Return of Organization Exempt From Income

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

OMB No. 1545-0047

Open to Public Inspection

Form 990 (2018)

Department of the Treasury Internal Revenue Service

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

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

A	roi ili	e 20 to calefluar year, or tax year beginning	anu	enamy							
В	Check if applicab	C Name of organization			D Employer ide	ntification number					
	Addre	UNITED WAY OF UNION CO	UNTY, INC								
	Name				71	-0338355					
	Initial return	Number and street (or P.O. box if mail is not del	E Telephone number								
	Final	200 N. JEFFERSON		103	87	0-862-4903					
	termir ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	1,737,870.					
	Amen	ded DT DODADO AD 71720	H(a) Is this a grou	ıp return							
	Application			ates? Yes X No							
pending 200 N JEFFERSON, EL DORADO, AR 71730 H(b) Are all subordinates included? Yes N											
1	Tax-ex		◀ (insert no.) 4947(a)(1) o	or 527	1	ch a list. (see instructions)					
		te: ► WWW.UNITEDWAYUNIONCOUN			H(c) Group exem	22					
			sociation Other >	L Year		2 M State of legal domicile: AR					
	art I	Summary		1 700 370 370 370							
4	1	Briefly describe the organization's mission or most	significant activities: TO PF	ROVIDE	SUPPORT :	FOR					
Activities & Governance		RECOGNIZED BENEVOLENT AND									
Ē	2	Check this box if the organization discor									
Še	3	Number of voting members of the governing body			, gg	3 19					
Ğ	4	Number of independent voting members of the gov				4 19					
ω, ω	5	Total number of individuals employed in calendar y				5 2					
iţi.	6	Total number of volunteers (estimate if necessary)				6 0					
댫	7 a	Total unrelated business revenue from Part VIII, co	lumn (C) line 12			7a 0.					
ď	h	Net unrelated business taxable income from Form				7b 0.					
_				Prior Year	Current Year						
	8	Contributions and grants (Part VIII, line 1h)			1,103,70						
ng.	9	Program service revenue (Part VIII, line 2g)				0. 0.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			214,44						
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				0. 0.					
		Total revenue - add lines 8 through 11 (must equal			1,318,15						
-		Grants and similar amounts paid (Part IX, column (A			1,043,069						
	1	Benefits paid to or for members (Part IX, column (A		NYC. 49400		0. 0.					
	1	Salaries, other compensation, employee benefits (F	-0.000 Maradas centocos Maradas con	0.0000000000000000000000000000000000000	143,150						
Ses	10					0. 143,021.					
Expenses	loa	Professional fundraising fees (Part IX, column (A), lii				<i>y</i> .					
Ä	1,70	Total fundraising expenses (Part IX, column (D), line			103,813	80,768.					
		Other expenses (Part IX, column (A), lines 11a-11d,			1,290,032						
		Total expenses. Add lines 13-17 (must equal Part IX									
- S		Revenue less expenses. Subtract line 18 from line	12		28,120						
Net Assets or Fund Balances		F. I (D. I.V.).			inning of Current Ye						
Ball	20				9,075,119						
ad a	21	Total liabilities (Part X, line 26)			1,051,196						
_	22 art	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		8,023,923	7,040,321.					
_						for the analysis and half of the					
		ties of perjury, I declare that I have examined this return, i			50 50 50	r my knowledge and belief, it is					
rue,	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of while	cn preparer	nas any knowledge.						
٠.		Signature of officer			Date						
Sigi	- 4				Date						
Her	e	RYAN RAGAN, BOARD PREST Type or print name and title	LDENT								
			Preparer's signature	Da	ate Check	PTIN					
aid	- 1	G. PETE PARKS	1	7/11/19 of self-em							
	- 1	Firm's name PARKS & COMPANY I	ĮU.								
	100	Firm's address 441 N WASHINGTON	10		Firm's EIN	- 40-414013T					
Jse Only Firm's address 441 N WASHINGTON Phone no. 870 - 862 - 34											
101	the ID	S discuss this return with the preparer shown above			Prione no. 8						
vidy	me in	o discuss this return with the preparer shown above	er (see instructions)			X Yes No					

	art III Statement of Program Service Accomplishments
<u></u>	
1	Check if Schedule O contains a response or note to any line in this Part III
'	THE UNITED WAY OF UNION COUNTY IS A VOLUNTARY EFFORT TO INCREASE THE
	ORGANIZED CAPACITY OF PEOPLE WHO CARE FOR ONE ANOTHER.
_	Diddle and indiana and the second of the sec
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	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 X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,110,097. including grants of \$ 1,071,302.) (Revenue \$)
	DISTRIBUTION OF FUNDS ON BEHALF OF 12 NON-PROFIT AGENCIES IN UNION
	COUNTY, ARKANSAS
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	
4c	(Code:) (Expenses \$
1d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$
le	Total program service expenses ► 1,110,097.

