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Form **990**

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047
2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning **1/01/09**, and ending **3/31/09**

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) Room/suite
926 WEST OAKLAND AVENUE 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 \$ **87,695**

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

Website: **N/A**

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation **M** State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities
NEEDS ASSESSMENT AND COMMUNITY IMPACT

2 Check this box ☐ 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**

4 Number of independent voting members of the governing body (Part VI, line 1b) **30**

5 Total number of employees (Part V, line 2a) **5**

6 Total number of volunteers (estimate if necessary) **100**

7a Total gross unrelated business revenue from Part VIII, line 12, column (C)

7b Net unrelated business taxable income from Form 990-T, line 34 **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,909,226	85,774
9 Program service revenue (Part VIII, line 2g)	9,883	1,691
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,478	195
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	330	35
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,926,917	87,695
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,460,049	45,095
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	202,469	52,776
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) 45,322		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	434,807	22,827
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,097,325	120,698
19 Revenue less expenses. Subtract line 18 from line 12	-170,408	-33,003
	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	2,091,011	1,713,295
21 Total liabilities (Part X, line 26)	1,538,806	1,194,093
22 Net assets or fund balances. Subtract line 21 from line 20	552,205	519,202

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer **Lester D. Lattany** Date **9/25/09**
 Type or print name and title **President : CEO - Lester D. Lattany**

Paid Preparer's Use Only
 Preparer's signature **Kenneth** Date **9/23/09**
 Check if self-employed ☐ Preparer's identifying number (see instructions) **P00641676**
 Firm's name (or yours if self-employed), address, and ZIP + 4 **RODEFER MOSS & CO, PLLC 185 SERRAL DR GREENEVILLE, TN 37745**
 EIN **62-1690032**
 Phone **423-638-8144**

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

SCANNED AUG 18 2010 JUL 28 2010

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