the organization discontinued its operations or disposed of more than 2                                                                                                                                                      | 59/ of its not assets            |
| 3                               |                  | rof voting members of the governing body (Part VI, line 1a)                                                                                                                                                                              |                                  |
| 3 4                             |                  | of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                   |                                  |
| 5                               |                  |                                                                                                                                                                                                                                          |                                  |
| <b>₩</b>                        |                  | mber of individuals employed in calendar year 2017 (Part V, line 2a)                                                                                                                                                                     |                                  |
| 6                               |                  | mber of volunteers (estimate if necessary)                                                                                                                                                                                               | <b>6</b> 50                      |
| 7a                              |                  | related business revenue from Part VIII, column (C), line 12                                                                                                                                                                             | 7a                               |
| b                               | ivet unre        | elated business taxable income from Form 990-T, line 34                                                                                                                                                                                  | 7b                               |
|                                 | Contribu         | <b>-</b>                                                                                                                                                                                                                                 |                                  |
| 8 9                             |                  | utions and grants (Part VIII, line 1h)                                                                                                                                                                                                   | 9131. 465977.                    |
| (db)                            |                  |                                                                                                                                                                                                                                          | 21.61                            |
| 10                              |                  |                                                                                                                                                                                                                                          | 2161. 1743.                      |
| 11<br>12                        |                  | evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                        | 1000                             |
|                                 |                  |                                                                                                                                                                                                                                          | 1292. 467720.                    |
| 13                              |                  | and similar amounts paid (Part IX, column (A), lines 1–3)                                                                                                                                                                                | 5421. 179580.                    |
| 14                              |                  |                                                                                                                                                                                                                                          | 0.51.5                           |
| 15                              |                  |                                                                                                                                                                                                                                          | 8515. 86142.                     |
| 16a                             |                  | ional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                                   |                                  |
| <b>b</b>                        |                  | ndraising expenses (Part IX, column (D), line 25) ■ 14784.                                                                                                                                                                               | 2000                             |
| <b>1</b> 7                      |                  |                                                                                                                                                                                                                                          | 8098. 102432.                    |
| 18                              |                  |                                                                                                                                                                                                                                          | 2034. 368154.                    |
| 19                              | nevenue          | e less expenses. Subtract line 18 from line 12                                                                                                                                                                                           | 0742. 99566.                     |
| 20                              | Total ass        |                                                                                                                                                                                                                                          |                                  |
| \$ 99                           |                  |                                                                                                                                                                                                                                          | 8674. 840243.                    |
| 21                              |                  |                                                                                                                                                                                                                                          | 0233. 52235.                     |
| 22 Port II                      |                  |                                                                                                                                                                                                                                          | 8441. 788008.                    |
| Part II                         |                  | nature Block                                                                                                                                                                                                                             |                                  |
| •                               |                  | y, I declare that I have examined this return, including accompanying schedules and statements, and to the best of ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any | -                                |
|                                 | 10 (1 do) 00.110 |                                                                                                                                                                                                                                          | 01/2018                          |
| Sign                            |                  | Signature of officer Date                                                                                                                                                                                                                |                                  |
| Here                            |                  | •                                                                                                                                                                                                                                        |                                  |
|                                 |                  |                                                                                                                                                                                                                                          | <u> </u>                         |
| -                               |                  | lyng or print name and title                                                                                                                                                                                                             |                                  |
| Paid                            | 1                | Type or print name and title  t/Type preparer's name  Preparer's signature  Date                                                                                                                                                         | PTIN                             |
| raiti                           | ļ                | Type or print name and title t/Type preparer's name                                                                                                                                                                                      | Check if PTIN                    |
|                                 | r MEI            |                                                                                                                                                                                                                                          |                                  |
| Prepare                         | ' <u>-</u> .     | t/Type preparer's name Preparer's signature Date  LISSA D MCGEE CPA 05/01/2018                                                                                                                                                           | Check if self-employed P00282946 |
|                                 | y Firm           | t/Type preparer's name Preparer's signature Date  LISSA D MCGEE CPA 05/01/2018                                                                                                                                                           | Check if                         |

(Expenses \$

4e

Total program service expenses

including grants of \$

368154.

) (Revenue \$

|          |                                                                                                                                                                                                                     |     | Yes | No |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"                                                                                                       |     |     |    |
|          | complete Schedule A                                                                                                                                                                                                 | 1   | Χ   |    |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                   | 2   |     | Χ  |
| 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>                         | 3   |     | Х  |
| 4        | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)                                                                                                       |     |     |    |
|          | election in effect during the tax year? If "Yes," complete Schedule C, Part II                                                                                                                                      | 4   |     | Χ  |
| 5        | Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,                                                                                                |     |     |    |
|          | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,                                                                                                               |     |     |    |
| _        | Part III                                                                                                                                                                                                            | 5   |     | Х  |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If |     |     |    |
|          | "Yes," complete Schedule D, Part I                                                                                                                                                                                  | 6   |     | Х  |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                                                                                           |     |     | 71 |
| •        | the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                                                                                         | 7   |     | Х  |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"                                                                                                 |     |     |    |
|          | complete Schedule D, Part III                                                                                                                                                                                       | 8   |     | Χ  |
| 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                                                                                                   |     |     |    |
| 40       | negotiation services? If "Yes," complete Schedule D, Part IV                                                                                                                                                        | 9   |     | Х  |
| 10       | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>         | 10  |     | Х  |
| 11       | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,                                                                                                        | 10  |     | Λ  |
| •        | VII, VIII, IX, or X as applicable.                                                                                                                                                                                  |     |     |    |
| а        | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete                                                                                                     |     |     |    |
|          | Schedule D, Part VI                                                                                                                                                                                                 | 11a | Χ   |    |
| b        | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more                                                                                                        |     |     |    |
| _        | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                                            | 11b |     | X  |
| С        | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII               | 11c |     | Х  |
| d        | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets                                                                                                    | 110 |     | Λ  |
| _        | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                                                 | 11d |     | Х  |
| е        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.                                                                                              | 11e | Х   |    |
| f        | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                                                                                             |     |     |    |
|          | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                                                              | 11f |     | Χ  |
| 12a      | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>                                                                                          | l   |     |    |
| <b>L</b> | Schedule D, Parts XI and XII                                                                                                                                                                                        | 12a | Χ   |    |
| D        | and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                                                         | 12b |     | Х  |
| 13       | Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E                                                                                                                | 13  |     | X  |
| 14a      | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                         | 14a |     | Χ  |
| 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                                                                                                           |     |     |    |
| 4-       | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                                                                                                                      | 14b |     | Х  |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV                      | 15  |     | v  |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other                                                                                                          | 15  |     | Х  |
|          | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                                           | 16  |     | Х  |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services                                                                                                         |     |     |    |
|          | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                                                                                                   | 17  |     | Х  |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on                                                                                                         |     |     |    |
| 40       | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                  | 18  |     | Χ  |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes " complete Schedule G. Part III                                                               | 19  |     | y  |
|          | u iva, vandigis valsuus v. lan ii                                                                                                                                                                                   |     |     |    |

| Par | t IV Checklist of Required Schedules (continued)                                                                                                                                                                 |     |     |     |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
| -   |                                                                                                                                                                                                                  |     | Yes | No  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                      | 20a |     | Χ   |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                     | 20b |     |     |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                                                                                                      |     |     |     |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                                                | 21  | Χ   |     |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                                                                                                    |     |     |     |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                                                                                                      | 22  |     | Χ   |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the                                                                                                              |     |     |     |
|     | organization's current and former officers, directors, trustees, key employees, and highest compensated                                                                                                          |     |     |     |
|     | employees? If "Yes," complete Schedule J                                                                                                                                                                         | 23  |     | Χ   |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than                                                                                                              |     |     |     |
|     | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines                                                                                                        |     |     |     |
|     | 24b through 24d and complete Schedule K. If "No," go to line 25a                                                                                                                                                 | 24a |     | Χ   |
|     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                | 24b |     | Χ   |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year                                                                                                        |     |     |     |
|     | to defease any tax-exempt bonds?                                                                                                                                                                                 | 24c |     | Х   |
|     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                          | 24d |     | Χ   |
| 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? If "Yes," complete Schedule L, Part I                                                                                                                    | 25a |     | Χ   |
| 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                                                                                                       |     |     |     |
| 00  | 990-EZ? If "Yes," complete Schedule L, Part I                                                                                                                                                                    | 25b |     | Х   |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any                                                                                                       |     |     |     |
|     | current or former officers, directors, trustees, key employees, highest compensated employees, or                                                                                                                | 00  |     | 3.7 |
| 27  | disqualified persons? If "Yes," complete Schedule L, Part II                                                                                                                                                     | 26  |     | Х   |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled |     |     |     |
|     | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III                                                                                                                         | 27  |     | Х   |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L,                                                                                                        |     |     | Λ   |
| 20  | Part IV instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                              |     |     |     |
| а   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                   | 28a |     | Х   |
| -   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>                                                                                                    |     |     | 21  |
| ~   | Schedule L, Part IV                                                                                                                                                                                              | 28b |     | Х   |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)                                                                                                  |     |     |     |
| _   | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV                                                                                                           | 28c |     | Х   |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                                                                                         | 29  | Х   |     |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified                                                                                                   |     |     |     |
|     | conservation contributions? If "Yes," complete Schedule M                                                                                                                                                        | 30  |     | Х   |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,                                                                                                      |     |     |     |
|     | Part I                                                                                                                                                                                                           | 31  |     | Χ   |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?                                                                                                                    |     |     |     |
|     | If "Yes," complete Schedule N, Part II                                                                                                                                                                           | 32  |     | Х   |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                                                                                                       |     |     |     |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                                                                                                        | 33  |     | Χ   |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,                                                                                                        |     |     |     |
|     | III, or IV, and Part V, line 1                                                                                                                                                                                   | 34  |     | Х   |
|     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                          | 35a |     | Х   |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled                                                                                               |     |     |     |
|     | entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                                                                                                   | 35b |     | Х   |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related                                                                                                     |     |     |     |
| c=  | organization? If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                      | 36  |     | Х   |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                                                                                 | 1   |     |     |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part                                                                                                        |     |     | * 7 |
|     | VI                                                                                                                                                                                                               | 37  |     | Х   |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and                                                                                                       |     |     |     |
|     | 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O                                                                                                                                         | 38  | X   | 1   |

Part V

| Statements Regarding Other IRS Filings and Tax Compliance                  |   |
|----------------------------------------------------------------------------|---|
| Chack if Schodula O contains a response or note to any line in this Part \ | 1 |

|     | Check if Schedule O contains a response or note to any line in this Part V                                                                                                             |          | •   |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|----|
|     |                                                                                                                                                                                        |          | Yes | No |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                                                                                           | -        |     |    |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                        | - 1      |     |    |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable                                                                            |          |     |    |
| _   | gaming (gambling) winnings to prize winners?                                                                                                                                           | 1c       | Χ   |    |
| 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 3 |          |     |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                         | 2b       | Χ   |    |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)                                                                             |          |     |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                          | 3a       |     | Х  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O                                                                            | 3b       |     |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority                                                                      |          |     |    |
|     | over, a financial account in a foreign country (such as a bank account, securities account, or other financial                                                                         |          |     |    |
|     | account)?                                                                                                                                                                              | 4a       |     | X  |
| b   | If "Yes," enter the name of the foreign country: ■                                                                                                                                     |          |     |    |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                    |          |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                  | 5a       |     | Χ  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                       | 5b       |     | Χ  |
| С   | 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       |     | Х  |
| 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).                                                                                                          |          |     |    |
| а   | 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?                                        | 70       |     |    |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                        | 7a<br>7b |     |    |
| C   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                                                                               | 70       |     |    |
| C   | required to file Form 8282?                                                                                                                                                            | 7c       |     |    |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                      | 70       |     |    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                        | 7e       |     |    |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                           | 7f       |     |    |
| 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        |     | Х  |
| 9   | Sponsoring organizations maintaining donor advised funds.                                                                                                                              |          |     |    |
| а   | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                     | 9a       |     | Χ  |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                      | 9b       |     | Χ  |
| 10  | Section 501(c)(7) organizations. Enter:                                                                                                                                                |          |     |    |
| a   | Initiation fees and capital contributions included on Part VIII, line 12                                                                                                               | -        |     |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                            | -        |     |    |
| 11  | Section 501(c)(12) organizations. Enter:                                                                                                                                               |          |     |    |
| a   | Gross income from members or shareholders                                                                                                                                              | -        |     |    |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                           |          |     |    |
| 12a | against amounts due or received from them.)                                                                                                                                            | 12a      |     |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b                                                                                            | 12a      |     |    |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                       |          |     |    |
| а   | Is the organization licensed to issue qualified health plans in more than one state?                                                                                                   | 13a      |     |    |
| -   | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                               | · Ju     |     |    |
| 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                                                                                                                           |          |     |    |
| С   | Enter the amount of reserves on hand                                                                                                                                                   |          |     |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                             | 14a      |     | Х  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                              | 14b      |     |    |