Form **990** (2018)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ļū.		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
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	Х	Japany.
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	20
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			-
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
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		_X_
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X_
		20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2018) UNITED WAY OF UNION COUNTY, INC Part IV Checklist of Required Schedules (continued)

		·	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ij.		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		-	
		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	LOD		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	=	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	21		Δ
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):			v
a	3	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			27442
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	8		
	Note. All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			П
	• • • • • • • • • • • • • • • • • • • •	T	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c		
	W VI TITLE TO THE TOTAL TH	10		

Form 990 (2018) UNITED WAY OF UNION COUNTY, INC
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		21	Yes	No
2	the state of the s			
	filed for the calendar year ending with or within the year covered by this return 2a	2		
Ł		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		
- 3a		3a		X
Ŀ	if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
42	, and the second of the second			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
È				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	0.00.00.00.00.00.00.00.00.00.00.00.00.0	5a		X
,≈ b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
0	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			37
	any contributions that were not tax deductible as charitable contributions?	6a		X
13	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).	_ * :		77
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?			X
b	if "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	g and a second s			v
d	to file Form 8282? if "Yes," indicate the number of Forms 8282 filed during the year	7c	==	<u>X</u>
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
1	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 1098-0?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	33		
83	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a dorior, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	2		
i 1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
;	amounts due or received from them.)			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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		- 11	
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X_
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X_
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X_
	If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{X}
Sec	ction A. Governing Body and Management		۹,	
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 12)	- ,	
	If there are material differences in voting rights among members of the governing body, or if the governing	1/2		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			le te
h	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	. 11	122
_	officer, director, trustee, or key employee?	2		х
. 3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			72
. •	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	¥.	X
6	Did the organization have members or stockholders?	6	. 5	X
7a		Ť	T.	
7 4	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			===-
1,7	persons other than the governing body?	7b		X.
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		2004	
9	The governing body?	8a.	X	
h	Each committee with authority to act on behalf of the governing body?	8b	X	8
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-05	-44	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		_	- 43
000	CONT D. 1 SHORES J. MIS Section B requests information about policies not required by the internal nevertae code.		Yes	No
406	Did the organization have local chapters, branches, or affiliates?	10a	163	X
10a	and the second s	100		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
440	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	13/
î ta		Ha	-1	7
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	.e.: /#
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	W 10
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	77	*****
C		400	v	D 2 1061
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Δ.	
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?	l II	-	70°
a	The organization's CEO, Executive Director, or top management official	15a		X.
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1	-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1 =	40
	taxable entity during the year?	16a		_X_
Ġ	if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			179.00
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		-	
	exempt status with respect to such arrangements?	16b	t .	
Sec	tion C. Disclosure	_		
17	List the states with which a copy of this Form 990 is required to be filed. ► AR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		15	
	Own website Another's website X Upon request Other (explain in Schedule O)	-	5	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			У.,
	ALEXIS ALEXANDER - 870-862-4903			
	200 N JEFFERSON, EL DORADO, AR 71730			

Earm	OOA	(2018)	

