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Form 990

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
UNITED WAY OF GREATER KINGSPORT

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
301 LOUIS STREET SUITE 201

City or town, state or country, and ZIP + 4
KINGSPORT, TN 37660

D Employer identification number
62-0481461

E Telephone number
(423) 378-3409

G Gross receipts $ 3,899,533

F Name and address of principal officer
RON BENNETT
301 LOUIS STREET SUITE 201
KINGSPORT,TN 37660

H(a) Is this a group return for affiliates? [ ] Yes [x] 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 [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW UWAYKPT ORG

K Form of organization [x] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1934

M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
UNITED WAY OF GREATER KINGSPORT IS A NON-PROFIT ORGANIZATION WHOSE MISSION/VISION IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY TO ADDRESS LOCAL HEALTH AND HUMAN SERVICE NEEDS EFFECTIVELY

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	**3**	31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	31
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	8
	6 Total number of volunteers (estimate if necessary)	**6**	350
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
	b Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	3,362,050	3,560,693
	9 Program service revenue (Part VIII, line 2g)	96,913	103,960
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,741	44,340
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	240,721	190,540
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,755,425	3,899,533
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,840,627	3,002,736
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	368,960	378,620
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶395,816		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	420,618	405,833
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,630,205	3,787,189
	19 Revenue less expenses Subtract line 18 from line 12	125,220	112,344

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	5,428,766	5,659,427
	21 Total liabilities (Part X, line 26)	2,869,744	2,988,061
	22 Net assets or fund balances Subtract line 21 from line 20	2,559,022	2,671,366

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

****** | 2011-05-24
Signature of officer | Date

RON BENNETT VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
KEVIN PETERS	KEVIN PETERS	2011-05-24	[ ]	

Firm's name ▶ BLACKBURN CHILDERS & STEAGALL PLC | Firm's EIN ▶

Firm's address ▶ 801B SUNSET DRIVE
JOHNSON CITY, TN 376043033 | Phone no ▶ (423) 282-4511

May the IRS discuss this return with the preparer shown above? (see instructions) [x] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

MISSION TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY TO ADDRESS LOCAL HEALTH AND HUMAN SERVICE NEEDS EFFECTIVELY VISION TO BE A MODEL OF EXCELLENCE IN ACHIEVING COMMUNITY HEALTH AND HUMAN SERVICE SOLUTIONS

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 ☑ 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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 931,500 including grants of $) (Revenue $ 0)

ENSURING SAFETY AND STABILITY AMERICAN RED CROSS FOR COUMMUNITY SERVICES, EMERGENCY SERVICES, AND HEALTH AND SAFETY SERVICES 2010 RECIPIENTS 105,942 BLOOMINGDALE VOLUNTEER FIRE DEPARTMENT FOR MEDICAL FIRST RESPONDER 2010 RECIPIENTS OF SERVICE - 1,750 CASA FOR KIDS FOR COURT-APPOINTED SPECIAL ADVOCATES PROGRAM 2010 RECIPIENTS OF SERVICE - 546 CHILDREN'S ADVOCACY CENTER OF SULLIVAN COUNTY FOR COUNSELING AND PREVENTION PROGRAM 2010 RECIPIENTS OF SERVICE - 5,900 CONTACT - CONCERN OF NORTHEAST TENNESSEE (2-1-1) FOR INFORMATION AND REFERRAL 2010 RECIPIENTS OF SERVICE - 262,000 FRIENDS IN NEED HEALTH CENTER FOR DENTAL AND MEDICAL SERVICES 2010 RECIPIENTS OF SERVICE - 3,206 HOLSTON COUNSELING SERVICES FOR CRISIS SUBSTANCE ABUSE PROGRAM, CRISIS RESPONSE SERVICES, AND MOBILE CRISIS RESPONSE TEAM 2010 RECIPIENTS OF SERVICE - 2,582 KINGSPORT LIFESAVING CREW FOR EMERGENCY MEDICAL, RESCUE, AND EXTRICATION PROGRAM 2010 RECIPIENTS OF SERVICE - 2,500 LEGAL AID OF EAST TENNESSEE FOR KINGSPORT DOMESTIC VIOLENCE PROGRAM 2010 RECIPIENTS OF SERVICE - 95 MOUNTAIN REGION SPEECH AND HEARING CENTER FOR SPEECH AND HEARING SCHOLARSHIPS 2010 RECIPIENTS OF SERVICE - 2,679 SAFE HOUSE FOR DOMESTIC ABUSE PROGRAM 2010 RECIPIENTS OF SERVICE - 203 THE SALVATION ARMY FOR EMERGENCY SHELTER AND SOCIAL SERVICES PROGRAM 2010 RECIPIENTS OF SERVICE - 20,850