Part VI

| tale Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  b Ernier the number of voting members included in line 1a, above, who are independent.  b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  4 Did the organization have members, stockholders?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Did the organization have members or stockholders?  9 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  5 Each committee with authority to act on behalf of the governing body?  8 Did the organization have formal padders?  10a Did the organization have vertee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have vertee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have written policies and procedures governing the early before fling the form?  10a 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?  10a Did  | Sect | ion A. Governing Body and Management                                                                    |                        | 1       |       |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------------------|------------------------|---------|-------|----------|
| If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent.  1b 17  Did that organization delegate control over management duties customarily performed by or under the direct supervision of officiers, director, trustee, or key employees.  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officiers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was file?  Did the organization and the supervision of officiers, directors, or trustees, or key employees to a management company or other person?  Did the organization make members or stockholders or other persons who had the power to elect or appoint one or more members of the governing body?  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?  A analy governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Bit here any officer, director, trustee, or key employee isted in Part VII. Section A, who cannot be reached at the organization research and exists of the process of the process in Schedule O.  Did the organization have a decision?  Bit 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?  The Were officers, directors, or trustees, or key employee isted in Part VII. Section B is provided a complete copy of this Form 990 to all  |      |                                                                                                         | 1                      |         | Yes   | No       |
| if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  b Enter the number of voting members included in line 1a, above, who are independent.  2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1a   |                                                                                                         | <b>1a</b> 17           | -       |       |          |
| be Enter the number of voting members included in line 1a, above, who are independent.      Delta any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or under the direct any other officer, directors, or trustees, or key employees to a management company or other person?     Did the organization of ellegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?     Did the organization become aware during the year of a significant diversion of the organization's assets?     Did the organization become aware during the year of a significant diversion of the organization's assets?     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?     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?     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?      Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                                                                         |                        |         |       |          |
| b Enter the number of voting members included in line 1a, above, who are independent.      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?     Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?     Did the organization have make any significant changes to its governing documents since the prior Form 900 was filed?     Did the organization have members or stockholders?     Did the organization on the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?     Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     The governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                         |                        |         |       |          |
| 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 employees?  3 Did the organization delegate control over management duties customarily performed by or under the direct public of the organization delegate control over management duties customarily performed by or under the direct public of the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members, stockholders?  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?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Section B. Policies (This Section B requesters information about policies not required by the Internal Revenue Code.)  10 Did the organization have local chapters, branches, or affiliates?  10 Did the organization have local chapters, branches, or affiliates?  11 Did the organization have a written of interest policy? If No. go to line 13  12 Did the organization have a written of interest policy? If No. go to line 13  12 Did the organization have a written of interest policy? If No. go to line 13  13 Did the organization have a written of interest policy? If No. go to line 13  14 Did the organization have a written of interest policy? If No. go to line 13  15 Did the proganization have a written of interest policy? If No. go to line 13  16 Di |      | ·                                                                                                       |                        |         |       |          |
| any other officer, director, trustee, or key employee?  3 Did the organization of deglate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior form 990 was filed?  5 Did the organization make any significant changes to its governing documents since the prior form 990 was filed?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Did the organization have members or stockholders?  9 Did the organization on the organization or served to (or subject to approval by) members, stockholders, or persons other than the governing body?  9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  1 The governing body?  1 The governing body?  1 Set be Each committee with authority to act on behalf of the governing body?  2 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization or maining address? If "Yes," provide the names and addresses in Schedule O.  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a 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 Section in Schedule O the process, if any, used by the organization's exempt purposes?  10c Did the organization have a written conflict of interest policy? If "No," go to line 13.  10c Did the organization have a written of the process of defermining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and |      | · · · · · · · · · · · · · · · · · · ·                                                                   |                        |         |       |          |
| 3 Did the organization delegate control over management duries customarily performed by or under the direct supervision of officers directors, or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4 Did the organization become aware during the year of a significant diversion of the organization's assests?  5 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?  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?  7 Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 Did the organization's mailing address? If Yes, "provide the names and addresses in Schedule O.  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10 Did the organization have local chapters, branches, or affiliates?  11 Has the organization have a written policies and procedures governing the activities of such chapters, and the organization have written policies and procedures governing the activities of such chapters, and the organization of the organization to review this Form 990.  11 Has the organization have a written policies and procedures governing the activities of such chapters, branches to ensure their operations are consistent with the organization review by the process in Schedule Other process in Schedule Other process. If any, used by the organization to review this Form 990.  11 Did the organization hav  | 2    |                                                                                                         | -                      |         |       |          |
| supervision of officers, directors, or trustees, or key employees to a management company or other person?    3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                         |                        | 2       |       | X        |
| 4   bid the organization make any significant changes to its governing documents since the prior Form 990 was filed?   5   x   x   5   Did the organization become aware during the year of a significant diversion of the organization's assets?   5   x   6   Did the organization have members or stockholders?   6   x   7a   Did the organization have members or stockholders?   7a   x   7b   Are any governance decisions of the governing body?   7b   x   7c   Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   8b   x   8   Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   8b   x   8   Each committee with authority to act on behalf of the governing body?   8b   x   9   Section B. Policies (This Section B reguests information about policies not required by the Internal Revenue Code):   x   9   Section B. Policies (This Section B reguests information about policies not required by the Internal Revenue Code):   x   x   9   If "Yes," and the organization have local chapters, branches, or affiliates?   x   x   9   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?   x   9   Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization review this Form 990.   x   10   Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   x   10   Did the organization required a consistent ymonitor and enforce compliance with the policy?   x   x   x   10   Did the organization required a consistent ymonitor and enforce compliance with the policy?   x   x   x   10   Did the organization have a written policy of the form 9 | 3    |                                                                                                         |                        |         |       |          |
| bill the organization hecome aware during the year of a significant diversion of the organization's assets?.  5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                         |                        | 3       |       | Χ        |
| bid the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  b Id the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  c Each committee with authority to act on behalf of the governing body?  b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  g Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  b If "Yes," did the organization have local chapters, branches, or affiliates?  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 If "Yes," did the organization have a written policies not required by the entry of the second procedures governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  11a I at the organization have a written conflict of interest policy? If "No," go to line 13.  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization have a written document retention and destruction policy?  13 Did the organiz | 4    | Did the organization make any significant changes to its governing documents since the prior Form 990 w | vas filed?             | 4       |       | Х        |
| 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?  b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations familing address? If "Yes, provide the names and addresses in Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b Describe in Schedule O the process, if any, used by the organization's exempt purposes?  10c Did the organization have a written written organization to review this Form 990.  11a As the organization have a written written organization to review this Form 990.  12b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12c Did the organization have a written written organization to review this Form 990.  12a Did the organization have a written written organization or the reservance of the process of determining compensation or and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  15d Did the organization have a written written believe the organization | 5    | Did the organization become aware during the year of a significant diversion of the organization        | 's assets?             | 5       |       | Х        |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b It research and the organization's mailing address? If research at the organization's mailing address? If research at the organization's mailing address? If research at the organization have a 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 If research and a such a such and a such and a such and a such and a such a such and a such | 6    |                                                                                                         |                        | 6       |       | Х        |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Ba X  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization stalling address? If "Yes," provide the names and addresses in Schedule 0  9 X  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b If a state the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11b Did be organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11c Did the organization are a written conflict of interest policy? If "No.", go to line 13  11c Did the organization are a written organization device to disclose annually interests that could give rise to conflicts?  12c X  12d Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  12d Did the organization have a written whistleblower policy?  13d Did the organization have a written whistleblower policy?  14d Did the organization have a written policy or procedure requiring the organization and decision?  15d Did the organization feloce. Cp. Executive Director, or top management official.  15d Director o | 7a   | Did the organization have members, stockholders, or other persons who had the power to elect            | or appoint             |         |       |          |
| Sockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  s 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 addressess in Schedule O  g the state 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 addressess in Schedule O  g the state with end organization have local chapters, branches, or affiliates?  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b Jescribe in Schedule O the process, if any, used by the organization to review this Form 990.  11c Did the organization have a written conflict of interest policy? If "No," go to line 13.  11d Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  11d Did the organization have a written document retention and destruction policy?  11d Did the organization have a written document retention and destruction policy?  11d Did the organization have a written document retention and destruction policy?  11d Did the organization have a written document retention and destruction policy?  11d Did the organization follow the written defined the proces |      | one or more members of the governing body?                                                              |                        | 7a      |       | Χ        |
| B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | b    | Are any governance decisions of the organization reserved to (or subject to approval by) members        | ers,                   |         |       |          |
| the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.  9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | stockholders, or persons other than the governing body?                                                 |                        | 7b      |       | Χ        |
| a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters.  10a affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11c Did the organization have a written conflict of interest policy? If "No." go to line 13.  12d Did the organization have a written conflict of interest policy? If "No." go to line 13.  12d Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  12d Did the organization have a written whistleblower policy? 12d Did the organization have a written document retention and destruction policy? 13d Did the organization have a written document retention and destruction policy? 14d 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?  15d The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  15d Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a texable entity during the year?  15d Diff Yes, fid the organization was a written policy or procedure requiring the organization to | 8    | Did the organization contemporaneously document the meetings held or written actions underta            | ken during             |         |       |          |
| b Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.  9 x Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  11a Did the organization have a written conflict of interest policy? If "No." go to line 13  11b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  11b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  12c X  13 Did the organization have a written whistleblower policy?  13 X  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  15b Users to line 15a or 15b, describe the process in Schedule O (see instructions).  15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with  |      | the year by the following:                                                                              |                        |         |       |          |
| st there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | а    | The governing body?                                                                                     |                        | 8a      | Χ     |          |
| at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Ves No.  10a Did the organization have local chapters, branches, or affiliates?  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 Describe in Schedule O the process, if any, used by the organization to review this Form 990.  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11a X  12b Did the organization have a written conflict of interest policy? If "No," go to line 13.  12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O now this was done.  12c X  13 Did the organization have a written whistleblower policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15a Did the organization's CEO, Executive Director, or top management official.  15a X  15b Other officers or key employees of the organization.  15a If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  15b If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  15b Other officers or key employees of the organization of the deliberation and decision?  15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement wi | b    | Each committee with authority to act on behalf of the governing body?                                   |                        | 8b      | Χ     |          |
| 10a   Did the organization have local chapters, branches, or affiliates?   10a   Xes   No.   10a   1   | 9    |                                                                                                         |                        |         |       |          |
| to bid the organization have local chapters, branches, or affiliates?  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?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11a Las to Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13.  12a X  13b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written whistleblower policy?  15 Did the organization have a written document retention and destruction policy?  16 The organization's CEO, Executive Director, or top management official.  17b Other officers or key employees of the organization  18c X  19d Unter organization in vest in, contribute assets to, or participate in a joint venture or similar arrangement writh a taxable entity during the year?  18c 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?  19c If "Yes," did the organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person   |      | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule 0          | 9                      | 9       |       | Χ        |
| b If "Yes," did the organization have local chapters, branches, or affiliates?  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?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12a Did the organization have a written conflict of interest policy? If "No," go to line 13.  12a Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15a The organization's CEO, Executive Director, or top management official.  15b Other officers or key employees of the organization.  15c If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  15c 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?  15c Section C. Disclosure  17c List the states with which a copy of this Form 990 is required to be filed  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  20 W  | Sect | ion B. Policies (This Section B requests information about policies not required by the                 | Internal Revenue C     | ode.)   |       |          |
| 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 affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . 10b and the organization brave a written conflict of interest policy? If "No," go to line 13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                         |                        |         | Yes   | No       |
| affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12b Did the organization have a written conflict of interest policy? If "No," go to line 13  12c Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12c Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12d Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12c Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12d Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12d Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12d Vere officers or Excending and the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  12d Vere officers or Schedule O how this was done.  12d Vere officers or Schedule O how this was done.  12d Vere officers or Schedule O how this was done.  12e Vere officers or Schedule O how this was done.  12e Vere officers or Schedule O how this was done.  12e Vere officers or Schedule O how this was done or the following persons include a review and approval by independent persons, comparability data, and contemporance us substantiation of the deliberation and decision?  12e Vere officers or Schedule O how promanagement official.  12e Vere officers or Schedule O how promanagement official.  12e Vere officers or Schedule O how promanagement official.  12e Vere officers or Schedule O how promanagement  |      | · ·                                                                                                     |                        | 10a     |       | Х        |
| Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13.  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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?  15 The organization's CEO, Executive Director, or top management official.  15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 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?  16a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | b    | · · · · · · · · · · · · · · · · · · ·                                                                   | -                      |         |       |          |
| Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  12b x  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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.  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website V Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements avail  |      |                                                                                                         |                        |         |       |          |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _    |                                                                                                         | e filing the form? .   | 11a     | Χ     |          |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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?  15 The organization's CEO, Executive Director, or top management official.  15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 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?  17 List the states with which a copy of this Form 990 is required to be filed  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  20 Own website Another's website Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records:                                |      |                                                                                                         |                        |         |       |          |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12a  |                                                                                                         |                        |         |       |          |
| describe in Schedule O how this was done .  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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?  16 The organization's CEO, Executive Director, or top management official.  15 Did the organization's CEO, Executive Director, or top management official.  15 Did the organization in 15a or 15b, describe the process in Schedule O (see instructions).  16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 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?  17 List the states with which a copy of this Form 990 is required to be filed  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records:  21 DINA JACKSON  22 State the name, address, and telephone number of the person who possesses the organization's books and records:                                                                                                                                                                                                      | b    |                                                                                                         |                        | 12b     | Χ     |          |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | С    |                                                                                                         |                        |         |       |          |
| 14 Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                                                                                                         |                        |         |       |          |
| 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.  b Other officers or key employees of the organization.  15a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | · ·                                                                                                     |                        |         |       |          |
| independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official.  b Other officers or key employees of the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 14   | · · ·                                                                                                   |                        | 14      | Χ     |          |
| a The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 15   |                                                                                                         |                        |         |       |          |
| b Other officers or key employees of the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      | · · · · · · · · · · · · · · · · · · ·                                                                   |                        |         |       |          |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _    | · · · · · ·                                                                                             |                        |         | Χ     |          |
| Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | b    |                                                                                                         |                        | 15b     |       | Χ        |
| with a taxable entity during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                                                         | _                      |         |       |          |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 16a  |                                                                                                         | _                      | 4.5     |       |          |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                         |                        | 16a     |       | Х        |
| the organization's exempt status with respect to such arrangements?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | b    |                                                                                                         |                        |         |       |          |
| Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.    X Own website                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                                                         |                        | 4.01    |       |          |
| <ul> <li>List the states with which a copy of this Form 990 is required to be filed         Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cast |                                                                                                         |                        | 16B     |       | <u> </u> |
| <ul> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         <ul> <li>X</li> <li>Own website</li> <li>Another's website</li> <li>X</li> <li>Upon request</li> <li>Other (explain in Schedule O)</li> </ul> </li> <li>Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records:             <ul> <li>DINA JACKSON</li> <li>865-882-7711</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                         |                        |         |       |          |
| available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:  DINA JACKSON  865-882-7711                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                                                                         | 000 T (Soction 501(a)  | (2)     | nlv)  |          |
| <ul> <li>✓ Own website</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10   |                                                                                                         | 220-1 (3800011301(C)   | (3)80   | ully) |          |
| <ul> <li>Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records:         <ul> <li>DINA JACKSON</li> <li>865-882-7711</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                                                                         | volain in Cahadula O   |         |       |          |
| 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:  DINA JACKSON  865-882-7711                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10   |                                                                                                         |                        |         | and   |          |
| 20 State the name, address, and telephone number of the person who possesses the organization's books and records:  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 13   |                                                                                                         | .s, commet or interest | JUIICY, | anu   |          |
| DINA JACKSON 865-882-7711                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 20   |                                                                                                         | s hooks and records.   |         |       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                         |                        |         |       |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                         |                        |         |       |          |

