990

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

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

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

OMB No 1545-0047

2017

ent of the Treasury

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

Open to Public Inspection

A	For the	e 2017 calend	ar year, or tax year beginning , 2017, and end	ling	, 20
В		applicable	C Name of organization UNITED WAY OF FRANKLIN COUNTY		D Employer identification no.
	Address	change	Doing business as		62-1812118
П	Name ch	•		Room/suite	E Telephone number
П	Instial retu	•	PO BOX 157		(931) 962-0103
П		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts
П	Amended		WINCHESTER, TN 37398		\$ 286,067
ñ		on pending	F Name and address of principal officer JEANNIE AMACHER	H(a) is this a group retu	
_	. •••	panang	PO BOX 157, WINCHESTER, TN 37398	H(b) Are all subordin	
	Tax-exem	nt status.	501(c)(3)	7	ch a list. (see instructions)
	Wobsito:	·	U.UWFCTN . ORG	H(c) Group exempt	
<u>.                                    </u>			Corporation Trust Association Other L Year of formation: 20		egal domicile: TN
	art I	Summar	<del></del>	00   187 3480 071	agai domicio. 114
نـنـا	1 1		be the organization's mission or most significant activities UNITED WAY OF FRA	NKT.TN CO P	ATSES FINDS AND
•		•	TES THEM TO NON-PROFIT ORGANIZATIONS THAT PROVIDE HEALTH		
ž	İ		GIBILITY REQUIREMENTS.	AND HOMAN	SERVICES AND
Activities & Governance	ļ	rmur gpr	SIDIDITI REQUIREMENTS.		
Ş.	2	Check this be	ox ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its	ts net assets	
Ö	3		oting members of the governing body (Part VI, line 1a)		3   14
•შ თ	4		dependent voting members of the governing body (Part VI, line 1b)	<del>                                     </del>	4 14
iţi	5		of individuals employed in calendar year 2017 (Part V, line 2a)	<b>—</b>	5 2
∌	6		of volunteers (estimate if necessary)	<u> </u>	6 221
¥	7a		d business revenue from Part VIII, column (C), line 12		7a 0
	- {		business taxable income from Form 990-T, line 34		7b 0
	<del>                                     </del>	1101 011101010	Stories is as a section of the first state of the section of the s	Přior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	10	
ē	9		rice revenue (Part VIII, line 2g)		0 200,031
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	100	57 675
Şe.	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	IT	075
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	133,4	<del></del>
	<del></del>		milar amounts paid (Part IX, column (A), lines 1-3)	162,7	
	14		to or for members (Part IX, column (A), line 4)		0
			40,1		
Expenses			r compensation, employee benefits (Part IX, column (A), lines 5-10)		21 10,0,,
Ē				(n <sub>I</sub> )	
ᅑ	1		es (Part IX, column (A), lines 11a-11d, 11f-24e)	19,2	
_			es. Add lines 13-17 (must equal Part IX, column (A), line 25)	222,0	
			expenses Subtract line 18 from line 12	(88,6	
				ginning of Current Yea	
Net Assets or	20	Total assets (	Part X, line 16)	266,7	
Ass	21	•	(Part X, line 26)	2,0	
Ž	22		fund balances Subtract line 21 from line 20	264,7	
Pa		Signatur			<u> </u>
Unde	r penaltie	s of perjury, I decla	are that I have examined this return, including accompanying schedules and statements, and to the best of my know	ledge and belief, it is	
true,	correct, a	nd complete Decl	aration of preparer (other than officer) is based on all information of which preparer has any knowledge		
			MMM ( //mm/hox.		6-25-18
Sig	n	Signature	of officer	C	ate
Her	e	JEANN	IE AMACHER, EXECUTIVE DIRECTOR		
			ant name and title		
		Print/Type prep	arer's name Preparer's signature Date	Check X if	PTIN
Paid	ť	1	H Crenshaw 6-25-2018	self-employed	P00943471
	parer	Firm's name		imi's EIN	<u>,</u>
	Only			Phone no	
_	•		Winchester TN 37398		-967-3877
Mav	he IRS	discuss this re	eturn with the preparer shown above? (see instructions)		
			1 Act Notice, see the separate instructions.		Egrm, 990 (2017)
EEA			,		(3-2)
,					

	n 990 (2017) UNITED WAY OF FRANKLIN COUNTY	62-1812118	Page
P.a	rt III Statement of Program Service Accomplishments		~
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	· · · · L
1	Briefly describe the organization's mission:		
	UNITED WAY OF FRANKLIN CO. RAISES FUNDS AND DISTRIBUTES THEM TO NON-PROFIT OR	<u>GANIZATIONS</u>	THAT
•	PROVIDE HEALTH AND HUMAN SERVICES AND MEET ELIGIBILITY REQUIREMENTS.		
		<del></del>	<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	x No
	If "Yes," describe these new services on Schedule O.		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	No No
	If "Yes," describe these changes on Schedule O.		
1	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs,	
	the total expenses, and revenue, if any, for each program service reported.		
а	(Code:) (Expenses \$196,925 including grants of \$160,879 ) (Revenue	\$	)
	TO BRING TOGETHER IN A UNITED APPEAL ALL POSSIBLE CAMPAIGNS OF HEALTH AND HUM	AN SERVICE	
	AGENCIES THAT MEET ELIGIBILITY REQUIREMENTS.		
b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
		- <del></del> -	
		<del></del>	
-	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	· · ·
	/ (Caronac - / (Ca	<b>*</b>	′
		<del></del>	
	Other program services (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
•	Total program service expenses 196,925		
A		Forr	n <b>990</b> (20

7) UNITED WAY OF FRANKLIN COUNTY
Checklist of Required Schedules Part IV

Pa	art IV Checklist of Required Schedules			
1	1		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	X	
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? If "Yes," complete Schedule C, Part 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		Х
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		۴		
0	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			v
	"Yes," complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6_		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u> _
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	,	· #3	
• •	VII, VIII, IX, or X as applicable	,	۱ ~ ا	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	~ T	*	,
_	complete Schedule D, Part VI	11a	х	
h	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	ŀ	Х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	110		
·		11c		Х
		110		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.3		v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
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,		Ţ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
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		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
10		10		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		х
	If "Yes," complete Schedule G, Part III		990 (2	
EEA		4 01111	33V 12	