4b (Code) (Expenses $ 711,000 including grants of $) (Revenue $ 0)

HELPING CHILDREN AND YOUTH SUCCEED $711,000 GRANTED TO BIG BROTHERS BIG SISTERS OF EAST TENNESSEE FOR COMMUNITY AND SCHOOL-BASED MENTORING PROGRAM 2010 RECIPIENTS OF SERVICE - 91 BOY SCOUTS OF AMERICA, SEQUOYAH COUNCIL FOR YOUTH DEVELOPMENT PROGRAM 2010 RECIPIENTS OF SERVICE - 1,326 BOYS AND GIRLS CLUB OF GREATER KINGSPORT FOR LICENSED CHILDCARE AND BUILDING SUCCESSFUL ADULTS 2010 RECIPIENTS OF SERVICE - 1,415 GIRL SCOUTS OF THE APPALACHIAN COUNCIL FOR OUTDOOR EDUCATION AND YOUTH DEVELOPMENT PROGRAMS 2010 RECIPIENTS OF SERVICE - 7,410 GIRLS INCORPORATED FOR CORE AND OUTREACH PROGRAMS 2010 RECIPIENTS OF SERVICE - 5,175 HOLSTON CHILDREN AND YOUTH SERVICES FOR SCHOOL AND COMMUNITY-BASED STUDENT ASSISTANCE PROGRAMS 2010 RECIPIENTS OF SERVICE - 2,582 KINGSPORT CHILD DEVELOPMENT CENTER FOR SLIDING FEE SCALE/INCOME-BASED CHILDCARE 2010 RECIPIENTS OF SERVICE - 165 SMALL MIRACLES THERAPEUTIC HORSEBACK RIDING CENTER FOR EQUINE-ASSISTED LEARNING AND THERAPEUTIC HORSE-RELATED ACTIVITIES AND PROGRAMS 2010 RECIPIENTS OF SERVICE - 255

4c (Code) (Expenses $ 197,500 including grants of $) (Revenue $ 0)

PROMOTING SELF-SUFFICIENCY $197,500 GRANTED TO FRONTIER INDUSTRIES FOR INDIVIDUAL SELF-SUFFICIENCY 2010 RECIPIENTS OF SERVICE - 102 HOPE HOUSE FOR FRESH START AND RESTART PROGRAMS 2010 RECIPIENTS OF SERVICE - 2,175 JOHN R HAY HOUSE FOR THE BROWN ANNEX AND THE HOSANNA HOUSE PROGRAMS 2010 RECIPIENTS OF SERVICE - 98 LITERACY COUNCIL OF KINGSPORT FOR TUTORING PROGRAM 2010 RECIPIENTS OF SERVICE - 494

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses $ 1,376,349 including grants of $) (Revenue $ 338,840)

4e **Total program service expenses** ▶ $ 3,216,349

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
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		No
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		No
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
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, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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		No
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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
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–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) 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**		No
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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
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	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	5		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		No
	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		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 31		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 31		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ TN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