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

|                                |                                                                                         |    |                                                    | (0 | <b>C</b> ) |                                 |                                                                   |                                                                        |                                                                                            |
|--------------------------------|-----------------------------------------------------------------------------------------|----|----------------------------------------------------|----|------------|---------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| (A)<br>Name and Title          | (B) Average hours per week (list any hours for related organizations below dotted line) | X, | not ch<br>unles<br>er and<br>institutional trustee |    |            | oth oth ust Highest companyated | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) SCOTT MASON                | 1                                                                                       |    |                                                    |    |            |                                 |                                                                   |                                                                        |                                                                                            |
| Chairman                       |                                                                                         | Х  |                                                    |    |            |                                 | 0                                                                 | 0                                                                      | 0                                                                                          |
| (2) SUSAN HOWELL<br>SECRETARY  | 1                                                                                       | X  |                                                    |    |            |                                 | 0                                                                 | 0                                                                      | 0                                                                                          |
| (3) JEN TRENTHAM TREASURER     | 1                                                                                       | Х  |                                                    |    |            |                                 | 0                                                                 | 0                                                                      | 0                                                                                          |
| (4) JEFF ALCORN DIRECTOR       | 1                                                                                       | Х  |                                                    |    |            |                                 | 0                                                                 | 0                                                                      | 0                                                                                          |
| (5) TERESA DUNCAN DIRECTOR     | 1                                                                                       | Х  |                                                    |    |            |                                 | 0                                                                 | 0                                                                      | 0                                                                                          |
| (6) ALLEN HICKMAN DIRECTOR     | 1                                                                                       | Х  |                                                    |    |            |                                 | 0                                                                 | 0                                                                      | 0                                                                                          |
| (7) JAN HASHMI<br>DIRECTOR     | 1                                                                                       | Х  |                                                    |    |            |                                 | 0                                                                 | 0                                                                      | 0                                                                                          |
| (8) SUSAN HORSFALL DIRECTOR    | 1                                                                                       | Х  |                                                    |    |            |                                 | 0                                                                 | 0                                                                      | 0                                                                                          |
| (9) TERESA KIRKHAM<br>DIRECTOR | 1                                                                                       | Х  |                                                    |    |            |                                 | 0                                                                 | 0                                                                      | 0                                                                                          |
| (10) KIM JESKIE<br>DIRECTOR    | 1                                                                                       | Х  |                                                    |    |            |                                 | 0                                                                 | 0                                                                      | 0                                                                                          |
| (11) MONA WRIGHT DIRECTOR      | 1                                                                                       | Х  |                                                    |    |            |                                 | 0                                                                 | 0                                                                      | 0                                                                                          |
| (12) SHARON KOHLER DIRECTOR    | 1                                                                                       | Х  |                                                    |    |            |                                 | 0                                                                 | 0                                                                      | 0                                                                                          |
| (13) LARRY KORNAKI<br>DIRECTOR | 1.                                                                                      | Х  |                                                    |    |            |                                 | 0                                                                 | 0                                                                      | 0                                                                                          |
| (14) JOYCE NALL<br>DIRECTOR    | 1                                                                                       | Х  |                                                    |    |            |                                 | 0                                                                 | 0                                                                      | 0                                                                                          |

| Р            | Section A. Officers, Directors, Tr                                                                          | ustees, Key Er                                                                          | nplo                  | yees                      | s, a | nd l                 | Highes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | st Compe             | nsated                     | Employe                                                         | es (coi                | ntinue             | ed)                                                          |                    |
|--------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------|---------------------------|------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------|-----------------------------------------------------------------|------------------------|--------------------|--------------------------------------------------------------|--------------------|
|              | (A)<br>Name and title                                                                                       | (B) Average hours per week (list any hours for related organizations below dotted line) | È,                    | not ch<br>unles<br>er and | Pos  | c) ition more rson i | than cooting the state of the s | Repo<br>compe<br>fro | om<br>ne<br>ization        | (E)<br>Reporte<br>compens<br>from rela<br>organiza<br>(W-2/1099 | ation<br>ated<br>tions | com<br>fro<br>orga | (F) timated nount of other pensation the anization d related | f<br>on<br>on<br>d |
|              | DANA PETERKA<br>ECTOR                                                                                       | 1                                                                                       | Х                     |                           |      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                            |                                                                 |                        |                    |                                                              |                    |
| (16)         | DEB SCHENK<br>ECTOR                                                                                         | 1                                                                                       | Х                     |                           |      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                            |                                                                 |                        |                    |                                                              |                    |
| (17)         | DINA JACKSON<br>CUTIVE DIR                                                                                  | 40                                                                                      |                       |                           |      | Х                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Δ                    | 8204.                      |                                                                 |                        |                    |                                                              |                    |
|              |                                                                                                             |                                                                                         |                       |                           |      | 21                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                    | 0201.                      |                                                                 |                        |                    |                                                              |                    |
| (19)         |                                                                                                             |                                                                                         |                       |                           |      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                            |                                                                 |                        |                    |                                                              |                    |
| (20)         |                                                                                                             |                                                                                         |                       |                           |      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                            |                                                                 |                        |                    |                                                              |                    |
| (21)         |                                                                                                             |                                                                                         |                       |                           |      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                            |                                                                 |                        |                    |                                                              |                    |
| (22)         |                                                                                                             |                                                                                         |                       |                           |      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                            |                                                                 |                        |                    |                                                              |                    |
| (23)         |                                                                                                             |                                                                                         |                       |                           |      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                            |                                                                 |                        |                    |                                                              |                    |
| (24)         |                                                                                                             |                                                                                         |                       |                           |      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                            |                                                                 |                        |                    |                                                              |                    |
| (25)         |                                                                                                             |                                                                                         |                       |                           |      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                            |                                                                 |                        |                    |                                                              |                    |
| 1b<br>c<br>d | Sub-total                                                                                                   | Section A                                                                               | <br><u></u><br>listec | <br><br>d abo             | ove) | <br><u></u><br>) wh  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4                    | 8204.<br>8204.<br>than \$7 | 00,000 of                                                       | f                      |                    |                                                              |                    |
| 3            | Did the organization list any <b>former</b> officer, diremployee on line 1a? <i>If "Yes," complete Sche</i> | ector, or trustee                                                                       | , key                 | / em                      | plo  | yee,                 | or hig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                            |                                                                 |                        | 3                  | Yes                                                          | No<br>X            |
| 4            | For any individual listed on line 1a, is the sum the organization and related organizations gre individual  | of reportable co<br>ater than \$150,0                                                   | mpe                   | nsat                      | ion  | and                  | other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | compensa             | ation fro                  | m                                                               |                        | 4                  |                                                              | X                  |
| 5            | Did any person listed on line 1a receive or acc for services rendered to the organization? If "             |                                                                                         |                       |                           |      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                            |                                                                 |                        | 5                  |                                                              | Х                  |
| Sec          | tion B. Independent Contractors                                                                             |                                                                                         |                       | <u></u>                   |      | <u> </u>             | шо ро                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                            |                                                                 | <u> </u>               |                    |                                                              |                    |
| 1            | Complete this table for your five highest compound compensation from the organization. Report c year.       |                                                                                         |                       |                           |      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                            |                                                                 |                        | 's tax             |                                                              |                    |
|              | (A)<br>Name and business add                                                                                | ress                                                                                    |                       |                           |      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Descrip              | (B)<br>otion of se         | vices                                                           | С                      | (C)<br>ompen       |                                                              |                    |
|              |                                                                                                             |                                                                                         |                       |                           |      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                            |                                                                 |                        |                    |                                                              |                    |
|              |                                                                                                             |                                                                                         |                       |                           |      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                            |                                                                 |                        |                    |                                                              |                    |
|              |                                                                                                             |                                                                                         |                       |                           |      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                            |                                                                 |                        |                    |                                                              |                    |
|              |                                                                                                             | P 1                                                                                     |                       |                           |      |                      | $\perp$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                            |                                                                 |                        |                    |                                                              |                    |
| 2            | Total number of independent contractors (inclumore than \$100,000 of compensation from the                  |                                                                                         | ited                  | το th                     | ose  | ıst                  | ed abo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ove) who r           | eceived                    |                                                                 |                        |                    |                                                              |                    |

Part VIII Statement of Revenue

|          | Check if Schedule O contains a resp                   | onse o    | r note to any line | in this Part VIII.   | <u></u> .                              |                                         |                                                      |
|----------|-------------------------------------------------------|-----------|--------------------|----------------------|----------------------------------------|-----------------------------------------|------------------------------------------------------|
|          |                                                       |           |                    | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| 1a       | Federated campaigns                                   |           |                    |                      |                                        |                                         |                                                      |
| b        | Membership dues                                       |           |                    |                      |                                        |                                         |                                                      |
| C        | Fundraising events                                    |           |                    |                      |                                        |                                         |                                                      |
| d        | Related organizations                                 |           |                    |                      |                                        |                                         |                                                      |
| е        | Government grants (contributions)                     |           | )                  |                      |                                        |                                         |                                                      |
| f        |                                                       |           |                    |                      |                                        |                                         |                                                      |
| 3        | similar amounts not included above                    |           |                    |                      |                                        |                                         |                                                      |
| 9        | Noncash contributions included in lines 1a-           |           |                    | 465977.              |                                        |                                         |                                                      |
| <u>h</u> | Total. Add lines 1a-1f                                | <u> </u>  | Business Code      | 465977.              |                                        |                                         |                                                      |
| 2a       |                                                       |           |                    |                      |                                        |                                         |                                                      |
| b        |                                                       |           |                    |                      |                                        |                                         |                                                      |
| C        |                                                       |           |                    |                      |                                        |                                         |                                                      |
| d        |                                                       |           |                    |                      |                                        |                                         |                                                      |
| е        |                                                       |           |                    |                      |                                        |                                         |                                                      |
| f        | All other program service revenue                     |           |                    |                      |                                        |                                         |                                                      |
| g        | Total. Add lines 2a–2f                                |           |                    |                      |                                        |                                         |                                                      |
| 3        | Investment income (including dividends                | , interes | st, and            |                      |                                        |                                         | _                                                    |
|          | other similar amounts)                                |           |                    | 1743.                | 1743.                                  |                                         |                                                      |
| 4        | Income from investment of tax-exempt be               |           |                    |                      |                                        |                                         |                                                      |
| 5        | Royalties                                             |           | (i) D              |                      |                                        |                                         |                                                      |
| _        |                                                       | real      | (II) Personal      |                      |                                        |                                         |                                                      |
| 6a       | Gross rents                                           |           |                    |                      |                                        |                                         |                                                      |
| b        | Less: rental expenses                                 |           |                    |                      |                                        |                                         |                                                      |
| C        | Rental income or (loss)                               |           |                    |                      |                                        |                                         |                                                      |
| d<br>7a  | (1) 0                                                 | curities  |                    |                      |                                        |                                         |                                                      |
| l'a      | assets other than inventory.                          |           | () Galler          |                      |                                        |                                         |                                                      |
| h        | Less: cost or other basis                             |           |                    |                      |                                        |                                         |                                                      |
|          | and sales expenses                                    |           |                    |                      |                                        |                                         |                                                      |
| С        | Gain or (loss)                                        |           |                    |                      |                                        |                                         |                                                      |
| d        | Net gain or (loss)                                    |           | 🛮                  |                      |                                        |                                         |                                                      |
|          | , , , , , , , , , , , , , , , , , , , ,               |           |                    |                      |                                        |                                         |                                                      |
| 8a       | Gross income from fundraising                         |           |                    |                      |                                        |                                         |                                                      |
|          | events (not including \$                              |           |                    |                      |                                        |                                         |                                                      |
|          | of contributions reported on line 1c).                |           |                    |                      |                                        |                                         |                                                      |
|          | See Part IV, line 18                                  |           |                    |                      |                                        |                                         |                                                      |
| b        | Less: direct expenses                                 |           |                    |                      |                                        |                                         |                                                      |
| С        | Net income or (loss) from fundraising ev              | vents .   | 🔳                  |                      |                                        |                                         |                                                      |
| 9a       | Gross income from gaming activities.                  |           |                    |                      |                                        |                                         |                                                      |
|          | See Part IV, line 19                                  |           |                    |                      |                                        |                                         |                                                      |
| b        | Less: direct expenses                                 |           |                    |                      |                                        |                                         |                                                      |
| 10a      | Net income or (loss) from gaming activit              | ues       | 🗷                  |                      |                                        |                                         |                                                      |
| IUa      | Gross sales of inventory, less returns and allowances | _         |                    |                      |                                        |                                         |                                                      |
| h        | Less: cost of goods sold                              |           |                    |                      |                                        |                                         |                                                      |
|          | Net income or (loss) from sales of inven              |           |                    |                      |                                        |                                         |                                                      |
|          | Miscellaneous Revenue                                 | itory.    | Business Code      |                      |                                        |                                         |                                                      |
| 11a      | wildenaliedus rieveriue                               |           |                    |                      |                                        |                                         |                                                      |
| b        |                                                       |           |                    |                      |                                        |                                         |                                                      |
| C        |                                                       |           |                    |                      |                                        |                                         |                                                      |
| d        | All other revenue                                     |           |                    |                      |                                        |                                         |                                                      |
| е        | Total. Add lines 11a-11d                              |           | 🔳                  |                      |                                        |                                         |                                                      |
| 12       | Total revenue. See instructions                       |           |                    | 467720.              | 1743.                                  |                                         |                                                      |