Part IV Checklist of Required Schedules (continued) Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Χ Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 Χ 23 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 Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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 990-EZ? 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 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 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M ........... 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I ........... X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b X controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

17) UNITED WAY OF FRANKLIN COUNTY

Statements Regarding Other IRS Filings and Tax Compliance
Check of Schedule O contains a response or note to any line in this Part V Part V

	Check if Schedule O contains a response or note to any line in this Part V			
<del>-,</del>			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	: -		
ͺЬ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	=5.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	14.	1	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a2	<u>.</u> ,		ŀ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ľ
	account)?	4a		Х
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			ĺ
	(FBAR)	37.1	{	ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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 chantable contributions?	6a	1	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).	17 - 27		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		. 4	,
	and services provided to the payor?	7a	_	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year	٠, ۵, ١		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ا.د ند	- [	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	133	ا يو.	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	4334	-	
а	Initiation fees and capital contributions included on Part VIII, line 12	:33	~	
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	`;.}	ا مر	
11	Section 501(c)(12) organizations. Enter	5	<u></u> •	
а	Gross income from members or shareholders	i a	- 1	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )	_:5.2	. :	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	3.	-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	21-		
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 · · · · · · · · · · · · · · · · · · ·	\$;	l	
	Enter the amount of reserves on hand	<u>·                                     </u>		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
_ <u>b</u> _	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Nο 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 Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or 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? b Are any governance decisions of 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: Χ 8a Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 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, 10b 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 filling the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," С describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Х 14 Х 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 ŗ. ¯ independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization ž 1. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). ٠. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Tennessee 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 f applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X 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 JEANNIE AMACHER (931) 962-0103, P.O. BOX 157, WINCHESTER, TN 37398

Form	990	(2017)	

UNITED WAY OF FRANKLIN COUNTY

62-1812118

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

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

- Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

<u>=                                    </u>	T				(C)					
(A)	(8)	(do.	not ch		sition	han one		(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for	box	, unles	ss pe	son l	s both a		Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional bustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) CLEIJO WALKER SECRETARY	1.00	Х		X				0	O	0
(2) CRYSTAL PERRY BOARD MEMBER	1.00	Х						0	0	0
(3) DEBRA WEST BOARD MEMBER AT-LARGE	1.00	х		Х				0	0	0
(4) DENISE MARSHALL BOARD MEMBER	1.00	х						0	0	0
(5) DODIE CAROLAND BOARD MEMBER	1.00	х						0	0	0
(6) JAMES PRICE BOARD MEMBER	1.00	х						0	0	0
(7) KYLE ASHBY PRESIDENT	1.00	Х		х				0	0	
(8) MICHAEL GREER BOARD MEMBER	1.00	х						0	0	0
(9) NANCY DAMRON TREASURER	1.00	х		х				0	0	0
(10)NORMA PIATT BOARD MEMBER	_ 1.00_	х	Ì					0	0	0
(11) PATTY WILKERSON BOARD MEMBER	1.00	х						0	0	0
(12)ROBERT TUBB BOARD MEMBER	1.00_	х						0	0	0
(13)SCOTTY MARTIN BOARD MEMBER	1.00_	х						0	0	0
(14)STEVE KIRBY PRESIDENT ELECT	1.00	х		х			1	0	0	0
EEA SHEET				41						Form 990 (2017)

Section A. Officers, Directors,	Trustees, Key Employ	ees, a	nu r	ngne O)		comp	e1152	ited Employees (	Johanaea)				
, (A)	(B)	///		Pos	tion	an one		(D)	(E)		(F)		
Name and title	Average hours per	box, ı	ınles	s pers	on is	both an		Reportable compensation	Reportable compensation from		Estimated amount of		
•	week (list any					trustee)	П	from the	related organizations			other pensatio	
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	ighes	Former	organization	(W-2/1099-MISC	,	1	rom the	
·	organizations below dotted	tor to	onal tr		ıploye	e om		(W-2/1099-MISC)			ar	janizatio nd related	đ
	line)	stee	ealsn		•	Highest compensated employee				İ	org	anızatıcı	15
						2				ľ			
					_				-				
(15) JEANNIE AMACHER EXECUTIVE DIRECTOR	26.00_			x				31,401		0			0
(16)							П						
			_	_									
(17)				}				,					
(18)								<u>-</u>					
			_		_					$\dashv$			
(19)										l			
(20)													
(21)			$\dashv$	_						_			
<u>(21)</u>			_		ļ								
(22)				i	I								
(23)						-							
(24)				$\dashv$		-							
(24)				l									
(25)										1			
1b Sub-total				<del></del>						-			
c Total from continuation sheets to Part	VII, Section A						•						
	· · · · · · · · · · · · · · · · · · ·							31,401	<del></del> -	0			0
2 Total number of individuals (including but reportable compensation from the organiz		d above	e) w	ho re	ecen	ved m	ore t	han \$100,000 of		0			
										<u>-</u>		Yes	No
3 Did the organization list any former office		•	•	-	•		•			[-	2 3. 2 3.	7" -	
employee on line 1a? <i>If "Yes," complete S</i> 4 For any individual listed on line 1a, is the								ion from the		٠	3		X
organization and related organizations gre						-				]-			
individual		-								. [	4	`	Х
5 Did any person listed on line 1a receive or	·		-			-		n or individual					
for services rendered to the organization?  Section B. Independent Contractors		edule J	for s	such	per.	son				·	5		X
Complete this table for your five highest or		nt conti	racto	ors th	nat re	eceive	ed me	ore than \$100,000	of				
compensation from the organization Repo	ort compensation for the	calend	dar y	ear (	endi	ing wit	h or	within the organiza	ition's tax				
<del></del>	year (A)							(B)				C)	
Name and busine	ess address							Description of s	ervices		Comp	ensation	
	· · · · · · · · · · · · · · · · · · ·					_		<del> </del>					
								<del>                                     </del>					
						_							
Total number of independent contractors (	including but not limited	in the			ab =:	·0) ···-		<u> </u>		<u>, , , </u>	,		
2 Total number of independent contractors (	•			ited a	4DO/	ve) wn	iO						