JOE FLEMING JR
301 LOUIS STREET SUITE 201
KINGSPORT,TN 37660
(423) 378-3409

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREG BOEHLING PRESIDENT		X		X				0	0	0
(2) ANDY BONNER TREASURER		X		X				0	0	0
(3) JULIE GUNN SECRETARY		X		X				0	0	0
(4) ETTA CLARK VICE PRESIDENT		X		X				0	0	0
(5) JOHN ATKINS VICE TREASURER		X		X				0	0	0
(6) RICHARD KITZMILLER MEMBER		X		X				0	0	0
(7) THOMAS DYKSTRA MEMBER		X		X				0	0	0
(8) TAMMY TAYLOR MEMBER		X		X				0	0	0
(9) BECKY WHITLOCK MEMBER		X		X				0	0	0
(10) BRETT SAGO MEMBER		X		X				0	0	0
(11) JACK BALES MEMBER		X		X				0	0	0
(12) LISA ADAMS MEMBER		X		X				0	0	0
(13) ASHOK GALA MEMBER		X		X				0	0	0
(14) HANNEKE COUNTS MEMBER		X		X				0	0	0
(15) JANE HENRY MEMBER		X		X				0	0	0
(16) ED REYNOLDS MEMBER		X		X				0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) LORI JUNG MEMBER		X		X				0	0	0
(18) HAROLD CORN MEMBER		X		X				0	0	0
(19) JEANETTE BLAZIER MEMBER		X		X				0	0	0
(20) PAT TURNER MEMBER		X		X				0	0	0
(21) BUDDY SCOTT MEMBER		X		X				0	0	0
(22) DORY CREECH MEMBER		X		X				0	0	0
(23) PAT KANE MEMBER		X		X				0	0	0
(24) MONTY MCLAURIN MEMBER		X		X				0	0	0
(25) EG SOUDER MEMBER		X		X				0	0	0
(26) LAURIE PAULONIS MEMBER		X		X				0	0	0
(27) VAN DOBBINS MEMBER		X		X				0	0	0
(28) TIM BAYLOR MEMBER		X		X				0	0	0
(29) JOHN CAMPBELL MEMBER		X		X				0	0	0
(30) BEULAH FERGUSON MEMBER		X		X				0	0	0
(31) DORIS BUSH EXECUTIVE DIRECTOR	40 00			X				67,646	0	0
(32) DANELLE GLASSCOCK EXECUTIVE DIRECTOR	40 00			X				20,192	0	0
(33) JOE FLEMING DIRECTOR OF FINANCE	40 00			X				41,852	0	10,094
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								129,690	0	10,094

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a	3,560,693				
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f					
	g Noncash contributions included in lines 1a-1f $	270,298				
	h **Total.** Add lines 1a-1f . . . . . ▶		3,560,693			
Program Service Revenue		Business Code				
	2a MANAGEMENT FEE	541200	103,960	103,960		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		103,960			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		44,340	44,340		
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) . . . . . ▶					
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a UNREALIZED GAIN(LOSS)	900099	103,624	103,624		
	b OTHER	900099	86,916	86,916		
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		190,540			
	12 **Total revenue.** See Instructions . . . ▶		3,899,533	338,840	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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,002,736	3,002,736		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	145,051	58,601	43,805	42,645
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	142,891	57,728	43,153	42,010
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	64,367	26,004	19,439	18,924
9 Other employee benefits				
10 Payroll taxes	26,311	10,630	7,946	7,735
a Fees for services (non-employees) Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	30,771	12,431	9,293	9,047
17 Travel	4,599	1,858	1,389	1,352
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	34,200	13,817	10,328	10,055
22 Depreciation, depletion, and amortization	15,405	6,224	4,652	4,529
23 Insurance	6,152	2,485	1,858	1,809
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a ADVERTISING	240,365			240,365
b PROFESSIONAL FEES	15,343		15,343	
c CAMPAIGN EXPENSE	15,047	6,079	4,544	4,424
d PROGRAM EXPENSE	8,370	3,381	2,528	2,461
e PRINTING AND PUBLICATIO	7,149	2,888	2,159	2,102
f All other expenses	28,432	11,487	8,587	8,358
25 **Total functional expenses.** Add lines 1 through 24f	3,787,189	3,216,349	175,024	395,816
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,299,955	1	1,144,987
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		2,650,371	3	2,822,704
	4	Accounts receivable, net		5,559	4	5,986
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 79,162			
	b	Less accumulated depreciation	10b 37,729	15,248	10c	41,433
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		1,451,076	12	1,638,189
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		6,557	15	6,128
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,428,766	16	5,659,427
Liabilities	17	Accounts payable and accrued expenses		30,615	17	27,580
	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	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		2,839,129	25	2,960,481
	26	**Total liabilities.** Add lines 17 through 25		2,869,744	26	2,988,061
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		980,583	27	886,387
	28	Temporarily restricted net assets		1,558,639	28	1,762,769
	29	Permanently restricted net assets		19,800	29	22,210
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,559,022	33	2,671,366
	34	Total liabilities and net assets/fund balances		5,428,766	34	5,659,427