#### Part IX Statement of Functional Expenses

|    | not include amounts reported on lines 6b, 7b,<br>9b, and 10b of Part VIII. | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----|----------------------------------------------------------------------------|-----------------------|------------------------------|-------------------------------------|--------------------------|
| 1  | Grants and other assistance to domestic organizations                      |                       |                              |                                     |                          |
|    | domestic governments. See Part IV, line 21                                 | 179580.               | 179580.                      |                                     |                          |
| 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,                               |                       |                              |                                     |                          |
| 3  | trustees, and key employees                                                | 48204.                | 7985.                        | 32176.                              | 0 0 4 2                  |
| 6  | Compensation not included above, to disqualified                           | 40204.                | 1905.                        | 321/0.                              | 8043.                    |
| О  | •                                                                          |                       |                              |                                     |                          |
|    | persons (as defined under section 4958(f)(1)) and                          |                       |                              |                                     |                          |
| _  | persons described in section 4958(c)(3)(B)                                 | 2222                  | 00051                        | 0.000                               |                          |
| 7  | Other salaries and wages                                                   | 32294.                | 23961.                       | 8333.                               |                          |
| 8  | Pension plan accruals and contributions (include                           |                       |                              |                                     |                          |
|    | section 401(k) and 403(b) employer contributions)                          |                       |                              |                                     |                          |
| 9  | Other employee benefits                                                    |                       |                              |                                     |                          |
| 10 | Payroll taxes                                                              | 5644.                 | 2244.                        | 2822.                               | 578.                     |
| 11 | Fees for services (non-employees):                                         |                       |                              |                                     |                          |
| а  | Management                                                                 |                       |                              |                                     |                          |
| b  | Legal                                                                      |                       |                              |                                     |                          |
| С  | Accounting                                                                 | 4462.                 | 350.                         | 3762.                               | 350.                     |
| d  | Lobbying                                                                   |                       |                              |                                     |                          |
| е  | Professional fundraising services. See Part IV, line 17.                   |                       |                              |                                     |                          |
| f  | Investment management fees                                                 |                       |                              |                                     |                          |
| g  | Other. (If line 11g amount exceeds 10% of line 25, column                  |                       |                              |                                     |                          |
|    | (A) amount, list line 11g expenses on Schedule O.)                         |                       |                              |                                     |                          |
| 12 | Advertising and promotion                                                  |                       |                              |                                     |                          |
| 13 | Office expenses                                                            | 968.                  | 176.                         | 624.                                | 168.                     |
| 14 | Information technology                                                     | 260.                  | 260.                         | 021.                                | 100.                     |
| 15 | Royalties                                                                  | 200.                  | 200:                         |                                     |                          |
| 16 | Occupancy                                                                  |                       |                              |                                     |                          |
| 17 | Travel                                                                     |                       |                              |                                     |                          |
| 18 | Payments of travel or entertainment expenses                               |                       |                              |                                     |                          |
| 10 |                                                                            |                       |                              |                                     |                          |
| 40 | for any federal, state, or local public officials                          | 0.2.0                 | 4.6.0                        | 4.6.0                               |                          |
| 19 | Conferences, conventions, and meetings                                     | 938.                  | 469.                         | 469.                                |                          |
| 20 | Interest                                                                   |                       |                              |                                     |                          |
| 21 | Payments to affiliates                                                     | 0.4.0.5               |                              | 0.405                               |                          |
| 22 | Depreciation, depletion, and amortization                                  | 2437.                 | 100:                         | 2437.                               | 0.0.5                    |
| 23 | Insurance                                                                  | 3116.                 | 1221.                        | 1012.                               | 883.                     |
| 24 | Other expenses. Itemize expenses not covered                               |                       |                              |                                     |                          |
|    | above (List miscellaneous expenses in line 24e. If                         |                       |                              |                                     |                          |
|    | line 24e amount exceeds 10% of line 25, column                             |                       |                              |                                     |                          |
|    | (A) amount, list line 24e expenses on Schedule O.)                         |                       |                              |                                     |                          |
|    | Dues and Subscriptions                                                     | 4594.                 | 4173.                        | 317.                                | 104.                     |
| b  | Designation                                                                | 17047.                | 17047.                       |                                     |                          |
| С  | Campaign                                                                   | 2250.                 | 361.                         |                                     | 1889.                    |
| d  |                                                                            |                       |                              |                                     |                          |
| е  | All other expenses                                                         | 66360.                | 59165.                       | 4426.                               | 2769.                    |
| 25 | Total functional expenses. Add lines 1 through 24e.                        | 368154.               | 296992.                      | 56378.                              | 14784.                   |
| 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                                       |                       |                              |                                     |                          |
|    | following SOP 98-2 (ASC 958-720)                                           |                       |                              |                                     |                          |
|    | <u> </u>                                                                   |                       |                              |                                     |                          |

#### Part X Balance Sheet

|          | Check if Schedule O contains a response or note to any line in this Part                                            | X                        |     |                    |
|----------|---------------------------------------------------------------------------------------------------------------------|--------------------------|-----|--------------------|
|          |                                                                                                                     | (A)<br>Beginning of year |     | (B)<br>End of year |
| 1        | Cash—non-interest-bearing                                                                                           | 356486.                  | 1   | 471365.            |
| 2        | Savings and temporary cash investments                                                                              |                          | 2   |                    |
| 3        | Pledges and grants receivable, net                                                                                  | 231472.                  | 3   | 261089.            |
| 4        | Accounts receivable, net                                                                                            | 1438.                    | 4   |                    |
| 5        | Loans and other receivables from current and former officers, directors,                                            |                          |     |                    |
|          | trustees, key employees, and highest compensated employees.                                                         |                          |     |                    |
|          | Complete Part II of Schedule L                                                                                      |                          | 5   |                    |
| 6        | Loans and other receivables from other disqualified persons (as defined under section                               |                          |     |                    |
|          | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and                             |                          |     |                    |
|          | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary                                      |                          |     |                    |
|          | organizations (see instructions). Complete Part II of Schedule L                                                    |                          | 6   |                    |
| 7        | Notes and loans receivable, net                                                                                     |                          | 7   |                    |
| 8        | Inventories for sale or use                                                                                         |                          | 8   |                    |
| 9        | Prepaid expenses and deferred charges                                                                               |                          | 9   |                    |
| 10a      | Land, buildings, and equipment: cost or                                                                             |                          |     |                    |
| 100      | other basis. Complete Part VI of Schedule D 10a 113504.                                                             |                          |     |                    |
| b        | Less: accumulated depreciation 10b 11559.                                                                           | 104382.                  | 10c | 101945.            |
| 11       | Investments—publicly traded securities                                                                              | 4796.                    | 11  | 5744.              |
| 12       | Investments—other securities. See Part IV, line 11                                                                  | 4730.                    | 12  | 5/11.              |
| 13       | Investments—program-related. See Part IV, line 11                                                                   |                          | 13  |                    |
| 14       | Intangible assets                                                                                                   |                          | 14  |                    |
| 15       | Other assets. See Part IV, line 11                                                                                  | 100.                     | 15  | 100.               |
| 16       | Total assets. Add lines 1 through 15 (must equal line 34)                                                           | 698674.                  | 16  | 840243             |
| 17       | Accounts payable and accrued expenses                                                                               | 5455.                    | 17  | 5325.              |
| 18       | Grants payable                                                                                                      | 4778.                    | 18  | 1103               |
| 19       | Deferred revenue                                                                                                    | 4770.                    | 19  | 1103.              |
| 20       | Tax-exempt bond liabilities                                                                                         |                          | 20  |                    |
| 21       | Escrow or custodial account liability. Complete Part IV of Schedule D                                               |                          | 21  |                    |
| 22       | Loans and other payables to current and former officers, directors,                                                 |                          | 21  |                    |
| 22       | trustees, key employees, highest compensated employees, and                                                         |                          |     |                    |
|          | disqualified persons. Complete Part II of Schedule L                                                                |                          | 22  |                    |
| 23       | Secured mortgages and notes payable to unrelated third parties                                                      |                          | 23  |                    |
| 23<br>24 | Unsecured notes and loans payable to unrelated third parties                                                        |                          | 24  |                    |
| 25       | Other liabilities (including federal income tax, payables to related third                                          |                          | 24  |                    |
| 25       | parties, and other liabilities not included on lines 17-24). Complete                                               |                          |     |                    |
|          | Part X of Schedule D                                                                                                |                          | 25  | 45807.             |
| 26       | Total liabilities. Add lines 17 through 25                                                                          | 10233.                   | 26  | 52235.             |
| 20       |                                                                                                                     | 10233.                   | 20  | 32233.             |
|          | Organizations that follow SFAS 117 (ASC 958), check here ■ X and complete lines 27 through 29, and lines 33 and 34. |                          |     |                    |
| 27       | Unrestricted net assets                                                                                             | 456969.                  | 27  | 526919.            |
| 28       | Temporarily restricted net assets                                                                                   | 231472.                  | 28  | 261089.            |
| 29       | Permanently restricted net assets                                                                                   |                          | 29  |                    |
|          | Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.                    |                          |     |                    |
| 30       | Capital stock or trust principal, or current funds                                                                  |                          | 30  |                    |
| 31       | Paid-in or capital surplus, or land, building, or equipment fund                                                    |                          | 31  |                    |
| 32       | Retained earnings, endowment, accumulated income, or other funds                                                    |                          | 32  |                    |
| 33       | Total net assets or fund balances                                                                                   | 688441.                  | 33  | 788008.            |
| 34       | Total liabilities and net assets/fund balances                                                                      | 698674.                  | 34  | 840243.            |

| Part        | XI Reconciliation of Net Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |            |          |       |     |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------|----------|-------|-----|
|             | Check if Schedule O contains a response or note to any line in this Part XI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |            |          |       | Χ   |
| 1           | Total revenue (must equal Part VIII, column (A), line 12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1  |            | 4        | 677   | 20. |
| 2           | Total expenses (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2  |            | 3        | 681   | 54. |
| 3           | Revenue less expenses. Subtract line 2 from line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3  |            |          | 995   | 66. |
| 4           | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4  |            | 6        | 884   | 41. |
| 5           | Net unrealized gains (losses) on investments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5  |            |          |       |     |
| 6           | Donated services and use of facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6  |            |          |       |     |
| 7           | Investment expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7  |            |          |       |     |
| 8           | Prior period adjustments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8  |            |          |       |     |
| 9           | Other changes in net assets or fund balances (explain in Schedule O)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9  |            |          |       | 1.  |
| 10          | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |            |          |       |     |
|             | column (B))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10 |            | 7        | 880   | 08. |
| <b>Part</b> | 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: Cash X Accrual Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |            |          |       |     |
|             | If the organization changed its method of accounting from a prior year or checked "Other," explain in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |            |          |       |     |
|             | Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |            |          |       |     |
| 2a          | Were the organization's financial statements compiled or reviewed by an independent accountant?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | . <u>L</u> | 2a       |       | Χ   |
|             | 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |            |          |       |     |
|             | Separate basis Consolidated basis Both consolidated and separate basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |            |          |       |     |
| b           | Were the organization's financial statements audited by an independent accountant?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |            | 2b 2     | Κ     |     |
|             | 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |            |          |       |     |
|             | Separate basis X Consolidated basis Both consolidated and separate basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |            |          |       |     |
| С           | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | of |            |          |       |     |
| C           | the audit, review, or compilation of its financial statements and selection of an independent accountant?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |            | 2c 2     | 7     |     |
|             | If the organization changed either its oversight process or selection process during the tax year, explain in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |            | 20 2     | 7     |     |
|             | Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |            |          |       |     |
| 3a          | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |            |          |       |     |
| Ja          | the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | _   .      | 3a       |       | Х   |
| b           | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | ·          | <i>-</i> |       | 21  |
|             | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |            | 3b       |       |     |
|             | The state of the s |    |            |          | 000 / |     |

Form **990** (2017)

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

Department of the Treasury

Internal Revenue Service

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 23-7337273 Roane County United Way Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. C 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III e functionally integrated, or Type III non-functionally integrated supporting organization. f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (vi) Amount of (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

**Total** 

23-7337273 Page 2

Schedule A (Form 990 or 990-EZ) 2017 Roane County United Way Inc 23-73

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.)