Form 990 (2017)
Part VIII UNITED WAY OF FRANKLIN COUNTY 62-1812118 Page 9 Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII

12-20 12-20 12-21	is a resis				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns b Membership dues c Fundraising events d Related organizations		1a				
Contributions and Other Sin		f All other contributions, gifts, g and similar amounts not inclused Noncash contributions included Total. Add lines 1a-1f	rants, ded above ed in lines 1a-1f:	1f 274,528	280.051			
Program Service Revenue				Business Code	- M. Santana & Jan Sa			
Prog		All other program service rever	<u> </u>			Contain American	"我就我们还没有我	-1157 X +
	4 5	Investment income (including of and other similar amounts)  Income from investment of tax-Royalties	exempt bond pr	roceeds · · · >	675	675		
	b c	Gross rents	(i) Real	(ii) Personal				
	7a	Gross amount from sales of assets other than inventory Less cost or other basis	(i) Secunties	(II) Other				
<b>o</b>	d	and sales expenses Gain or (loss)	• • • • • • •	•••••				3 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18 · · · · · Less direct expenses · · ·			The 1.4 St. 3. APPLY A 29-25 S.			
ر	С	Net income or (loss) from fundra Gross income from gaming actr	aising events	b5,341 ·····▶		AND COMPANY		2012 
	ь	See Part IV, line 19 · · · · · Less' direct expenses · · · · Net income or (loss) from gamir		ab				a gamai Tarih Tarih
	b	Gross sales of inventory, less returns and allowances	1	b			And the second of the second	
	11a	Net income or (loss) from sales  Miscellaneous Revenue	of inventory •	Business Code	12 12 12 1 E	Ta FT of 1,5 mm	to the same and	·
	b c							
	е	All other revenue			280,726		0 	· 0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service Fundraising Management and 8b. 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 160,879 160,879 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 5 Compensation of current officers, directors, trustees, and key employees . . . . . . . . 31,401 3,140 1,570 26,691 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 <u>6,</u>379 Other salaries and wages 319 5,422 638 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 145 2,897 2,462 290 11 Fees for services (non-employees) b Accounting C 3.785 3,785 d Lobbying 国旗是数字书。第一部下,正是为一个大学的 Professional fundraising services See Part IV, line 17 . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 13 14 15 16 17 860 860 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 26 Δ 18 20 21 22 Depreciation, depletion, and amortization 160 160 23 Insurance ........... 2,315 2.315 24 Other expenses litemize 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.) TELEPHONE 990 2,970 990 990 b CAMPAIGN AIDES 2,272 2,272 С SUPPLIES 337 2,148 337 1,474 POSTAGE 420 140 140 140 All other expenses 3,238 3,238 25 Total functional expenses. Add lines 1 through 24e 6,637 219,750 196,925 16,188 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)

Part X Balance Sheet

	•	Check it Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·	• • •	· · · · · · · · L
•			(A)	ŀ	(B)
	•		Beginning of year		End of year
	1	Cash - non-interest-bearing	71,154	1	77,011
•	2	Savings and temporary cash investments	50,000	2	50,000
	3	Pledges and grants receivable, net	145,304	3	200,616
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	文字中: 1000 · 100		₹ <b>3</b> **
	Ì	trustees, key employees, and highest compensated employees			k
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		6	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		i'	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		ا روس	<i>'</i>
		organizations (see instructions). Complete Part II of Schedule L	The first of the second	ناز <u>ان</u> د 6	1
	7	Notes and loans receivable, net		7	
ध	8	Inventories for sale or use		8	
Assets	9		<del></del>	9	
•	10a	Prepaid expenses and deferred charges	A The second of the second of	''	4
	10a	Land, buildings, and equipment: cost or		744	
		other basis. Complete Part VI of Schedule D 10a 505	التعلقة المشاركة الأثانة المسائلة	100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b	Less. accumulated depreciation	287	10c	42
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	266,745	16	327,669
	17	Accounts payable and accrued expenses	2,004	17	1,952
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	71.4
ies	22	Loans and other payables to current and former officers, directors,		12	
Ħ		trustees, key employees, highest compensated employees, and			22.21 v
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D · · · · · · · · · · · · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25 · · · · · · · · · · · · · · · · · ·	2,004	26	1,952
_		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛛 and	である。 全部では、大きない。 主要では、大きない。		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Se		complete lines 27 through 29, and lines 33 and 34.	Television Server Strain	مدائش	
la l	27	Unrestricted net assets	264,741	27_	325,717
Ba	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117 (ASC 958), check here     and		., » '	
6		complete lines 30 through 34.		Like	
ets	30	Capital stock or trust principal, or current funds		30	· · · · · · · · · · · · · · · · · · ·
1SS		Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated income, or other funds		32	
Z		Total net assets or fund balances	264,741	33	325,717
		Total liabilities and net assets/fund balances	266,745	34	327,669

Forr	m 990 (2017) UNITED WAY OF FRANKLIN COUNTY6	2-181	2118	Pa	age 12
Pa	rt XI. Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. 🗓 </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		280,	726
2	Total expenses (must equal Part IX, column (A), line 25)	2		219,	750
3	Revenue less expenses. Subtract line 2 from line 1	3		60,9	976
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		264,	741
5	Net unrealized gains (losses) on investments	5	_		
6	Donated services and use of facilities	6			
7	Investment expenses	7	_		
8	Prior penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		325,7	717 _
Pa	rt XII   Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \square$
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other		1.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	<del></del>		(	
	Schedule O.		٠٠٠٠ ماليان		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		. 4.	75 -	
	reviewed on a separate basis, consolidated basis, or both		÷ .*		
	Separate basis Consolidated basis Both consolidated and separate basis		17 2		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1200		
	separate basis, consolidated basis, or both			. ` . `	
	∑ Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1		
_	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		<u> </u>	, .	
	Schedule O.		75 - 62	.,,,	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		'~	-	
	the Single Audit Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EΑ			Forn	990 (2	2017)