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	3,899,533
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,787,189
3	Revenue less expenses Subtract line 2 from line 1	3	112,344
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	2,559,022
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,671,366

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a		No
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		

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SCHEDULE A (Form 990 or 990EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER KINGSPORT

Employer identification number
62-0481461

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,484,154	3,759,169	4,319,420	3,778,039	3,664,653	19,005,435
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	3,484,154	3,759,169	4,319,420	3,778,039	3,664,653	19,005,435
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						19,005,435

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,484,154	3,759,169	4,319,420	3,778,039	3,664,653	19,005,435
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	164,792	136,297	-205,457	196,927	147,964	440,523
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	82,445	70,371	53,003	99,535	86,916	392,270
11 **Total support** (Add lines 7 through 10)						19,838,228

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

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	**14**	95 800 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	**15**	96 150 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 62-0481461
Name: UNITED WAY OF GREATER KINGSPORT

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREG BOEHLING PRESIDENT		X		X				0	0	0
ANDY BONNER TREASURER		X		X				0	0	0
JULIE GUNN SECRETARY		X		X				0	0	0
ETTA CLARK VICE PRESIDENT		X		X				0	0	0
JOHN ATKINS VICE TREASURER		X		X				0	0	0
RICHARD KITZMILLER MEMBER		X		X				0	0	0
THOMAS DYKSTRA MEMBER		X		X				0	0	0
TAMMY TAYLOR MEMBER		X		X				0	0	0
BECKY WHITLOCK MEMBER		X		X				0	0	0
BRETT SAGO MEMBER		X		X				0	0	0
JACK BALES MEMBER		X		X				0	0	0
LISA ADAMS MEMBER		X		X				0	0	0
ASHOK GALA MEMBER		X		X				0	0	0
HANNEKE COUNTS MEMBER		X		X				0	0	0
JANE HENRY MEMBER		X		X				0	0	0
ED REYNOLDS MEMBER		X		X				0	0	0
LORI JUNG MEMBER		X		X				0	0	0
HAROLD CORN MEMBER		X		X				0	0	0
JEANETTE BLAZIER MEMBER		X		X				0	0	0
PAT TURNER MEMBER		X		X				0	0	0
BUDDY SCOTT MEMBER		X		X				0	0	0
DORY CREECH MEMBER		X		X				0	0	0
PAT KANE MEMBER		X		X				0	0	0
MONTY MCLAURIN MEMBER		X		X				0	0	0
EG SOUDER MEMBER		X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAURIE PAULONIS MEMBER		X		X				0	0	0
VAN DOBBINS MEMBER		X		X				0	0	0
TIM BAYLOR MEMBER		X		X				0	0	0
JOHN CAMPBELL MEMBER		X		X				0	0	0
BEULAH FERGUSON MEMBER		X		X				0	0	0
DORIS BUSH EXECUTIVE DIRECTOR	40 00			X				67,646	0	0
DANELLE GLASSCOCK EXECUTIVE DIRECTOR	40 00			X				20,192	0	0
JOE FLEMING DIRECTOR OF FINANCE	40 00			X				41,852	0	10,094

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 1,376,349 including grants of $) (Revenue $ 338,840)

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER KINGSPORT

Employer identification number
62-0481461

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		31,573	24,218	7,355
e Other		47,589	13,511	34,078
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				41,433

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS	670,832	F
(B) LONG-TERM INVESTMENTS	841,031	F
(C) ENDOWMENT FUND	126,326	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	1,638,189	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ALLOCATIONS AND DESIGNATIONS PAYABLE	2,949,347
CAPITAL LEASE	11,134
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,960,481

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,899,533
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,787,189
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	112,344
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	112,344

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	3,002,441
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	3,002,441
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	897,092		
c	Add lines **4a** and **4b**			4c	897,092
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	3,899,533

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,890,097
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	2,890,097
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	897,092		
c	Add lines **4a** and **4b**			4c	897,092
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	3,787,189