|      | ction A. Public Support                              | (.) 2010              | (1.) 004.4           | (.) 0045               | (1) 0010            | (.) 0047        | (D. T. ). |
|------|------------------------------------------------------|-----------------------|----------------------|------------------------|---------------------|-----------------|-----------|
| Cale | ndar year (or fiscal year beginning in)              | <b>(a)</b> 2013       | <b>(b)</b> 2014      | <b>(c)</b> 2015        | <b>(d)</b> 2016     | <b>(e)</b> 2017 | (f) Total |
| 1    | , 3,,                                                |                       |                      |                        |                     |                 |           |
|      | membership fees received. (Do not                    | 10000                 | 0.501.01             |                        | 0.1.0.0.0           | 465055          | 0100016   |
|      | include any "unusual grants.")                       | 428309.               | 370131.              | 553637.                | 319292.             | 465977.         | 2137346.  |
| 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                          | 400000                | 000101               | 550605                 | 010000              | 4.65.055        | 0100016   |
| 4    | <b>Total.</b> Add lines 1 through 3                  | 428309.               | 370131.              | 553637.                | 319292.             | 465977.         | 2137346.  |
| 5    | The portion of total contributions by                |                       |                      |                        |                     |                 |           |
|      | each person (other than a                            |                       |                      |                        |                     |                 |           |
|      | governmental unit or publicly                        |                       |                      |                        |                     |                 |           |
|      | supported organization) included on                  |                       |                      |                        |                     |                 |           |
|      | line 1 that exceeds 2% of the amount                 |                       |                      |                        |                     |                 |           |
|      | shown on line 11, column (f)                         |                       |                      |                        |                     |                 |           |
| 6    | Public support. Subtract line 5 from line 4          |                       |                      |                        |                     |                 | 2137346.  |
|      | tion B. Total Support                                |                       |                      |                        |                     |                 |           |
| Cale | ndar year (or fiscal year beginning in)              | (a) 2013              | <b>(b)</b> 2014      | (c) 2015               | <b>(d)</b> 2016     | <b>(e)</b> 2017 | (f) Total |
| 7    | Amounts from line 4                                  | 428309.               | 370131.              | 553637.                | 319292.             | 465977.         | 2137346.  |
| 8    | Gross income from interest, dividends,               |                       |                      |                        |                     |                 |           |
|      | payments received on securities loans,               |                       |                      |                        |                     |                 |           |
|      | rents, royalties, and income from                    |                       |                      |                        |                     |                 |           |
|      | similar sources                                      | 987.                  | 495.                 | 702.                   | 2161.               | 1743.           | 6088.     |
| 9    | Net income from unrelated business                   |                       |                      |                        |                     |                 |           |
|      | activities, whether or not the business is           |                       |                      |                        |                     |                 |           |
|      | regularly carried on                                 |                       |                      |                        |                     |                 |           |
| 10   | Other income. Do not include gain or                 |                       |                      |                        |                     |                 |           |
|      | loss from the sale of capital assets                 |                       |                      |                        |                     |                 |           |
|      | (Explain in Part VI.)                                |                       |                      |                        |                     |                 |           |
| 11   | Total support. Add lines 7 through 10                |                       |                      |                        |                     |                 | 2143434.  |
| 12   | Gross receipts from related activities, etc. (se     | ee instructions)      |                      |                        |                     | 12              |           |
| 13   | First five years. If the Form 990 is for the or      | ganization's first, s | econd, third, fourth | n, or fifth tax year a | s a section 501(c)  | (3)             |           |
|      | organization, check this box and stop here .         |                       |                      |                        |                     |                 | 🔳         |
| Sec  | ction C. Computation of Public Sup                   | port Percenta         | ae                   |                        |                     |                 |           |
|      | Public support percentage for 2017 (line 6, c        |                       |                      | f))                    |                     | 14              | 99.72%    |
|      | Public support percentage from 2016 Schedi           | ` ' '                 | ,                    | • •                    |                     | 15              | 99.72%    |
|      | 33 1/3% support test—2017. If the organiza           |                       |                      |                        |                     |                 |           |
|      | and <b>stop here</b> . The organization qualifies as |                       |                      |                        |                     |                 | <b>X</b>  |
| b    | 33 1/3% support test—2016. If the organiza           | ation did not check   | a box on line 13 o   | r 16a, and line 15 is  | s 33 1/3% or more   | check this      |           |
| -    | box and <b>stop here.</b> The organization qualifie  |                       |                      |                        |                     |                 |           |
| 172  | 10%-facts-and-circumstances test—2017.               |                       |                      |                        |                     |                 |           |
| 11a  | is 10% or more, and if the organization meet         | •                     |                      |                        | •                   |                 |           |
|      | Part VI how the organization meets the "fact         |                       |                      |                        |                     |                 |           |
|      | organization                                         |                       |                      |                        |                     |                 |           |
| b    | 10%-facts-and-circumstances test—2016.               | If the organization   | did not check a bo   | ox on line 13, 16a,    | 16b, or 17a, and li | ne              |           |
| -    | 15 is 10% or more, and if the organization n         |                       |                      |                        |                     |                 |           |
|      | Explain in Part VI how the organization meet         |                       |                      | -                      |                     | •               |           |
|      | supported organization                               |                       |                      |                        |                     |                 | 🔊         |
| 18   | Private foundation. If the organization did r        | ot check a box on     | line 13, 16a, 16b,   | 17a, or 17b, check     | this box and see    |                 | _         |
|      | instructions                                         |                       |                      |                        |                     |                 |           |

#### **SCHEDULE D** (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| Name | of the organization                                                                        |                                                  | Employer identification number        |
|------|--------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------|
| Roa  | ne County United Way Inc                                                                   |                                                  | 23-7337273                            |
| Part |                                                                                            | Advised Funds or Other Similar Fu                | nds or Accounts.                      |
|      | Complete if the organization answere                                                       | ed "Yes" on Form 990, Part IV, line 6.           |                                       |
|      |                                                                                            | (a) Donor advised funds                          | (b) Funds and other accounts          |
| 1    | Total number at end of year                                                                |                                                  |                                       |
| 2    | Aggregate value of contributions to (during year) .                                        |                                                  |                                       |
| 3    | Aggregate value of grants from (during year)                                               |                                                  |                                       |
| 4    | Aggregate value at end of year                                                             |                                                  |                                       |
| 5    | Did the organization inform all donors and do                                              | nor advisors in writing that the assets held     | d in donor advised                    |
|      | funds are the organization's property, subject                                             |                                                  |                                       |
| 6    | Did the organization inform all grantees, done                                             |                                                  |                                       |
|      | used only for charitable purposes and not for                                              |                                                  |                                       |
|      | purpose conferring impermissible private ber                                               |                                                  | Yes . No                              |
| Part |                                                                                            |                                                  |                                       |
|      | Complete if the organization answere                                                       |                                                  |                                       |
| 1    | Purpose(s) of conservation easements held by                                               |                                                  |                                       |
|      |                                                                                            | recreation or education) Preservation            | • •                                   |
|      | Protection of natural habitat                                                              | Preservation                                     | on of a certified historic structure  |
|      | Preservation of open space                                                                 |                                                  |                                       |
| 2    | Complete lines 2a through 2d if the organizat                                              | ion held a qualified conservation contribut      | tion in the form of a conservation    |
|      | easement on the last day of the tax year.                                                  |                                                  | Held at the End of the Tax Year       |
| а    |                                                                                            |                                                  |                                       |
| b    | Total acreage restricted by conservation ease                                              |                                                  |                                       |
| C    | Number of conservation easements on a cer                                                  |                                                  |                                       |
| d    | Number of conservation easements included historic structure listed in the National Regist |                                                  |                                       |
| 3    | Number of conservation easements modified                                                  |                                                  |                                       |
| 3    | ar a 📟                                                                                     | , transferred, released, extinguished, or te     | erminated by the organization during  |
| 4    | Number of states where property subject to c                                               | onservation easement is located                  |                                       |
| 5    | Does the organization have a written policy re                                             |                                                  | on, handling of                       |
| •    | violations, and enforcement of the conservati                                              |                                                  |                                       |
| 6    | Staff and volunteer hours devoted to monitoring, in                                        |                                                  |                                       |
|      |                                                                                            |                                                  |                                       |
| 7    | Amount of expenses incurred in monitoring, inspec                                          | ting, handling of violations, and enforcing cons | servation easements during the year   |
|      | \$                                                                                         |                                                  |                                       |
| 8    | Does each conservation easement reported                                                   |                                                  | s of section 170(h)(4)(B)(i)          |
| _    | and section 170(h)(4)(B)(ii)?                                                              |                                                  | Yes . No                              |
| 9    | In Part XIII, describe how the organization re                                             |                                                  | •                                     |
|      | balance sheet, and include, if applicable, the                                             | · · · · · · · · · · · · · · · · · · ·            | nancial statements that describes     |
| Dor  | the organization's accounting for conservatio  Organizations Maintaining Collect           |                                                  | Other Similar Assets                  |
| raii | Complete if the organization answere                                                       | •                                                | Other Silling Assets.                 |
| 1a   | If the organization elected, as permitted under                                            |                                                  | s revenue statement and halance sheet |
|      | works of art, historical treasures, or other sim                                           | •                                                |                                       |
|      | of public service, provide, in Part XIII, the tex                                          |                                                  |                                       |
| b    | If the organization elected, as permitted under                                            |                                                  |                                       |
|      | works of art, historical treasures, or other sim                                           | , , , , , ,                                      |                                       |
|      | of public service, provide the following amour                                             |                                                  |                                       |
|      | (i) Revenue included on Form 990, Part VIII,                                               |                                                  | <b>=</b> \$                           |
|      | (ii) Assets included in Form 990, Part X                                                   |                                                  | 🔳 💲                                   |
| 2    | If the organization received or held works of a                                            |                                                  |                                       |
|      | following amounts required to be reported un                                               | der SFAS 116 (ASC 958) relating to these         | e items:                              |
| а    | Revenue included on Form 990, Part VIII, lin                                               | ə 1                                              |                                       |
| h    | Accete included in Form 900 Part Y                                                         |                                                  | <b>■ ©</b>                            |

| Part      | III Organizations Maintaining C                                                  | Collections of A     | rt, Histori        | cal Trea  | sures, or O      | ther Sir  | milar Assets       | <i>(contin</i>  | ued)          |      |
|-----------|----------------------------------------------------------------------------------|----------------------|--------------------|-----------|------------------|-----------|--------------------|-----------------|---------------|------|
| 3         | Using the organization's acquisition, a                                          | ccession, and oth    | er records,        | check ar  | ny of the follow | wing that | are a significan   | use of          | its           |      |
|           | collection items (check all that apply):                                         |                      |                    |           |                  |           |                    |                 |               |      |
| а         | Public exhibition                                                                |                      | d                  | Loan      | or exchange p    | orograms  |                    |                 |               |      |
| b         | Scholarly research                                                               |                      | е                  | Other     |                  |           |                    |                 |               |      |
| С         | Preservation for future generation                                               | ons                  |                    |           |                  |           |                    |                 |               |      |
| 4         | Provide a description of the organizati XIII.                                    | ion's collections ar | nd explain h       | ow they   | further the or   | ganizatio | n's exempt purp    | ose in          | Part          |      |
| 5         | During the year, did the organization s assets to be sold to raise funds rather  |                      |                    |           |                  |           |                    | Ye              | s 🔲           | No   |
| Part      | IV Escrow and Custodial Arran                                                    | gements.             |                    |           |                  |           |                    |                 |               |      |
|           | Complete if the organization a 990, Part X, line 21.                             | nswered "Yes" o      | n Form 99          | 0, Part   | IV, line 9, or   | reported  | d an amount o      | n Form          | 1             |      |
| 1a        | Is the organization an agent, trustee, or                                        | custodian or other   | intermedia         | y for cor | ntributions or o | other ass | ets not            |                 |               |      |
|           | included on Form 990, Part X?                                                    |                      |                    |           |                  |           |                    | Ye              | s             | No   |
| b         | If "Yes," explain the arrangement in Pa                                          | art XIII and comple  | ete the follo      | wing tab  | le:              |           |                    |                 |               |      |
|           |                                                                                  |                      |                    |           |                  |           | Ar                 | nount           |               |      |
| C         | Beginning balance                                                                |                      |                    |           |                  | 1c        |                    |                 |               |      |
| d<br>e    | Additions during the year                                                        |                      |                    |           |                  | 1d<br>1e  |                    |                 |               |      |
| f         | Ending balance                                                                   |                      |                    |           |                  | 1f        |                    |                 |               |      |
| 2a        | Did the organization include an amount                                           |                      |                    |           |                  |           | unt liability?     | Vo              | s X           | No   |
| _         | If "Yes," explain the arrangement in Pa                                          |                      |                    |           |                  |           | -                  |                 | 3 [21]        | NO   |
| b<br>Part | · · · · · · · · · · · · · · · · · · ·                                            | art Am. Check her    | e ii tile expi     | analion   | nas been prov    | vided on  | rait Aiii          | • •             |               |      |
| Part      | Complete if the organization a                                                   | neworod "Voe" o      | n Form 00          | 0 Part    | IV lino 10       |           |                    |                 |               |      |
|           | Complete il the organization a                                                   | (a) Current year     | ( <b>b</b> ) Prior |           | (c) Two years b  | hack (d   | ) Three years back | <b>(e)</b> For  | ır years      | back |
| 1a        | Beginning of year balance                                                        | (e) coment year      | (4)                | ,         | (0) 1110 ) 01110 | (4        | ,                  | (-)             | ,             |      |
| b         | Contributions                                                                    |                      |                    |           |                  |           |                    |                 |               |      |
| С         | Net investment earnings, gains,                                                  |                      |                    |           |                  |           |                    |                 |               |      |
|           | and losses                                                                       |                      |                    |           |                  |           |                    |                 |               |      |
| d         | Grants or scholarships                                                           |                      |                    |           |                  |           |                    |                 |               |      |
| е         | Other expenditures for facilities                                                |                      |                    |           |                  |           |                    |                 |               |      |
|           | and programs                                                                     |                      |                    |           |                  |           |                    |                 |               |      |
| 1 ~       | Administrative expenses End of year balance                                      |                      |                    |           |                  |           |                    |                 |               |      |
| g<br>2    | Provide the estimated percentage of t                                            | he current vear en   | l<br>Id halance (  | line 1a   | column (a)) h    | eld as.   |                    |                 |               |      |
| a         | Board designated or quasi-endowmer                                               |                      | . 00%              | iiiic ig, |                  | cia as.   |                    |                 |               |      |
| b         | Permanent endowment                                                              | 0.00%                |                    |           |                  |           |                    |                 |               |      |
| С         | Temporarily restricted endowment                                                 | 0.00%                | <u> </u>           |           |                  |           |                    |                 |               |      |
|           | The percentages on lines 2a, 2b, and                                             |                      |                    |           |                  |           |                    |                 |               |      |
| 3a        | Are there endowment funds not in the                                             | possession of the    | organization       | on that a | re held and a    | dminister | ed for the         | г               | 1             |      |
|           | organization by:                                                                 |                      |                    |           |                  |           |                    | 0 - (1)         | Yes           | No   |
|           | <ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul> |                      |                    |           |                  |           |                    | 3a(i)<br>3a(ii) |               |      |
| b         | If "Yes" on line 3a(ii), are the related o                                       |                      |                    |           |                  |           |                    | 3b              |               |      |
| 4         | Describe in Part XIII the intended use:                                          | •                    | •                  |           |                  |           |                    | 0.0             |               |      |
| Part      |                                                                                  |                      |                    |           |                  |           |                    |                 |               |      |
|           | Complete if the organization a                                                   | nswered "Yes" o      | n Form 99          | 0, Part   | IV, line 11a.    | See For   | m 990, Part X      | line 1          | 0.            |      |
|           | Description of property                                                          | (a) Cost or o        |                    |           | st or other      | ` '       | cumulated          | <b>(d)</b> Bo   | ok valu       | e    |
|           |                                                                                  | (investr             | ment)              |           | s (other)        | depr      | reciation          |                 |               |      |
| 1a        | Land                                                                             |                      | +                  |           | 5,560.           |           | 2 655              |                 | , 56<br>, 38  |      |
| b         | Buildings                                                                        |                      | +                  |           | 5,040.<br>1,650. |           | 3,655.<br>1,650.   | 91              | . <b>,</b> 38 | J.   |
| c<br>d    | Equipment                                                                        |                      |                    |           | 6,254.           |           | 6,254.             |                 |               |      |
| e         | Other                                                                            |                      |                    |           | -,               |           | -,                 |                 |               |      |
|           | . Add lines 1a through 1e. (Column (d)                                           |                      | 990, Part >        | (, columi | n (B), line 10c  | :.)       | 🗷                  | 101             | , 94          | 5.   |