EEA

#### **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.

2017

OMB No 1545-0047

Open to Public 🚁 Inspection

Name of the organization

Employer identification number

	LIEL		<del> </del>				62-18121		_				
Pa	<u>itti</u>	Reason for Public Chari	<b>ty Status</b> (All c	organizations must	complete	e this pa	rt.) See instructio	ns.					
The	orga	nization is not a private foundation bed	cause it is (For line	s 1 through 12, check on	ly one box	)							
1		A church, convention of churches, or	association of chu	rches described in section	on 170(b)(	1)(A)(i).							
2		A school described in section 170(b	)(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ).)			٠.					
3		A hospital or a cooperative hospital s						()					
4	П	A medical research organization ope					U(Δ)(iii) Enter the	$\mathcal{O}^{T}$					
		hospital's name, city, and state:	rated in conjunction	· ······· a mospital accorde	a 300tio	11 170(0)(	ry(A)(III). Eliter tile						
5	П		ofit of a pollogo are	inhorothy award as anose	tod by a a		ol unit dossribad in	<del></del>	-				
J	u	An organization operated for the ben	=	iniversity owned or opera	ited by a g	overnment	ai unit described in						
_	$\overline{}$	section 170(b)(1)(A)(iv). (Complete	•										
6	Ц	A federal, state, or local government	=		•								
7	X	An organization that normally receive	s a substantial part	of its support from a gov	rernmental	unit or fro	m the general public						
		described in section 170(b)(1)(A)(vi	). (Complete Part II.	.)									
8		A community trust described in secti	on 170(b)(1)(A)(vi)	, (Complete Part II.)									
9		An agricultural research organization	described in section	on 170(b)(1)(A)(ix) opera	ated in con	junction wi	th a land-grant college	!					
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
	university.												
10		An organization that normally receive	s (1) more than 33	1/3% of its support from	contribution	ns. memb	ership fees, and gross		_				
	receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its												
		support from gross investment incom	•	•		•							
		- · · · · · · · · · · · · · · · · · · ·		•			10111 Dag.1100000						
11	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )												
12	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes												
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3).												
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
	a 📙 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving												
		the supported organization(s) the	power to regularly	appoint or elect a majori	ly of the di	ectors or t	rustees of the						
	supporting organization. You must complete Part IV, Sections A and B.												
	b		n supervised or con	strolled in connection with	its suppo	ted organı	zation(s), by having						
		control or management of the sup	pporting organizatio	in vested in the same per	rsons that	control or r	manage the supported						
		organization(s) You must comp	lete Part IV, Section	ons A and C.									
	С	Type III functionally integrated.	A supporting organ	nization operated in conn	ection with	, and func	tionally integrated with	•					
		its supported organization(s) (see					• •						
	ď	Type III non-functionally integra	· ·	•				s)					
		that is not functionally integrated.	• • • •	<del>-</del> •			• • • •	•					
		requirement (see instructions) Ye											
	е	Check this box if the organization					Type II Type III						
	•	functionally integrated, or Type III				a Type I,	Type II, Type III						
	f	Enter the number of supported organi	-	egrated supporting organ	nzation.				-				
		· · · · · · · · · · · · · · · · · · ·							_				
		Provide the following information about				·	I		-				
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	1 ' '	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see					
				above (see instructions))	docum		instructions)	instructions)					
					<u> </u>								
					Yes	No			_				
A)					i								
B)					l	1							
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יח		-											
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otal			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	三点的 温度型 计通	1-67, 200	F	1		_				

90 or 990-EZ) 2017 UNITED WAY OF FRANKLIN COUNTY 62-1812118
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II.

.(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.)

Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	195,321	235,493	270,607	138,818	285,392	1,125,631		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	195,321	235,493	270,607	138,818	285,392	1,125,631		
5	The portion of total contributions by	10000	CONTRACTOR OF THE PARTY OF THE	经验的	1	THE PARTY OF			
	each person (other than a		100		3				
	governmental unit or publicly								
	supported organization) included on	生も生活が			The same of	200			
	line 1 that exceeds 2% of the amount								
	shown on line 11, column (f)		<b>基础证</b>		THE STATE OF	宣誓表 "公	272		
6	Public support. Subtract line 5 from line 4 · ·	1999年後	<b>基础设置数据</b>	边域这些经常	物歌题記字	13月1日日本	1,125,359		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7	Amounts from line 4 · · · · · · · · ·	195,321	235,493	270,607	138,818	285,392	1,125,631		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	514	731	674	657	675	3,251		
9	Net income from unrelated business activities, whether or not the business is regularly carned on					1			
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 .	A	於是多樣質	的思想的文学的	CAN SE SE	and the contraction of	1,128,882		
12	Gross receipts from related activities, etc. (se	ee instructions)				12			
13	First five years. If the Form 990 is for the or organization, check this box and stop here tion C. Computation of Public Su	· · · · · · · · · · · · · · · · · · ·					▶□		
14		• •		· · · · · · · · · · · · · · · · · · ·	I	44	22 22 0/		
	Public support percentage for 2017 (line 6, c	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•	}		99.69 %		
15 16a	Public support percentage from 2016 Schedu						99.64 %		
ı va	33 1/3% support test - 2017. If the organization and stop here. The organization qualifie		•		•	uns	▶ 🛛		
h	·		•						
•	33 1/3% support test - 2016. If the organization dual this box and stop here. The organization quality								
17a	10%-facts-and-circumstances test - 2017.	• •	•						
	10% or more, and if the organization meets t	•							
	Part VI how the organization meets the "facts				•				
			-	•			▶ □		
b	organization · · · · · · · · · · · · · · · · · · ·								
-	15 is 10% or more, and if the organization me	-			•				
	Explain in Part VI how the organization meets				·-				
8							▶ □		
5							▶ □		
	instructions			<u> </u>	· · · · · · · · · · · ·	· · · · · · · · · ·			