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE UNITED WAY OF GREATER KINGSPORT, INC FOLLOWS FASB ASC, WHICH PROVIDES GUIDANCE ON ACCOUNTING FOR UNCERTAINITY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS AS OF DECEMBER 31, 2010, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE ORGANIZATION'S FINANCIAL STATEMENTS THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ON UNRECOGNIZED TAX LIABILITIES IN INCOME TAX EXPENSE IN THE FINANCIAL STATEMENTS NO INTEREST AND PENALTIES WERE RECORDED DURING THE YEAR ENDED DECEMBER 31, 2010
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER KINGSPORT

Employer identification number
62-0481461

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THROUGH A VOLUNTEER-BASED CITIZENS' REVIEW PROCESS, UNITED WAY GUARANTEES THAT DONATED FUNDS ARE USED WISELY THIS CITIZENS' REVIEW COMMITTEE WILL REVIEW AGENCY BUDGETS AND PROGRAM INFORMATION, MAKE AN ON-SITE VISIT TO EACH AGENCY AND RECEIVE A FINANCIAL PRESENTATION, LEARN MORE ABOUT THE LEVEL OF COMMUNITY NEED RELEVANT TO THE PROGRAMS THEY REVIEW AND APPLY THIS KNOWLEDGE DURING THE PROCESS, MAKE AN OBJECTIVE RECOMMENDATION FOR FUNDING TO THE FUND DISTRIBUTION COMMITTEE, THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 62-0481461
Name: UNITED WAY OF GREATER KINGSPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOMINGDALE VOLUNTEER FIRE DEPARTMENT3713 MEMORIAL BLVD KINGSPORT,TN 37660			20,000				OPERATIONS
BIG BROTHERSBIG SISTERS OF GREATER TRI-CITIES220 BROAD STREET KINGSPORT,TN 37660			71,251				OPERATIONS
BOYS AND GIRLS CLUB OF GREATER KINGSPORT213 LEE STREET KINGSPORT,TN 37660			221,138				OPERATIONS
CASA OF SULLIVAN COUNTY317 SHELBY STREET SUITE 206 KINGSPORT,TN 37660			34,000				OPERATIONS
GIRLS INC1100 GIRLS PLACE KINGSPORT,TN 37660			164,368				OPERATIONS
GIRL SCOUTS APPALACHIAN COUNCIL 1100 WOODLAND AVENUE JOHNSON CITY,TN 37601			23,300				OPERATIONS
FRONTIER HEALTH2017 STONEBROOK PLACE KINGSPORT,TN 37660			278,653				OPERATIONS
JOHN R HAY HOUSE427 E SULLIVN STREET KINGSPORT,TN 37660			75,044				OPERATIONS
KINGSPORT LIFESAVING CREW1800 CRESCENT DRIVE KINGSPORT,TN 37664			80,000				OPERATIONS
SMALL MIRACLES THERAPEUTIC HORSEBACK RIDING CENTER1205 N EASTMAN ROAD KINGSPORT,TN 37664			29,175				OPERATIONS
MEALS ON WHEELS301 LOUIS STREET KINGSPORT,TN 37664			111,045				OPERATIONS
KINGSPORT CHILD DEVELOPMENT CENTER118 CLAY STREET KINGSPORT,TN 37662			126,200				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN RED CROSS501 S WILCOX DRIVE KINGSPORT,TN 37660			250,062				OPERATIONS