| <ul><li>(a) Description of security or category<br/>(including name of security)</li></ul>                                                                                                                                                                                                        | (b) Book value                                    | (c) Method of valuation:<br>Cost or end-of-year market value |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|
| Financial derivatives                                                                                                                                                                                                                                                                             |                                                   |                                                              |
| Closely-held equity interests                                                                                                                                                                                                                                                                     |                                                   |                                                              |
| Other                                                                                                                                                                                                                                                                                             |                                                   |                                                              |
| (A)                                                                                                                                                                                                                                                                                               |                                                   |                                                              |
| (B)                                                                                                                                                                                                                                                                                               |                                                   |                                                              |
| (C)                                                                                                                                                                                                                                                                                               |                                                   |                                                              |
| (D)                                                                                                                                                                                                                                                                                               |                                                   |                                                              |
| (E)                                                                                                                                                                                                                                                                                               |                                                   |                                                              |
| (F)                                                                                                                                                                                                                                                                                               |                                                   |                                                              |
| (G)                                                                                                                                                                                                                                                                                               |                                                   |                                                              |
| (H)                                                                                                                                                                                                                                                                                               |                                                   |                                                              |
| al. (Column (b) must equal Form 990, Part X, col. (B) line 12.                                                                                                                                                                                                                                    | <u> </u>                                          |                                                              |
| art VIII Investments—Program Relate                                                                                                                                                                                                                                                               |                                                   |                                                              |
| Complete if the organization ans                                                                                                                                                                                                                                                                  | wered "Yes" on Form 990                           | , Part IV, line 11c. See Form 990, Part X, line 1            |
| (a) Description of investment                                                                                                                                                                                                                                                                     | (b) Book value                                    | (c) Method of valuation:                                     |
|                                                                                                                                                                                                                                                                                                   |                                                   | Cost or end-of-year market value                             |
| 1)                                                                                                                                                                                                                                                                                                |                                                   |                                                              |
| 2)                                                                                                                                                                                                                                                                                                |                                                   |                                                              |
| 3)                                                                                                                                                                                                                                                                                                |                                                   |                                                              |
| 1)                                                                                                                                                                                                                                                                                                |                                                   |                                                              |
| 5)                                                                                                                                                                                                                                                                                                |                                                   |                                                              |
| 5)                                                                                                                                                                                                                                                                                                |                                                   |                                                              |
| 7)                                                                                                                                                                                                                                                                                                |                                                   |                                                              |
| 3)<br>9)                                                                                                                                                                                                                                                                                          |                                                   |                                                              |
| tal. (Column (b) must equal Form 990, Part X, col. (B) line 13                                                                                                                                                                                                                                    |                                                   |                                                              |
| art IX Other Assets.                                                                                                                                                                                                                                                                              |                                                   |                                                              |
| Other Assets.  Complete if the organization ans                                                                                                                                                                                                                                                   |                                                   | , Part IV, line 11d. See Form 990, Part X, line 1            |
| Other Assets.  Complete if the organization ans (a                                                                                                                                                                                                                                                | wered "Yes" on Form 990                           |                                                              |
| Other Assets. Complete if the organization ans (a) (a) (b)                                                                                                                                                                                                                                        | wered "Yes" on Form 990                           |                                                              |
| Other Assets. Complete if the organization ans (a) (a) (b) (c) (d) (d) (d) (d) (d) (d) (e) (d) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f                                                                                                                                         | wered "Yes" on Form 990                           |                                                              |
| Other Assets. Complete if the organization ans (a) (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d                                                                                                                                                                                             | wered "Yes" on Form 990                           |                                                              |
| Other Assets. Complete if the organization ans (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d                                                                                                                                                                                                 | wered "Yes" on Form 990                           |                                                              |
| Other Assets. Complete if the organization ans (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d                                                                                                                                                                                                 | wered "Yes" on Form 990                           |                                                              |
| Other Assets. Complete if the organization ans (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d                                                                                                                                                                                                 | wered "Yes" on Form 990                           |                                                              |
| Other Assets. Complete if the organization ans (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d                                                                                                                                                                                                 | wered "Yes" on Form 990                           |                                                              |
| Other Assets. Complete if the organization ans (a 1) 2) 3) 4) 5) 6) 77 88                                                                                                                                                                                                                         | wered "Yes" on Form 990 a) Description            | (b) Book value                                               |
| Other Assets. Complete if the organization ans (a 1) 2) 3) 4) 5) 6) 77 8) 9) tal. (Column (b) must equal Form 990, Part X, col. (B)                                                                                                                                                               | wered "Yes" on Form 990 a) Description            | (b) Book value                                               |
| Other Assets. Complete if the organization ans (a) (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d                                                                                                                                                                                             | wered "Yes" on Form 990 a) Description            | (b) Book value                                               |
| Other Assets. Complete if the organization ans (a) (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d                                                                                                                                                                                             | wered "Yes" on Form 990 a) Description  line 15.) | (b) Book value                                               |
| Complete if the organization ans  (a)  (b)  (c)  (d)  (d)  (d)  (d)  (d)  (d)  (d                                                                                                                                                                                                                 | wered "Yes" on Form 990 a) Description            | (b) Book value                                               |
| Complete if the organization ans  (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d                                                                                                                                                                                                              | wered "Yes" on Form 990 a) Description  line 15.) | (b) Book value                                               |
| Other Assets. Complete if the organization ans (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d                                                                                                                                                                                                 | wered "Yes" on Form 990 a) Description  line 15.) | (b) Book value                                               |
| Other Assets. Complete if the organization ans (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d                                                                                                                                                                                                 | wered "Yes" on Form 990 a) Description  line 15.) | (b) Book value                                               |
| Other Assets. Complete if the organization ans (a) (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d                                                                                                                                                                                             | wered "Yes" on Form 990 a) Description  line 15.) | (b) Book value                                               |
| Other Assets. Complete if the organization ans (a) (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d                                                                                                                                                                                             | wered "Yes" on Form 990 a) Description  line 15.) | (b) Book value                                               |
| Complete if the organization ans  (a)  (a)  (b)  (c)  (d)  (d)  (d)  (d)  (d)  (d)  (e)  (d)  (e)  (d)  (e)  (e                                                                                                                                                                                   | wered "Yes" on Form 990 a) Description  line 15.) | (b) Book value                                               |
| Other Assets. Complete if the organization ans (a 1) 2) 3) 4) 5) 6) 77 8) 9) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities. Complete if the organization ans line 25.                                                                                            | wered "Yes" on Form 990 a) Description  line 15.) | (b) Book value                                               |
| Other Assets. Complete if the organization ans (a 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities. Complete if the organization ans line 25. (a) Description of liability 1) Federal income taxes 2) Allocations Payable 3) 4) 5) 6) 77 | wered "Yes" on Form 990 a) Description  line 15.) | (b) Book value                                               |

| Par                              | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                                                  | eturn.                  | i                   |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------|---------------------|
|                                  | Complete if the organization answered "Yes" on Form 990, Part IV, li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                         |                     |
| 1                                | Total revenue, gains, and other support per audited financial statements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    | 1                       | 467,720.            |
| 2                                | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1                                                  |                         |                     |
| а                                | Net unrealized gains (losses) on investments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                         |                     |
| b                                | Donated services and use of facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | )                                                  |                         |                     |
| С                                | Recoveries of prior year grants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                         |                     |
| d                                | Other (Describe in Part XIII.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                         |                     |
| е                                | Add lines 2a through 2d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    | 2e                      |                     |
| 3                                | Subtract line <b>2e</b> from line <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    | 3                       | 467,720.            |
| 4                                | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                         |                     |
| а                                | Investment expenses not included on Form 990, Part VIII, line 7b 4a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                         |                     |
| b                                | Other (Describe in Part XIII.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | i i                                                |                         |                     |
| С                                | Add lines <b>4a</b> and <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    | 4c                      |                     |
| 5                                | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    | 5                       | 467,720.            |
| Par                              | T XII Reconciliation of Expenses per Audited Financial Statements W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ith Expenses per                                   | Retu                    | n.                  |
|                                  | Complete if the organization answered "Yes" on Form 990, Part IV, li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ne 12a.                                            |                         |                     |
| 1                                | Total expenses and losses per audited financial statements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    | 1                       | 368,154.            |
| 2                                | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                         |                     |
| а                                | Donated services and use of facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                         |                     |
| b                                | Prior year adjustments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1                                                  |                         |                     |
| С                                | Other losses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                         |                     |
| d                                | Other (Describe in Part XIII.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                         |                     |
| е                                | Add lines 2a through 2d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    | 2e                      |                     |
| 3                                | Subtract line <b>2e</b> from line <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    | 3                       | 368,154.            |
| 4                                | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                         |                     |
| а                                | Investment expenses not included on Form 990, Part VIII, line 7b 4a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                         |                     |
| b                                | Other (Describe in Part XIII.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                         |                     |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                         |                     |
| C                                | Add lines <b>4a</b> and <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    | 4c                      |                     |
|                                  | Add lines <b>4a</b> and <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    | 4c<br>5                 | 368,154.            |
| с<br>5                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                         | 368,154.            |
| c<br>5<br>Par                    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    | 5                       | ·                   |
| c<br>5<br>Pari<br>Provi          | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .  **T XIII* Supplemental Information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    | 5<br>Part V,            | ine 4; Part X, line |
| c<br>5<br>Pari<br>Provi          | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . TXIII Supplemental Information.  Tride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IV, lines 1b and 2b; Fe any additional info        | 5<br>Part V,<br>rmation | ine 4; Part X, line |
| c<br>5<br>Pari<br>Provi          | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .  1 XIII Supplemental Information.  1 Year of the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, line | IV, lines 1b and 2b; Fe any additional info        | 5<br>Part V,<br>rmation | ine 4; Part X, line |
| c<br>5<br>Pari<br>Provi          | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . TXIII Supplemental Information.  Tride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IV, lines 1b and 2b; Fe any additional info        | 5<br>Part V,<br>rmation | ine 4; Part X, line |
| c<br>5<br>Pari<br>Provi          | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . TXIII Supplemental Information.  Tride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IV, lines 1b and 2b; Fe any additional info        | 5<br>Part V,<br>rmation | ine 4; Part X, line |
| c<br>5<br>Pari<br>Provi          | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . TXIII Supplemental Information.  Tride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IV, lines 1b and 2b; Fe any additional info        | 5<br>Part V,<br>rmation | ine 4; Part X, line |
| c<br>5<br>Pari<br>Provi          | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . TXIII Supplemental Information.  Tride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IV, lines 1b and 2b; Fe any additional info        | 5<br>Part V,<br>rmation | ine 4; Part X, line |
| c<br>5<br>Pari<br>Provi<br>2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .  1 XIII Supplemental Information.  1 Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IV, lines 1b and 2b; Fe any additional info        | Part V, rmation         | ine 4; Part X, line |
| c<br>5<br>Pari<br>Provi<br>2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . TXIII Supplemental Information.  Tride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IV, lines 1b and 2b; Fe any additional info        | Part V, rmation         | ine 4; Part X, line |
| c<br>5<br>Par<br>Provi<br>2; Pa  | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .  1 XIII Supplemental Information.  1 Yide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IV, lines 1b and 2b; F<br>e any additional infor   | Part V, rmation         | ine 4; Part X, line |
| c<br>5<br>Par<br>Provi<br>2; Pa  | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .  1 XIII Supplemental Information.  1 Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IV, lines 1b and 2b; F<br>e any additional infor   | Part V, rmation         | ine 4; Part X, line |
| c<br>5<br>Pari<br>Provi<br>2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .  **T XIII Supplemental Information.  **Jide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | IV, lines 1b and 2b; F e any additional infor      | Part V, rmation         | ine 4; Part X, line |
| c<br>5<br>Pari<br>Provi<br>2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .  1 XIII Supplemental Information.  1 Yide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IV, lines 1b and 2b; F e any additional infor      | Part V, rmation         | ine 4; Part X, line |
| c<br>5<br>Pari<br>Provi<br>2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .  1 XIII Supplemental Information.  1 Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IV, lines 1b and 2b; Fe any additional info        | Part V, Imation         | ine 4; Part X, line |
| c<br>5<br>Pari<br>Provi<br>2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .  **T XIII Supplemental Information.  **Jide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | IV, lines 1b and 2b; Fe any additional info        | Part V, Imation         | ine 4; Part X, line |
| c<br>5<br>Pari<br>Provi<br>2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .  1 XIII Supplemental Information.  1 Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IV, lines 1b and 2b; Fe any additional information | Part V, rmation         | ine 4; Part X, line |
| c<br>5<br>Pari<br>Provi<br>2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .  1 XIII Supplemental Information.  1 Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IV, lines 1b and 2b; Fe any additional information | Part V, rmation         | ine 4; Part X, line |
| c 5 Pari Provi 2; Pa             | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .  1 XIII Supplemental Information.  1 Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IV, lines 1b and 2b; Fe any additional information | Part V, rmation         | ine 4; Part X, line |
| c 5 Pari Provi 2; Pa             | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .  **TXIII Supplemental Information.*  **Iride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | IV, lines 1b and 2b; Fe any additional information | Part V, rmation         | ine 4; Part X, line |
| c<br>5<br>Pari<br>Provi<br>2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .  **TXIII Supplemental Information.*  **Iride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | IV, lines 1b and 2b; Fe any additional info        | Part V,                 | ine 4; Part X, line |
| c<br>5<br>Pari<br>Provi<br>2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .  **T XIII Supplemental Information.**  **Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the second seco | IV, lines 1b and 2b; Fe any additional info        | Part V,                 | ine 4; Part X, line |
| c<br>5<br>Pari<br>Provi<br>2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .  **T XIII Supplemental Information.**  **Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the second seco | IV, lines 1b and 2b; Fe any additional information | Part V, rmation         | ine 4; Part X, line |
| c<br>5<br>Pari<br>Provi<br>2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .  1 XIII Supplemental Information.  1 Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | IV, lines 1b and 2b; Fe any additional information | Part V, rmation         | ine 4; Part X, line |

# SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Par

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

Name of the organization Roane County United Way Inc

Employer identification number 23-7337273

å

×

| ic coaries crizecea mas zric                                                                                                                               |                      | ,          | 000      | ]   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------|----------|-----|
| General Information on Grants and Assistance                                                                                                               |                      |            |          |     |
| Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | jibility for the gra | nts or ass | istance, | and |
| the selection criteria used to award the grants or assistance?                                                                                             |                      |            |          |     |

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

| 1 (a) Name and address of organization or government | Z          | (c) IRC section if applicable | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------|------------|-------------------------------|-----------------------------|---------------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) BOYS & GIRLS CLU<br>POBOX 37830 IN OA 62-05      | 62-0589052 |                               | 11,787.                     |                                       |                                                       |                                        | Community                          |
| (2) CASA OF 9TH JUDI<br>POBOX 37763 TN KI 26-436373  | 363736     |                               | 16,250.                     |                                       |                                                       |                                        | Community                          |
| (3) E IN KIDNEY FOUN<br>PO BOX 37933 IN KN 27-21     | 27-2119742 |                               | 6,750.                      |                                       |                                                       |                                        | Community                          |
| (4) MID-EAST CAA<br>PO BOX 37763 TN KI 62-072545     | 725458     |                               | 21,000.                     |                                       |                                                       |                                        | Community                          |
| (5) MICHAEL DUNN CEN<br>629 GA 37763 TN KI 62-08511  | 351179     |                               | 7,312.                      |                                       |                                                       |                                        | Community                          |
| 7830 IN OA                                           | 58-1727751 |                               | 19,575.                     |                                       |                                                       |                                        | Community                          |
| (7) Child Advocacy C<br>887 Hw 37771 TN LE 62-18     | 346638     |                               | 32,500.                     |                                       |                                                       |                                        | Community                          |
| (8) Epilepsy Found.<br>1715 E 37917 TN KN 58-132801  | 328013     |                               | 15,875.                     |                                       |                                                       |                                        | Community                          |
| (9) Second Harvest<br>136 Ha 37801 IN MA 58-14501    | 150139     |                               | 8,500.                      |                                       |                                                       |                                        | Community                          |
| (10) UT Extension 3074 R 37748 TN HA 62-600163       | 001636     |                               | 5,900.                      |                                       |                                                       |                                        | Community                          |
| (1) W Roane Co VFD<br>1303 P 37854 TN RO 62-155239   | 552398     |                               | 8,500.                      |                                       |                                                       |                                        | Community                          |
| (12)                                                 |            |                               |                             |                                       |                                                       |                                        |                                    |

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

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . .

Schedule I (Form 990) (2017)

5 ;

| _        |
|----------|
| 2017     |
| ) (066   |
| Form (   |
| <u> </u> |
| hedul    |

| Part III                                  | <b>Grants and Other Assistance to Domestic Individuals.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. | nestic Individuals                                                                          | s. Complete if the o                                                                        | rganization answere              | d "Yes" on Form 990, Pa                               | t IV, line 22.                        |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
|                                           | (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 |
| -                                         |                                                                                                                                                                                                  |                                                                                             |                                                                                             |                                  |                                                       |                                       |
| 5                                         |                                                                                                                                                                                                  |                                                                                             |                                                                                             |                                  |                                                       |                                       |
| က                                         |                                                                                                                                                                                                  |                                                                                             |                                                                                             |                                  |                                                       |                                       |
| 4                                         |                                                                                                                                                                                                  |                                                                                             |                                                                                             |                                  |                                                       |                                       |
| 5                                         |                                                                                                                                                                                                  |                                                                                             |                                                                                             |                                  |                                                       |                                       |
| 9                                         |                                                                                                                                                                                                  |                                                                                             |                                                                                             |                                  |                                                       |                                       |
| 7                                         |                                                                                                                                                                                                  |                                                                                             |                                                                                             |                                  |                                                       |                                       |
| Part IV                                   | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information                                                         | he information req                                                                          | quired in Part I, line                                                                      | 2; Part III, column (b           | ); and any other additiona                            | al information.                       |
| PART I                                    | I, LINE 2- PROCEDURES FOR MONITORING USE                                                                                                                                                         | MONITORING                                                                                  | S USE OF GRAI                                                                               | GRANT FUNDS                      |                                                       |                                       |
| EACH F                                    | EACH FISCAL YEAR, AGENCIES MAKE APLICATION FOR FUNDING TO                                                                                                                                        | E APLICATIC                                                                                 | ON FOR FUNDII                                                                               | NG TO                            |                                                       |                                       |
| UNITED                                    | UNITED WAY. THEY MUST MEET SPECIFIC CRITERIA AND PROVIDE                                                                                                                                         | CIFIC CRITE                                                                                 | ERIA AND PRO                                                                                | VIDE                             |                                                       |                                       |
| INFORM                                    | INFORMATION ABOUT THEIR ORGANIZATION                                                                                                                                                             |                                                                                             | AND SUBSTANTIATE NEED                                                                       | NEED.                            |                                                       |                                       |
| MUST P                                    | MUST PARTICIPATE IN INTERVIEW                                                                                                                                                                    | PROCESS. AF                                                                                 | APROVAL BY BOARD                                                                            | ARD.                             |                                                       |                                       |
|                                           |                                                                                                                                                                                                  |                                                                                             |                                                                                             |                                  |                                                       |                                       |
| 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1      |                                                                                                                                                                                                  | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 |                                  |                                                       |                                       |
|                                           |                                                                                                                                                                                                  |                                                                                             |                                                                                             |                                  |                                                       |                                       |
| 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1      |                                                                                                                                                                                                  |                                                                                             |                                                                                             |                                  |                                                       |                                       |
| 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 |                                                                                                                                                                                                  | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1                     | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 |                                  |                                                       |                                       |
| 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 |                                                                                                                                                                                                  | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1                     | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 |                                  |                                                       |                                       |
|                                           |                                                                                                                                                                                                  |                                                                                             |                                                                                             |                                  |                                                       | Schedule I (Form 990) (2017)          |

### SCHEDULE M (Form 990)

#### **Noncash Contributions**

■ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Attach to Form 990.

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

Employer identification number

Roane County United Way Inc

Part I Types of Property

23-7337273

|     |                                                  | (a)                 | (b)                                          | (c) Noncash contribution     |                       | (d)           |        |
|-----|--------------------------------------------------|---------------------|----------------------------------------------|------------------------------|-----------------------|---------------|--------|
|     |                                                  | Check if applicable | Number of contributions or items contributed | amounts reported on          | Method on noncash con | of determin   |        |
|     |                                                  | арріісавіе          | items contributed                            | Form 990, Part VIII, line 1g | Horicash con          | illibulion ai | nounts |
| 1   | Art—Works of art                                 |                     |                                              |                              |                       |               |        |
| 2   | Art—Historical treasures                         |                     |                                              |                              |                       |               |        |
| 3   | Art—Fractional interests                         |                     |                                              |                              |                       |               |        |
| 4   | Books and publications                           |                     |                                              |                              |                       |               |        |
| 5   | Clothing and household                           |                     |                                              |                              |                       |               |        |
| _   | goods                                            |                     |                                              |                              |                       |               |        |
| 6   | Cars and other vehicles                          |                     |                                              |                              |                       |               |        |
| 7   | Boats and planes                                 |                     |                                              |                              |                       |               |        |
| 8   | Intellectual property                            |                     |                                              |                              |                       |               |        |
| 9   | Securities—Publicly traded                       |                     |                                              |                              |                       |               |        |
| 10  | Securities—Closely held stock                    |                     |                                              |                              |                       |               |        |
| 11  | Securities—Partnership, LLC, or trust interests  |                     |                                              |                              |                       |               |        |
| 10  |                                                  |                     |                                              |                              |                       |               |        |
| 12  | Securities—Miscellaneous                         |                     |                                              |                              |                       |               |        |
| 13  | Qualified conservation contribution—Historic     |                     |                                              |                              |                       |               |        |
|     | structures                                       |                     |                                              |                              |                       |               |        |
| 14  | Qualified conservation                           |                     |                                              |                              |                       |               |        |
| 17  | contribution—Other                               |                     |                                              |                              |                       |               |        |
| 15  | Real estate—Residential                          |                     |                                              |                              |                       |               |        |
| 16  | Real estate—Commercial                           |                     |                                              |                              |                       |               |        |
| 17  | Real estate—Other                                |                     |                                              |                              |                       |               |        |
| 18  | Collectibles                                     |                     |                                              |                              |                       |               |        |
| 19  | Food inventory                                   |                     |                                              |                              |                       |               |        |
| 20  | Drugs and medical supplies                       |                     |                                              |                              |                       |               |        |
| 21  | Taxidermy                                        |                     |                                              |                              |                       |               |        |
| 22  | Historical artifacts                             |                     |                                              |                              |                       |               |        |
| 23  | Scientific specimens                             |                     |                                              |                              |                       |               |        |
| 24  | Archeological artifacts                          |                     |                                              |                              |                       |               |        |
| 25  | Other ■ (Volunteers)                             | Х                   | 1                                            | 50,462.                      | Hourly                |               |        |
| 26  | Other ()                                         |                     |                                              |                              |                       |               |        |
| 27  | Other ■ ()                                       |                     |                                              |                              |                       |               |        |
| 28  | Other ()                                         |                     |                                              |                              |                       |               |        |
| 29  | Number of Forms 8283 received by                 |                     |                                              |                              |                       |               |        |
|     | which the organization completed                 | Form 8283           | 3, Part IV, Donee Acknowle                   | dgement                      | 29                    | 1             |        |
|     |                                                  |                     |                                              |                              |                       | Yes           | No     |
| 30a | During the year, did the organizat               |                     |                                              |                              |                       |               |        |
|     | 28, that it must hold for at least th            |                     |                                              |                              |                       |               | 37     |
|     | to be used for exempt purposes for               |                     | e notaing perioa?                            |                              |                       | 30a           | X      |
|     | If "Yes," describe the arrangemen                |                     |                                              |                              |                       |               |        |
| 31  | Does the organization have a gift contributions? |                     |                                              |                              |                       | 21            | X      |
| 32a | Does the organization hire or use                |                     |                                              |                              |                       | 31            | Λ      |
| J∠d | noncash contributions?                           |                     |                                              |                              |                       | 32a           | Χ      |
| b   | If "Yes," describe in Part II.                   |                     |                                              |                              |                       | JEd           | 21     |
| 33  | If the organization didn't report an             | amount in           | column (c) for a type of pro                 | nerty for which column (a)   | s                     |               |        |
| 55  | checked, describe in Part II.                    | amount in           | oolalliii (o) for a type of pro              | porty for willoff column (a) | ~                     |               |        |

| Schedule M (Form 990) 2017 Roane County United Way Inc 23-/33/2/                                                                                                                                                                                                                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part II</b> Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and wheth the organization is reporting in Part I, column (b), the number of contributions, the number of items received a combination of both. Also complete this part for any additional information. |  |
| PART I LINE 25                                                                                                                                                                                                                                                                                                       |  |
| 2,194 VOLUNTEER HOURS WITH AN HOURLY RATE OF 23.00 WAS                                                                                                                                                                                                                                                               |  |
| DONATED FOR A VALUE OF \$50,462.00                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                      |  |

#### SCHEDULE O (Form 990 or 990-EZ)

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

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number

| Roane County United Way Inc                         | 23-7337273 |
|-----------------------------------------------------|------------|
| FORM 990 PART III LINE 1- MISSION OF THE ORGANIZAT: | ION        |
| EXISTS TO IMPROVE LIVES BY MOBILIZING THE CARING PO | OWER OF    |
| ROANE COUNTY. WE ARE FOCUSED ON COMMUNITY SAFETY, ( | CHILDREN'S |
| SERVICES, FAMILY & SENIOR SERVICES, CRISIS SERVICES | S, HEALTH  |
| SERVICES, BASIC NEEDS AND FINANCIAL STABILITY.      |            |
| FORM 990 PART VI, LINE 11b - REVIEW PROCESS         |            |
| THE COMPLETE 990 IS PRESENTED AND REVIEWED DURING A | A MONTHLY  |
| BOARD MEETING. EACH MEMBER RECEIVES A COPY OF THE S | 990 AND IF |
| NO FURTHER ACTION IS NEEDED, THE EXECUTIVE DIRECTOR | R FILES    |
| THE FORM 990.                                       |            |
| FORM 990 PART VI, LINE 12b- CONFLICT OF INTEREST    |            |
| EACH BOARD MEMBER MUST REVIEW AND SIGN A DISCLOSURE | E THAT     |
| THEY DO NOT HAVE A CONFLICT OF INTEREST WITH ANY OF | F THE      |
| ORGANIZATION'S ACTIVITIES. FORMS ARE RETAINED BY TE | HE ED.     |
| FORM 990 PART VI, LINE 19- OTHER RECORDS            |            |
| ALL OF THE ORGANIZATION'S RECORDS ARE AVAILABLE TO  | THE        |
| PUBLIC UPON WRITTEN REQUEST MADE TO THE EXECUTIVE I | DIRECTOR.  |
|                                                     |            |
| FORM 990 PART XI, LINE 9- OTHER CHANGES             |            |
| ROUNDING                                            |            |
|                                                     |            |
|                                                     |            |
|                                                     |            |
|                                                     |            |
|                                                     |            |

### Form **4562**

Department of the Treasury
Internal Revenue Service

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

Attach to your tax return.