62-1812118

990 or 990-EZ) 2017 UNITED WAY OF FRANKLIN COUNTY
Support Schedule for Organizations Described in Section 509(a)(2) Part III

• •	•	, ,, ,	
·(Complete only	if you checked the box	on line 10 of Part I or if the organization failed to qualify i	under Part II
If the organizati	ion fails to qualify under	the tests listed below, please complete Part II \	

Se	ection A. Public Support	<u></u>					/
Ca	lendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			J			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		j.				
C	Add lines 7a and 7b	6.50 0 263.60	73 Step 5 or Mile Shell (4. A		day to an A day of the Company	15 5 h = file challenge	<del>_</del>
8	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support				<del></del>	<del></del>	<del></del>
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·		/				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
¢	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	•					
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12) · · · · · · · · · · ·						
	First five years. If the Form 990 is for the org organization, check this box and stop here	<u> </u>	<u></u>				▶ 🔲
	ction C. Computation of Public Su	<del>''</del>			<del></del>		
15	Public support percentage for 2017 (line 8, co				<i></i> .	15	%
16	Public support percentage from 2016 Schedul				· · · · · · · · · · · · · · · · · · ·	16	<u>%</u>
_	ction D. Computation of Investmen		<del>-</del>	(0)		47	0/
17 18	Investment income percentage for 2017 (line Investment income percentage from 2016 Sch			ımn (t))	· · · · · · · · · · [	17	<u>%</u>
19a	33 1/3% support tests - 2017. If the organizal 17 is not more than 33 1/3%, check this box a						▶ 🗆
b	33 1/3% support tests - 2016. If the organizal line 18 is not more than 33 1/3%, check this be						▶ 🗍
20_	Private foundation. If the organization did not	•	-		-		▶ 🔲

Part IV Suppor

Supporting Organizations

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

Si	ectio	n A	ΔII	Supp	ortina	Organia	rations
_,	,,,,,		,	-upp	~	~ · • • · · · · ·	

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

		Yes	No
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	 9c		
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	) # .>		
	10a		
	10b		
	.00		

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

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Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). 8 (B) Current Year **Section B - Minimum Asset Amount** (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** AND THE PROPERTY OF THE PARTY O 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. **产工作**。 3 Minimum asset amount for prior year (from Section B, line 8, Column A) **亚发展的复数的第三人称单数** 4 Enter greater of line 2 or line 3. **一种企业的企业** 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

instructions).

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UNITED WAY OF FRANKLIN COUNTY

<u> </u> Pa	rt V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organ	izations (continued)	
Se	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	tions	
_4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			<u> </u>
8	Distributions to attentive supported organizations to which the	e organization is respon	sive	}
	(provide details in Part VI). See instructions.			 
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<del>,</del>	<del></del>	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6	<b>有的种种的</b>	"沙哥里斯克斯克"	
2	Underdistributions, if any, for years prior to 2017	And the same of th		
	(reasonable cause required - explain in Part VI). See			
	instructions.		200 41	The second secon
	Excess distributions carryover, if any, to 2017	STATE OF THE PARTY		A Company
	新年前子女母: 1年前的日本部 + 本語: 1月1日 -	The state of the s		
	From 2013		<b>产品或者的企业的</b>	ASSESSED TO THE PARTY OF THE PA
	From 2014	<b>"是我们的一种,我们们</b>	The state of the s	ALL STATES
	From 2015	<b>《新兴》《新兴》</b>	The second secon	The state of the s
	From 2016	14 美国工作的	State of the state	
	Total of lines 3a through e	73.0069545554 20 to 10 10 10 10 10 10 10 10 10 10 10 10 10	Control of the state of the sta	Age and a fight
	Applied to underdistributions of prior years	THE PROPERTY OF THE PARTY OF THE PARTY.	A CO TO A TONG TON THE TONG TO A TONG TO A TONG	War and Children
	Applied to 2017 distributable amount	CONTRACTOR TO SERVE		DESTINATED T
<del>-</del>	Carryover from 2012 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from 3f.	· · · · · · · · · · · · · · · · · · ·	Transcription Transcription	and the first of the
4	Distributions for 2017 from	· · · · · · · · · · · · · · · · · · ·	THE WAS A SECOND TO SECOND	Value Control of the
7	Section D, line 7: \$			The state of the s
a	Applied to underdistributions of prior years		make deliver of a superior and a six	The second is the
	Applied to 2017 distributable amount	The second of the second of the second	And the state of the second second second	1, 11 /22/2
	Remainder. Subtract lines 4a and 4b from 4.	" THE P AND EN PROPERTY OF THE PARTY OF THE		Gp + 1 2- /
5	Remaining underdistributions for years prior to 2017, if	THE PROPERTY OF STREET		Figure ( of Style )
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017. Subtract lines 3h	おから ない とうない はんない はんない はんない はんない はんない はんない はんない はん	いいとうないというないという	
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.		<b>产型,通过中央企业</b>	
7	Excess distributions carryover to 2018. Add lines 3j		10000000000000000000000000000000000000	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	and 4c.		<b>注:"是是是是</b>	est grant si
8	Breakdown of line 7:	作が、自然の変を必要	是自然的	STORY OF THE
а	Excess from 2013 · · · ·	多位的自然的	<b>这是我们的对象</b>	Children Committee
	Excess from 2014	等ではませいできた。	The second second	是以及之次已
	Excess from 2015	<b>学的基础的证明</b>	<b>为的人的人</b>	<b>到的是四点点。</b>
	Excess from 2016	<b>建筑、建筑、建筑等</b>	STATES SELECTION	Carlo Barris
e	Excess from 2017	"是也你不知识可能的。"	· 一种 不是 · · · · · · · · · · · · · · · · · ·	