SALVATION ARMY505 DALE STREET KINGSPORT,TN 37662			133,101				OPERATIONS
MOUNTAIN REGION SPEECH AND HEARING CENTER404 REVERE STREET KINGSPORT,TN 37660			83,138				OPERATIONS
CONTACT CONCERN OF KINGSPORTPO BOX 3336 KINGSPORT,TN 37664			58,973				OPERATIONS
CHILDREN'S ADVOCACY CENTERPO BOX 867 BLOUNTVILLE,TN 37617			50,411				OPERATIONS
SHEPHERD CENTERPO BOX 382 KINGSPORT,TN 37662			17,612				OPERATIONS
FRIENDS IN NEED HEALTH CENTER1105 W STONE DRIVE KINGSPORT,TN 37660			66,121				OPERTIONS
LITERACY COUNCIL326 COMMERCE STREET KINGSPORT,TN 37660			29,000				OPERATIONS
BOY SCOUTS SEQUOYAH COUNCIL129 BOONE RIDGE DRIVE GRAY,TN 37615			20,000				OPERTIONS
HOPE HOUSE614 CEDAR CT KINGSPORT,TN 37663			26,500				OPERATIONS
LEGAL AID OF TENNESSEE 311 W WALNUT STREET JOHNSON CITY,TN 37605			10,000				OPERATIONS
FIRST TENNESSEE HUMAN DEVELOPMENT2203 MCKINLEY ROAD JOHNSON CITY,TN 37601			22,523				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BAILEYTON COMMUNITY CHEST1871 W MAIN STREET GREENEVILLE,TN 37743			5,956				OPERATIONS
BLOUNTVILLE COMMUNITY CHESTPO BOX 277 BLOUNTVILLE,TN 37617			42,291				OPERATIONS
UNITED WAY OF BRISTOL PO BOX 696 BRISTOL,TN 37620			27,695				OPERATIONS
UNITED WAY OF ELIZABETHTONCARTER COUNTY527 E ELK AVENUE ELIZABETHTON,TN 37643			13,684				OPERATIONS
FALL BRANCH COMMUNITY CHESTPO BOX 90 FALL BRANCH,TN 37656			30,377				OPERATIONS
GRAY COMMUNITY CHEST PO BOX 8024 GRAY,TN 37615			60,267				OPERATIONS
UNITED WAY OF GREENE COUNTY115 ACADEMY STREET GREENEVILLE,TN 37743			10,870				OPERATIONS
UNITED WAY OF HAWKINS COUNTY403 E MAIN STREET ROGERSVILLE,TN 37857			94,784				OPERATIONS
INDIAN SPRINGS COMMUNITY CHESTPO BOX 3823 KINGSPORT,TN 37664			83,703				OPERATIONS
MT CARMEL COMMUNITY CHEST100 E MAIN STREET MT CARMEL,TN 37645			23,140				OPERATIONS
PINEY FLATS COMMUNITY CHESTPO BOX 96 PINEY FLATS,TN 37686			13,452				OPERATIONS
UNITED WAY OF SOUTHWEST VIRGINIAPO BOX 1225 GATE CITY,VA 24251			117,660				OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SULLIVAN SOUTH COMMUNITY CHESTPO BOX 5553 KINGSPORT,TN 37663			178,201				OPERATIONS
SULPHUR SPRINGS COMMUNITY CHESTPO BOX 8104 JOHNSON CITY,TN 37615			19,517				OPERATIONS
UNITED WAY OF UNICOI COUNTYPO BOX 343 ERWIN,TN 37650			12,910				OPERATIONS
UNITED WAY OF WASHINGTON COUNTY TNJOHNSON CITY926 W OAKLAND AVENUE JOHNSON CITY,TN 37604			131,783				OPERATIONS
UNITED WAY OF WASHINGTON COUNTY VA PO BOX 644 ABINGDON,VA 24212			9,050				OPERATIONS
WEST CARTERS VALLEY COMMUNITY CHESTPO BOX 1238 CHURCH HILL,TN 37642			18,225				OPEATIONS