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

OMB No. 1545-0172

Attachment
Sequence No. 179

| Name(s) shown on return                                       | Busine                    | ss or activi | ty to which this fo                    | orm relates         |                | Identifying numb         | er     |                       |
|---------------------------------------------------------------|---------------------------|--------------|----------------------------------------|---------------------|----------------|--------------------------|--------|-----------------------|
| Roane County United Way In                                    | Form                      | 990          |                                        |                     |                | 23-733                   | 3727   | 3                     |
| Part I Election To Expense Certain Property Under Section 179 |                           |              |                                        |                     |                |                          |        |                       |
| Note: If you have any listed p                                | roperty, complet          | e Part V be  | fore you comple                        | te Part I.          |                |                          |        |                       |
| 1 Maximum amount (see instructions)                           | ,                         |              |                                        |                     |                |                          | 1      |                       |
| 2 Total cost of section 179 property p                        | laced in service          | e (see ins   | tructions)                             |                     |                |                          | 2      |                       |
| 3 Threshold cost of section 179 proper                        | erty before redu          | uction in li | mitation (see ir                       | structions) .       |                |                          | 3      |                       |
| 4 Reduction in limitation. Subtract line                      |                           |              |                                        |                     |                |                          | 4      |                       |
| 5 Dollar limitation for tax year. Subtract                    | ct line 4 from lii        | ne 1. If ze  | ro or less, ente                       | r -0 If marrie      | d filing       |                          |        |                       |
| separately, see instructions                                  |                           |              |                                        |                     |                |                          | 5      |                       |
| 6 (a) Description of p                                        | roperty                   |              | <b>(b)</b> Co:                         | st (business use    | e only)        | (c) Elected co           | st     |                       |
|                                                               |                           |              |                                        |                     |                |                          |        |                       |
|                                                               |                           |              |                                        |                     |                |                          |        |                       |
| 7 Listed property. Enter the amount fr                        |                           |              |                                        |                     |                |                          |        |                       |
| 8 Total elected cost of section 179 pro                       |                           |              |                                        |                     |                |                          | 8      |                       |
| 9 Tentative deduction. Enter the sma                          |                           |              |                                        |                     |                |                          | 9      |                       |
| 10 Carryover of disallowed deduction f                        |                           |              |                                        |                     |                |                          | 10     |                       |
| 11 Business income limitation. Enter th                       |                           |              |                                        |                     |                |                          | 11     |                       |
| 12 Section 179 expense deduction. Ad                          |                           |              |                                        |                     |                |                          | 12     |                       |
| 13 Carryover of disallowed deduction to                       |                           |              |                                        |                     | 🔳 13           |                          |        |                       |
| Note: Don't use Part II or Part III below                     |                           |              |                                        |                     |                |                          |        |                       |
| Part II Special Depreciation A                                |                           |              |                                        |                     |                | operty. <b>)</b> (See in | struc  | tions.)               |
| 14 Special depreciation allowance for o                       |                           |              |                                        |                     |                |                          |        |                       |
| during the tax year (see instructions                         | ,                         |              |                                        |                     |                |                          | 14     |                       |
| <b>15</b> Property subject to section 168(f)(1                |                           |              |                                        |                     |                |                          | 15     |                       |
| 16 Other depreciation (including ACRS                         | 8)                        |              |                                        |                     | <u>.</u>       |                          | 16     |                       |
| Part III MACRS Depreciation                                   | ( <b>Don't</b> include    | e listed p   | roperty. <b>)</b> (See                 | instructions        | .)             |                          |        |                       |
|                                                               |                           | Secti        |                                        |                     |                |                          |        |                       |
| 17 MACRS deductions for assets place                          |                           |              |                                        |                     |                |                          | 17     |                       |
| 18 If you are electing to group any asset                     | •                         |              |                                        |                     | -              |                          |        |                       |
| asset accounts, check here                                    |                           |              |                                        |                     |                | 🔳 🔛                      |        |                       |
| Section B - Assets F                                          | Placed in Servi           | ice Durin    | g 2017 Tax Ye                          | ar Using the (      | General Depr   | eciation System          | 1      |                       |
| (a) Classification of property                                | (b) Month and year placed | (business    | s for depreciation<br>s/investment use | (d) Recovery period | (e) Convention | (f) Method               | (g) De | epreciation deduction |
|                                                               | in service                | only—s       | ee instructions)                       |                     |                |                          |        |                       |
| 19 a 3-year property                                          |                           |              |                                        |                     |                |                          |        |                       |
| <b>b</b> 5-year property                                      |                           |              |                                        |                     |                |                          |        |                       |
| c 7-year property                                             |                           |              |                                        |                     |                |                          |        |                       |
| d 10-year property                                            |                           |              |                                        |                     |                |                          |        |                       |
| e 15-year property                                            |                           |              |                                        |                     |                |                          |        |                       |
| f 20-year property                                            |                           |              |                                        | 0.5                 |                | 0.4                      |        |                       |
| g 25-year property                                            |                           |              |                                        | 25 yrs.             | 2424           | S/L                      |        |                       |
| h Residential rental                                          |                           |              |                                        | 27.5 yrs.           | MM             | S/L                      |        |                       |
| property                                                      |                           |              |                                        | 27.5 yrs.           | MM             | S/L                      |        |                       |
| i Nonresidential real                                         |                           |              |                                        | 39 yrs.             | MM             | S/L                      |        |                       |
| property                                                      | 1: 0 :                    |              | 0047.T. V                              | 11.1                | MM             | S/L                      |        |                       |
| Section C - Assets Pla                                        | aced in Servic            | e During     | 2017 lax Year                          | Using the Ai        | ternative Del  |                          | m      |                       |
| 20 a Class life                                               |                           |              |                                        | 10                  |                | S/L                      |        |                       |
| <b>b</b> 12-year                                              |                           |              |                                        | 12 yrs.             | 1414           | S/L                      |        |                       |
| c 40-year                                                     | iana \                    |              |                                        | 40 yrs.             | MM             | S/L                      |        |                       |
| Part IV Summary (See instruct                                 |                           |              |                                        |                     |                |                          | 64     |                       |
| 21 Listed property. Enter amount from                         |                           |              |                                        |                     |                |                          | 21     |                       |
| 22 Total. Add amounts from line 12, lin                       |                           |              |                                        |                     |                |                          | 00     |                       |
| here and on the appropriate lines of                          |                           |              |                                        |                     | istructions .  |                          | 22     | 2,437                 |
| 23 For assets shown above and placed                          |                           | -            | ırrent year, ente                      | er tne              |                |                          |        |                       |
| portion of the basis attributable to s                        | ection 263A co            | ists         | <u> </u>                               |                     | 23             |                          |        | 1500 (00 (5)          |

### Form **8868**

(Rev. January 2017)
Department of the Treasury
Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

■ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

#### electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed) All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or 23-7337273 Roane County United Way Inc print Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the due date for Po Box 317 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See HARRIMAN TN 37748 instructions. Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . . . . . 01 **Application Application** Return Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 01 07 Form 990-BL Form 1041-A 02 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 ■ The books are in the care of ■ DINA JACKSON **Telephone No.** ■ 865-882-7711 Fax No. ■ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box . . . . . . . list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until 11/15 , 20 18 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ■ X calendar year 20 17 or tax year beginning , 20 , and ending , 20 . If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less За any nonrefundable credits. See instructions. 3a | \$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

estimated tax payments made. Include any prior year overpayment allowed as a credit.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

3b | \$

b

#### Form 8879-EO

## IRS *e-file* Signature Authorization for an Exempt Organization

| OMB | No. | 1545- | 187 | 8 |
|-----|-----|-------|-----|---|
|-----|-----|-------|-----|---|

For calendar year 2017, or fiscal year beginning , 2017, and ending , 20 Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization **Employer identification number** Roane County United Way Inc 23-7337273 Name and title of officer DINA JACKSON EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b. 2b. 3b. 4b. or 5b. whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. 1a Form 990 check here **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12). 2a Form 990-EZ check here ■ **b Total revenue,** if any (Form 990-EZ, line 9) . . . . . . . . . **b Total tax** (Form 1120-POL, line 22). . . . . . . . . . . . 3a Form 1120-POL check here ■ **b** Tax based on investment income (Form 990-PF, Part VI, line 5) 4b Form 990-PF check here 5a Form 8868 check here ■ X **b Balance Due** (Form 8868, line 3c) . . . . . . . . . . . . . . . **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize ALLEN MCGEE AND ASSOCIATES to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date ■ 05/01/2018 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 62381903307 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

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

Date 05/08/2018

ERO's signature

Name: Roane County United Way Inc

ID: 23-7337273

Description: Program Expenses

| Type                                                                                                                                                                                                                                                                                                                                  | - Description: 1 Tog1am Emperiods  |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------|
| 1,406.                                                                                                                                                                                                                                                                                                                                | Туре                               | Amount           |
| 1,500.                                                                                                                                                                                                                                                                                                                                | VITA Misc                          | 1,406.           |
| Events 1,469.  Maintenance - Building & Equipment 203.  Utilities 599.  Telephone/Internet 980.  Licenses & Permits 67.  Miscellaneous 33.  Postage & Delivery 77.  Contract Labor 500.  Bank Service Charge 25.  Ther-Agency Lunch 274.  Teachers' Supply Closet 1,570.                                                              | Volunteer Clearinghouse            | 1,500.           |
| Utilities       599.         Licenses & Permits       67.         Miscellaneous       33.         Postage & Delivery       77.         Contract Labor       500.         Volunteer Recognition       50,462.         Bank Service Charge       25.         Tnter-Agency Lunch       274.         Teachers' Supply Closet       1,570. | Events                             | 1,469.           |
| Utilities       599.         Licenses & Permits       67.         Miscellaneous       33.         Postage & Delivery       77.         Contract Labor       500.         Volunteer Recognition       50,462.         Bank Service Charge       25.         Tnter-Agency Lunch       274.         Teachers' Supply Closet       1,570. | Maintenance - Building & Equipment | 203.             |
| Licenses & Permits                                                                                                                                                                                                                                                                                                                    | Utilities                          | 599.             |
| Licenses & Permits                                                                                                                                                                                                                                                                                                                    | Telephone/Internet                 | 980.             |
| Contract Labor 500. Volunteer Recognition 50,462.  Bank Service Charge 25. Inter-Agency Lunch 274. Teachers' Supply Closet 1,570.                                                                                                                                                                                                     | Licenses & Permits                 | 67.              |
| Contract Labor 500. Volunteer Recognition 50,462.  Bank Service Charge 25. Inter-Agency Lunch 274. Teachers' Supply Closet 1,570.                                                                                                                                                                                                     | Miscellaneous                      | 33.              |
| Contract Labor 500. Volunteer Recognition 50,462.  Bank Service Charge 25. Inter-Agency Lunch 274. Teachers' Supply Closet 1,570.                                                                                                                                                                                                     |                                    | 77.              |
| Volunteer Recognition 50,462. Bank Service Charge 25. Inter-Agency Lunch 274. Teachers' Supply Closet 1,570.                                                                                                                                                                                                                          | Contract Labor                     | 500.             |
| Inter-Agency Lunch 274. Teachers' Supply Closet 1,570.                                                                                                                                                                                                                                                                                | Volunteer Recognition              | 50,462.          |
| Teachers' Supply Closet 1,570.                                                                                                                                                                                                                                                                                                        | Bank Service Charge                | 25.              |
|                                                                                                                                                                                                                                                                                                                                       | Inter-Agency Lunch                 | 274.             |
| Total. 59,165.                                                                                                                                                                                                                                                                                                                        | Teachers' Supply Closet            | 1,570.           |
| Total. 59,165.                                                                                                                                                                                                                                                                                                                        |                                    |                  |
| Total                                                                                                                                                                                                                                                                                                                                 |                                    |                  |
| Total 59,165.                                                                                                                                                                                                                                                                                                                         |                                    |                  |
| Total                                                                                                                                                                                                                                                                                                                                 | 7                                  |                  |
| Total                                                                                                                                                                                                                                                                                                                                 |                                    |                  |
|                                                                                                                                                                                                                                                                                                                                       | Total                              | 59 <b>,</b> 165. |

Name: Roane County United Way Inc ID: 23-7337273

Description: Management and General Expenses

| Tuno                               | Amount |
|------------------------------------|--------|
| Bank Service Charges               | 186.   |
| Contract Labor                     | 500.   |
| Events                             | 145.   |
| Licenses and Permits               | 107.   |
| Maintenance - Building & Equipment | 738.   |
| Miscellaneous                      | 107.   |
| Postage and Delivery               | 344.   |
| Telephone and Internet             | 680.   |
| Utilities                          | 1,619. |
| ocificies                          | 1,019. |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
| -                                  |        |
| -                                  |        |
| -                                  |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
| T-1-1                              | 1 100  |
| Total                              | 4,426. |

Name: Roane County United Way Inc

ID: 23-7337273

Description: Fundraising Expenses

| Туре                                 | Amount          |
|--------------------------------------|-----------------|
| Events                               | 705.            |
| Electronic Fee                       | 128.            |
| Licenses and Permits                 | 67.             |
| Maintenance - Building and Equipment | 203.            |
| Postage and Delivery                 | 778.            |
| Telephone/Internet                   | 567.            |
| Utilities                            | 321.            |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
|                                      |                 |
| Total                                | 2 <b>,</b> 769. |

| Name: Roane County United Way Inc | ID: 23-7337273 |
|-----------------------------------|----------------|
| Description: Other Liabilities    |                |
|                                   |                |
| Allocations Payable               | Amount 45,807. |
| niiocacions rayabic               | 43,007.        |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |

45,807.