### 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.

2017

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name	of the organization	Employer identification number
UN	ITED WAY OF FRANKLIN COUNTY	62-1812118
	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accou	ints.
	Complete if the organization answered "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 donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	rt IJ- Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat Preservation of a certified his	storic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	
_	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	22
b	Total acreage restricted by conservation easements	
d	Number of conservation easements on a certified historic structure included in (a)	2c
u	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	
•	tax year	action during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
	<b></b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	
	and section 170(h)(4)(B)(ıı)? $ \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots $	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	describes the
Par	organization's accounting for conservation easements t III / Organizations Maintaining Collections of Art, Historical Treasures, or Oth	or Similar Assets
T GI	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	iei Siiililai Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	halance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	
-	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	public service, provide the following amounts relating to these items.	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pi	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X	<b>&gt;</b> \$

LP:	art III   Organizations Maintaining C	ollectio	ns of A	Art, Hist	orical T	reasures	, or Ot	her Similar A	Assets (	continu	ued)
3	Using the organization's acquisition, accession, a										
•	collection items (check all that apply)					•	_				
а	Public exhibition	d	∏ Lo	an or exch	ange progr	ams					
, t	Scholarly research	е		her	0.0						
Ċ											
4	Provide a description of the organization's collect	ions and e	volain ho	w they fur	ther the orr	anization'e i	evemnt n	umose in Part			
-	XIII.	nons and c	Apidiii IIC	w they ful	aici iiic oig	janization 3 t	exempt p	arpose in rait			
5	During the year, did the organization solicit or rec	ana danat			nl 4		:				
•									_	1 v	
P	assets to be sold to raise funds rather than to be art IV   Escrow and Custodial Arrang			of the org	anization's	collection?	• •	<del></del>	•••	Yes	∐ No
L'-6				- Farm	000 0	+ IV / I: (				C	
	Complete if the organization and 990, Part X, line 21.	Sweled	165 0	in Politi	990, Pai	t IV, line s	o, or rep	Jorted an am	ount on	roiiii	
								· · · · · · · · · · · · · · · · · · ·			
1a	Is the organization an agent, trustee, custodian or								_	1	
					• • • • •	• • • • • •	• • • •		٠٠٠ لـ	Yes	∐No
р	If "Yes," explain the arrangement in Part XIII and	complete th	ne follow	ing table:			_				
									Amount		
С	Beginning balance							c			
đ	Additions during the year							d			
0	Distributions during the year							€ .			
f	Ending balance						11				
2a	Did the organization include an amount on Form 9	990, Part X	, line 21,	for escro	w or custod	ial account l	iability?		• • • • [	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII. Che	ck here if th	he explai	nation has	been provi	ided on Part	XIII				
Pa	rt V. Endowment Funds.										
	Complete if the organization ans	swered"	Yes" o	n Form	990, Pari	t IV, line 1	0.				
		(a) Curren	t vear	(b) Pi	or year	(c) Two yea	rs back	(d) Three years ba	ck (e) F	our years l	back
1a	Beginning of year balance	1-7	.,	(3)	,	(0) 1.110 )02		(2) 111100 /0210 22	(0)		
b	Contributions			· · ·							-
С	Net investment earnings, gains, and									_	
_	losses · · · · · · · · · · · · · · · · · ·					1					
d	Grants or scholarships										
e	Other expenditures for facilities and				<del></del>						
·	programs								ŀ		
f	Administrative expenses										
	·										
g	·			L		<u> </u>					
2	Provide the estimated percentage of the current ye	ear end ba		ie 1g, colu	mn (a)) hel	d as:					
a	Board designated or quasi-endowment	<del></del>	. %								
þ	Permanent endowment > %										
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c should ed	•									
3a	Are there endowment funds not in the possession	of the orga	inization	that are h	eld and adr	ministered fo	or the				
	organization by									Yes	No
	(i) unrelated organizations								· · 3a(	i)	<u> </u>
	(ii) related organizations								3a(i	i)	<u> </u>
b	If "Yes" on 3a(ii), are the related organizations liste				?				3b	1	
4	Describe in Part XIII the intended uses of the organ	nization's e	ndowme	ent funds							
Par	t VI Land, Buildings, and Equipme	nt.									
	Complete if the organization ans	wered "\	Yes" or	Form 9	90, Part	IV, line 1	1a. See	Form 990, F	Part X, lir	ne 10.	
	Description of property	(a) C	Cost or othe	r basis	(b) Cost or	other basis	(c)	Accumulated	(d) B	ook value	
			(investme	nt)		other)		epreciation	` '		
1a	Land		-	······				154 Mg 44 154 115	1		
b	Buildings					•	<del> </del>	, us - a - a - a - a - a - a - a - a - a -			
C	Leasehold improvements						<u> </u>				
ď	Equipment					ENE	-	463			42
6	Other					505	<del> </del>	463			42_
	Add lines 1a through 1e (Column (d) must equal		Part Y	column (P	line 10c \						42
	(u) must equal	330,	. w , t	ourier (D)	, mi <del>c</del> 100 )				į		~ ~

Schedule D (Form 990) 2017

UNITED WAY OF FRANKLIN COUNTY

Page 2

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Schedule D (Form		RANKLIN COUNTY	62-18	12118	Page
Part VII.	Investments - Other Securities.				
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11b. See Form 990	, Part X, line	<u> 12.</u>
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year marke		
(1) Financial	derivatives				
(2) Closely-ho	eld equity interests				
(3) Other					
(A)					
_(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	) must equal Form 990, Part X, col (B) line 12)		《李明·刘· · · · · · · · · · · · · · · · · · ·	· · · · ·	
Part VIII	Investments - Program Related.				
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11c. See Form 990	, Part X, line	: 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year market		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		<del>_</del>			
Total (Column (b)	must equal Form 990, Part X, col (B) line 13)		是所有政治的(1875)24 (1875)2	They take the	<i>.</i> - '
Part IX	Other Assets.  Complete if the organization answered	l "Yes" on Form 990, I	Part IV, line 11d. See Form 990	, Part X, line	e 15.
	(a) De	scription		(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col (B) line 15)		<u>.,</u>		
Part X	Other Liabilities.				
	Complete if the organization answered line 25.	"Yes" on Form 990, F	Part IV, line 11e or 11f. See For	m 990, Part	X, 
1.	(a) Description of tiability	(b) Book value	The state of the s	- 31-1	
(1) Federal ır	ncome taxes		The state of the s	日間で50 分割が4000mm - 1000mm - 1	
(2)		·			
(3)					
(4)					:
(5)			The same of the sa		
(6)			The state of the s		
(7)			A house of the second of the s	<b>建筑场</b> 。	
(0)				13.55	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII- . . . . . . . .

