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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 1-1-08 and ending 12-31-08

B Check if applicable:

☐ Address change☒ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization

UNITED WAY OF WASHINGTON COUNTY, TENNESSEE, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

926 WEST OAKLAND AVENUE

Room/suite

214

City or town, state or country, and ZIP + 4

JOHNSON CITY**TN 37604**

D Employer identification number

62-6001105

E Telephone number

423-282-5682

G Gross receipts \$

1,926,917

F Name and address of principal officer:

LESTER LATTANY**926 WEST OAKLAND AVENUE, SUITE 214****JOHNSON CITY****TN 37604**

H(a) Is this a group return for

affiliates?

☐ Yes☒ No

H(b) Are all affiliates included?

☐ Yes☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(**3**)

(insert no)

4947(a)(1) or

527

J Website: **N/A**

K Type of organization:

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

1930

M State of legal domicile

TN

Part I Summary

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities NEEDS ASSESSMENT AND COMMUNITY IMPACT							
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets							
3 Number of voting members of the governing body (Part VI, line 1a)		3	30				
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	30				
5 Total number of employees (Part V, line 2a)		5	5				
6 Total number of volunteers (estimate if necessary)		6	100				
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)		7a					
b Net unrelated business taxable income from Form 990-T, line 34		7b	0				
8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year				
9 Program service revenue (Part VIII, line 2g)		1,826,800	1,909,226				
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,565	9,883				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,941	7,478				
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,685	330				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,859,991	1,926,917				
14 Benefits paid to or for members (Part IX, column (A), line 4)		1,362,334	1,460,049				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		162,621	202,469				
16a Professional fundraising fees (Part IX, column (A), line 11e)							
b Total fundraising expenses (Part IX, column (D), line 25)			382,362				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		302,947	434,807				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,827,902	2,097,325				
19 Revenue less expenses. Subtract line 18 from line 12		32,089	-170,408				
20 Total assets (Part X, line 16)		Beginning of Year	End of Year				
21 Total liabilities (Part X, line 26)		2,142,473	2,091,012				
22 Net assets or fund balances. Subtract line 21 from line 20		1,419,859	1,538,806				
		722,614	552,206				

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Signature of officer		Date	
Lester D. Lattany		9/25/09	
Type or print name and title			
President's CEO			
Preparer's signature	Date	Check if self-employed	Preparer's identifying number (see instructions)
Kenneth Moss	9/22/09	<input type="checkbox"/>	P00641676
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	
RODEFER MOSS & CO, PLLC 185 SERRAL DR GREENEVILLE, TN 37745	62-1690032	423-638-8144	

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

JUL 28 2010 Copy Processed as Original

AUG 18 2010

SCANNED Here