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER KINGSPORT

Employer identification number
62-0481461

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( )		See Add'l Data		
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29**

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a**		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 62-0481461
Name: UNITED WAY OF GREATER KINGSPORT

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
Other ► (ADVERTISING)	X	3	239,030	INVOICE FROM PROVIDER
Other ► (GRAPHIC SERVICES)	X	1	2,933	INVOICE FROM PROVIDER
Other ► (OTHER SERVICES)	X	1	225	INVOICE FROM PROVIDER
Other ► (ACCOUNTING SERVICES)	X	1	10,500	INVOICE FROM PROVIDER
Other ► (FURNITURE)	X	1	17,610	INVOICE FROM PROVIDER

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493151000071

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER KINGSPORT

Employer identification number
62-0481461

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		FORM 990 IS PROVIDED TO FINANCE AND EXECUTIVE COMMITTEES FOR THEIR REVIEW AND BEFORE SUBMITTING TO IRS, THE BOARD APPROVES THE AUDIT REPORT AND 990

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE MADE AWARE OF THE POLICY AT EACH MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	SALARY COMPENSATION STANDARD GUIDE PURPOSE IN AN EFFORT TO RECRUIT AND RETAIN QUALIFIED AND EXCEPTIONAL STAFF, UNITED WAY OF GREATER KINGSPORT (UWGK) WILL DEPLOY AND ADHERE TO A COMPENSATION PERCENTAGE PROCEDURE BASED ON COMPETITIVE STANDARDS AND BENCHMARKS WHICH WILL ENSURE COMPETITIVE PAY FOR ALL STAFF THE RESULT OF THIS PROCEDURE WILL TAKE THE FORM OF PERIODIC (NORMALLY ANNUAL) PERFORMANCE BASED SALARY INCREASES AN OVERALL PERCENT OF SALARY - BUDGET WILL BE APPROVED BY THE BOD AND INTEGRATED INTO THE OPERATIONAL BUDGETING PROCESS AREA OF RESPONSIBILITY HUMAN RESOURCES COMMITTEE MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS WHICH MUST BE APPROVED BY THE BOARD PRIOR TO IMPLEMENTATION PROCEDURE A SALARY/PAY RANGES FOR ALL POSITIONS WILL BE DETERMINED AS FOLLOWS - USE THE MOST CURRENT UNITED WAY OF AMERICA (UWA) STANDARD SALARY SURVEY GUIDE TO PROVIDE THE FRAMEWORK FOR SALARY/PAY RANGES NOTE SINCE UWGKS FUNDRAISING RESULTS PLACE IT IN THE METRO III SOUTH CENSUS DESIGNATION BUT COMMUNITY DEMOGRAPHICS MORE CLOSELY RESEMBLE METRO IV SOUTH CENSUS DATA, BOTH DATA SETS WILL BE CONSIDERED - ENSURE THAT STAFF POSITIONS ARE PROPERLY ALIGNED WITH UWA POSITION CODES AND ASSESS WHETHER THE SALARY STRUCTURE FOR EACH POSITION IS APPROPRIATE BASED ON THE DUTIES OF THE POSITION - COMPARE THE RANGES WITH APPROPRIATELY AGED DATA FROM SALARY/BENEFIT SURVEYS OF LOCAL BUSINESSES OF COMPARABLE SIZE - COMPARE THE RANGE WITH RELEVANT DATA AVAILABLE FROM LOCAL BRANCHES OF THE SOCIETY FOR HUMAN RESOURCE MANAGEMENT (SHRM) AND THE HUMAN RESOURCE ASSOCIATION OF NORTHEAST TENNESSEE (HRANET) - CONSIDER COMPARATIVE WAGE INFORMATION, COST OF LIVING DATA AND OTHER PERTINENT INFORMATION B THE SALARY RANGES PROVIDE THE STRUCTURE FOR MERIT INCREASES THE RANGES WILL BE REVIEWED BY THE HUMAN RESOURCES COMMITTEE ON A BI-ANNUAL BASIS AND UPDATED AS NEEDED C RECOMMENDATIONS FOR CHANGES IN SALARY RANGES WILL BE MADE BY THE HUMAN RESOURCES COMMITTEE AND PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL ANNUAL MERIT INCREASES - HUMAN RESOURCES COMMITTEE WILL USE THE APPROVED SALARY RANGES AND, IF WARRANTED AND ECONOMIC CONDITIONS ALLOW, RECOMMEND TO THE BOARD OF DIRECTORS A PERCENTAGE INCREASE IN SALARY IF APPROVED, INCREASES WILL BE BASED ON STAFF PERFORMANCE - THE EXECUTIVE DIRECTOR WILL CONDUCT ANNUAL PERFORMANCE REVIEWS OF STAFF MEMBERS OTHER THAN HIM/HERSELF - THE VOLUNTEER PRESIDENT AND VICE-PRESIDENT, WITH ASSISTANCE FROM THE HUMAN RESOURCES CHAIR, WILL CONDUCT AN ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR - SALARY INCREASES ARE PERFORMANCE BASED AND ARE EFFECTIVE JANUARY 1

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS PROVIDED UPON REQUEST

Identifier	Return Reference	Explanation
		NO CHANGE IN PROCESS FROM PRIOR YEAR