(9)

Pa	Part XI Reconciliation of Revenue per Audited Financial Statements William Complete if the organization answered "Yes" on Form 990, Part IV,		Return.	
1 '	<del></del>		1	288,351
2	- · · · · · · · · · · · · · · · · · · ·			
	1 1			
a			· ***	
b		2,284		
С	<u> </u>			
d		5,341	ے مف	
е	· · · · · · · · · · · · · · · · · · ·		2e	7,625
3	Subtract line 2e from line 1	• • • • • • • • •	3	280,726
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	a Investment expenses not included on Form 990, Part VIII, line 7b 4a		].	
þ	b Other (Describe in Part XIII )		}	
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	280,726
	art XII Reconciliation of Expenses per Audited Financial Statements		1	
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV			•••
1	Total expenses and losses per audited financial statements	<del></del>	1	007 275
2	Amounts included on line 1 but not on Form 990. Part IX. line 25:		<del>  -   -   -   -   -   -   -   -   -   -</del>	227,375
	1			
a		2,284	1	
b	▼ =			
С				
d	,	5,341	13.	
е	· · · · · · · · · · · · · · · · · · ·		2e	7,625
3	Subtract line 2e from line 1		3	219,750
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		77.5	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		3	
b	Other (Describe in Part XIII )			
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	219,750
Par	art XIII Supplemental Information.		<u> </u>	
Provid	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and	2b: Part V. line 4. Part	X. line	
	Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional			
-,	any miles 24 and 40, and 7 arrivin, miles 24 and 45 7150 complete this part to provide any additional	i iliomidion		
٥1	. Other revenues not included on Form 990 (Part	YT line 2d	١	
<del></del>	· other revenues not rhorace on roth 350 (rare	<u> </u>		
DIDE	DECM DESCRIPTION DELAMED MA ADECTAL ESTIMA			
DIKE	RECT REVENUES RELATED TO SPECIAL EVENTS			
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EEA			Sche	dule D (Form 990) 2017

Schedule D (Form 990) 2017

UNITED WAY OF FRANKLIN COUNTY

Page 4

62-1812118

Schedul	e D (Form 990) :	2017 UNIT	ED WAY	OF FRANKLIN	1 COT	YTY					62-1812118	3	Page 5
Part	XIII .	Supplemental	Inform	OF FRANKLIN	ıed)								
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<b>0</b> 2	Othor	osmon co c	-a-	inaludad		Form	aan	/Dart	YTT	line	24)		
<u>u,z .</u>	Other	expenses	not	included	on	FOLM	330	(Part	ALL,	TIME	20)		
DIRE	CT EXPEN	SES OF SPECI	AL EVE	ENTS									
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SCHEDULE I (Form 990)		Governments, and Individuals in the United States	Assistance to ndividuals in t	Organizations he United Stat	es es		OMB No. 1545-0047
Department of the Treasury	Complet	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.	answered "Yes" on Form ▶ Attach to Form 990.	990, Part IV, line 21 o	ır 22.	<u> </u>	Open to Public
Internal Revenue Service Name of the organization		► Go to www.irs.gc	Go to www.irs.gov/Form990 for the latest information.	est information.			Inspection
UNITED WAY OF FRANKLIN COUNTY						Employer identification number	numbor
eneral Inform	Grants and Assi	stance				62-1812118	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	substantiate the amo	unt of the grants or assista	ince, the grantees' elig	bility for the grants or a	ssistance, and		
the selection criteria used to award the grants or assistance?	ants or assistance?				•		. X Yes
Describ	edures for monitoring	the use of grant funds in t	he United States.				
990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ce to Domestic Or	ganizations and Don ed more than \$5,000.	nestic Governmen Part II can be dupli	ts. Complete if the c cated if additional st	organization answered pace is needed.	"Yes" on Form	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant
(1) HAVEN OF HOPE INC PO BOX 1271					onier		
MANCHESTER, TN 37349	58-1612531	501 (C) 3	7,764				SEE ATTACHED
(2) FR CO GOOD SAMARITAN MINIST							
DECHERD, TN 37324	62-1188302	501 (C) 3	13,182				
(3) FRANKLIN CO SALVATION ARMY							
							SEE
WINCHESTER, TN 37398	28-0660607	501 (C) 3	7,761				ATTACHED
(4) CAMPORA FAMILY RESOURCE CEN 900 S SHEPARD ST							
WINCHESTER, TN 37398	62-6000593	501 (C) 3	6,389				Campanta aas
(5) FRANKLIN COUNTY SENIOR CITI							
/4 CLOVER DR	037777						
(6) AMERICAN RED CROSS	73-1444038	301 (C) 3	5,413				SEE ATTACHED
502 SOUTH JACKSON ST							
TULLAHOMA, TN 37388	62-0582070	501 (C) 3	8,947				SEE ATTACHED
(7) 12TH DIST DRUG COURT FNDN I							
PO BOX 648 WINCHESTER, IN 37398	56-2520030	501 (C) 3	12 220	-	,		
NE NE		- 1	637/37				SEE ATTACHED
PO BOX 906							
WINCHESTER, TN 37398	27-2912474	501 (C) 3	15,166				SEE ATTACHED
ZZ4 WESI FORI SIREET							
MANCHESTER, IN 3/355	27-0997395	501 (C) 3	12,288				SEE ATTACHED
111 EAGLETTE WAY							
SHELBYVILLE, TN 37160	23-7174117	501 (C) 3	10,355				SEE ATTACHED
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government organiz	ations listed in the line 1 ta	ible			<b>A</b>	
3 Enter total number of other organizations listed in the line 1 table	isted in the line 1 table						
For Paperwork Reduction Act Notice, see the Instructions for Form 990. EEA	Instructions for For	n 990.			!	S	Schodulo I (Form 990) (2017)

Open to Public Inspection OMB No 1545-0047 2017 Employer Identification number 62-1812118 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 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. ► Go to www.irs.gov/Form990 for the latest information. General Information on Grants and Assistance the selection criteria used to award the grants or assistance? UNITED WAY OF FRANKLIN COUNTY Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990) Partl

C section (d) Amount of cash assistance plicable)  Gestion (d) Amount of cash assistance cash assistance plicable)  Gestion (d) Amount of cash assistance c	990. Part IV. line 21. for any recipient that received more than \$5,000. Don't lice at the displaying the organization answered "Yes" on Form	ce to Domestic O	Irganizations and Dor	mestic Governmen	its. Complete if the	organization answered	1 "Yes" on Form	
Port Circle State	mold (a)	משומות תומר וכמפו	Ved IIIOIC IIIaii 40,000	rait II can be dupli	icated if additional s	pace is needed.		
P. DC CHRISTIAN ATH  RADD  ANA 64129  A44-0610626 501(C) 3 6,347  TH 37398		(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant
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THE STREET  THE ST		1						
TH 37398  TH 37398  TH 37398  TH 37388  SCIENTY  TH 37388  SCIENTY  TH 37388  SCIENTY  TH 37388  SCIENTY  TH 37388  TH 37388  TH 37398	- 1	44-0610626	501 (C) 3	6,347				SEE ATTACHED
TH 37398 62-1062771 501 (C) 3 9,692  IN 37398 62-1656264 501 (C) 3 11,909  SEE ATTY  TH 37398 62-1656264 501 (C) 3 5,823  TH 37398 46-2245542 501 (C) 3 7,544  TH 37398 77.544	N. C							
20   20   20   20   20   20   20   20	SAN ST	62-1062771	501(7)3	c c				
IN 37388 62-1656264 501(C) 3 11,909 SEE SEE TO SCIENT STAND SEE SEE TH 37398 46-2245542 501(C) 3 7,544 TITE SEE TH 37398 A6-2245542 501(C) 3 7,544 ATTIVE SEE TH	AY		2 (2) = 22	760'6				SEE ATTACHED
IN 37388 62–1656264 501 (C) 3 11,909  SEE STATES  TWATC  TWATC  TWATC  TWATC  TRA 37398 46–2245542 501 (C) 3 5,823  TO STATES  TO ST	815 WEST SIDE DRIVE			-				
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TRI 37388  CES PREGNANCY CENT TY 37398  TY 37398  TY 37398  TY 37398  TY 37398  TY 37398  TY 37398  TY 37398  TY 37398  TY 37398  TY 544  TY 5	(4) LEGAL AID SOCIETY							SEE ATTACHED
TRY 37398 62-0800756 501 (C) 3 5,823  CES PREGNANCY CENT TRY 37398 46-2245542 501 (C) 3 7,544  TRY 37398 7,544  Iumber of section 501(c)(3) and government organizations listed in the line 1 table	123 NW ATLANTIC							I I
TN 37398 46-2245542 501 (C) 3 7,544  TN 37398 46-2245542 501 (C) 3 7,544  Inher of section 501(c)(3) and government organizations listed in the line 1 table	TULLAHOMA, TN 37388	62-0800756	501 (C) 3	5,823				SEE
TN 37398 46-2245542 501 (C) 3 7,544 7,544	(5) LIFE CHOICES PREGNANCY CENT							HIMCHED
TN 37398 46-2245542 501(C) 3 7,544 7,544 1	37 SUNRISE PARK DR							<u> </u>
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		46-2245542	501 (C) 3	7,544				255 4448
	(9)							
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		sted in the line 1 table					. ▲ 	

62-1812118

UNITED WAY OF FRANKLIN COUNTY

Schedule I (Form 990) (2017)

Part III

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

(f) Description of noncash assistance ORGANIZATIONS APPLYING FOR GRANTS FROM UNITED WAY OF FRANKLIN COUNTY MUST SUBMIT, ANNUALLY, A DETAILED APPLICATION INCLUDING THESE APPLICATIONS FINANCIAL STATEMENTS, TAX RETURNS AND BUDGET INFORMATION. THEY MUST ALSO PROVIDE INFORMATION VERIFYING THAT ALL REQUIRED Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. ARE REVIEWED ANNUALLY BY A PANEL COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS AND COMMUNITY VOLUNTEERS. THIS PANEL RECOMMENDS GRANT AMOUNTS TO THE FULL UNITED WAY BOARD OF DIRECTORS AND THOSE APPLICATIONS ARE SUBMITTED FOR APPROVAL. STATE REGISTRATIONS ARE UP-TO-DATE, AS WELL AS INFORMATION ABOUT SERVICES THAT ARE CURRENTLY PROVIDED. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant 01. Monitoring procedures (Part I, line 2) Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV ന S 9 ~

Schodulo I (Form 990) (2017)

## 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.

OMB No 1545-0047

ZUI/

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF FRANKLIN COUNTY	62-1812118
01. Form 990 governing body review (Part VI, line 11)	
FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS BEFORE FILING.	
TOWN 930 13 KEVIDWED BY THE BOARD OF DIRECTORS BEFORE FIBING.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
BOARD MEMBERS REVIEW AND SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY AND	IT IS KEPT ON
FILE.	
03. Governing documents, etc, available to public (Part VI, line 19)	
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILAB	LE TO THE
PUBLIC UPON REQUEST.	