UNITED WAY OF UNION COUNTY, INC

71-0338355

Jane 7

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

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

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

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

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

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

r.	(A) Name and Title	(B) Average hours per week	(do	(C) Position (do not check more) box, unless person is officer and a director				one th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	* V = 1 * A #	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	CAREY TUCKER	1.00	-						_		
DIRE		1 00	X	-			- 10		0.	. 0.	0.
(2) DIRE		1.00	х						0.	0.	0.
(3)	ALEXIS ALEXANDER	40.00							¥ 121	SE 10 12 190 X 100	2 2
SECRI	ETARY/CEO		X		X	••		-	66,979.	0:	0.
(4)	LANCE CLARK	1.00				-		8	8 0		
DIREC	CTOR	1	X			100		10	0.	0.	0.
(5)	SETH BENNET	1.00			80						*)
	PRESIDENT		X	_	X			2.5	0.	0.	
	BETHANY GADDY	1.00				1			and the same of th	+ 4 10 21 1	_
DIREC		1 00	X	-	_ =	-		(F)	*** * O •	0.	0.
	LESLIE CARROLL	1.00					63				
DIREC		1 00	X						0.	0.	0.
	RHONDA MURRY	1.00	₹.					100			
DIREC		1.00	X	-		-		_	0.	0.	0.
	BRIAN MACCONNACHIE	1.00	х	i					0.	0.	lt III at
DIREC		1.00	_	-	-					0.	0.
	ASHLEY NALE	1.00	x						0.	0.	0.
DIREC	BOB TARREN	1.00	^						0.	0.	<u></u>
DIREC		1.00	x			*			0.	0.	0.
	GREG HARRISON	1.00					7				
DIREC			x						0.	0.	0.
	CATHERINE NOYES	1.00									
DIREC	TOR		x						0.	0.	0.
(14)	KEN SMITH	1.00					7.0		-		
DIREC	TOR		X						0.	0.	0.
(15)	DEBBIE MCADAMS	1.00									
DIREC	TOR		X						0.	0.	0 .
(16)	MINDY WEST	1.00									
DIREC	TOR		X		_	_			0.	0.	0.
	RYAN RAGAN	1.00									
PRESI	DENT		X		X				0.	0.	0.

Part VII Section A. Officers, Directors (A) Name and title	(B) Average hours per week	(C) Position (do not check more than or box, unless person is both officer and a director/truste				h than is bo	one th an	(D) Reportable compensation from	(E) Reportab compensat from relate	tion ed	Estir amo	rated unt of ther
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatic (W-2/1099-M		fror organ and i	ensation in the nization related izations
(18) CHRISTEN WOODS	1.00							537 14	1399	F 8		725
DIRECTOR	1.00	X				-		0.		0.		0.
(19) EVELYN MORRIS TREASURER	1.00	x		x				0.		0.	2.0	0.
IKEASUREK		21	Г	21	×			W en mes	M ACC 4080	31.		
								*	### .		V 2	e.
			-			-	H		v 1*		100	
									14. B's a			
6												7.3
V										-	-	
							*		90 E4 E400 R		F	
						227					**	
										7. t.	d and and	
							*:0		2 0 € 0			
1b Sub-total				_		اسا		66,979.		0.		0.
c Total from continuation sheets to Pa	art VII, Section A							0.	·	0.	M S CS	0.
d Total (add lines 1b and 1c)							>	66,979.		0.		0.
2 Total number of individuals (including		ose	liste	d ab	ove) wh	o red	ceived more than \$100	,000 of reportal	ble		•
compensation from the organization	<u> </u>				12/	_		9 - 13-(Val.) - 0		100	T _V	0 es No
3 Did the organization list any former of	ficer, director, or tru	stee	. ke	/ em	יסומו	vee.	or hi	ighest compensated er	mplovee on	1		110
line 1a? If "Yes," complete Schedule J	· · · · · · · · · · · · · · · · · · ·			,				•		n:	3	x
4 For any individual listed on line 1a, is the	he sum of reportable	е со	mpe	nsa	tion	and	othe	er compensation from t	the organization			
and related organizations greater than											4	X
5 Did any person listed on line 1a receive							elate	d organization or indivi	dual for service	S	_	
rendered to the organization? If "Yes," Section B. Independent Contractors	complete Schedule	JIC	or su	cn p	ers	<u>on</u>	******			ليسيا	5	X
Complete this table for your five higher	st compensated ind	epe	nder	nt co	ntra	acto	rs tha	at received more than :	\$100,000 of cor	mpensa	tion from	n
the organization. Report compensation	for the calendar ye	ar e	ndir	g w	ith c	r wi	thin t	the organization's tax y	rear.		1-2-	
(A) Name and busi			3.77					(B) Description of se	nhilone	5 7 4 0	(C) ompensa	tion
Name and Dash	1033 3431033	140	NE	_			-	Description of se	51,VICES		mpensa	
								91	F 20 5	G	×	
									#			7
							-					
								S =		×	ž.	
	u	-		-			+					- 11 - 7
		_						l <u>ē</u>				

O Tatal aventure of its 1							ļ.					
2 Total number of independent contractor \$100,000 of compensation from the or		t lim	iited	to t	nos n	e list	ed a	bovej wno received m	ore tnan			
2.00,000 or compensation from the of	Maintanon	_	_		U	_					- 00	

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (D) Revenue excluded from tax under (C) Total revenue Unrelated exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns ta 1,049,808. b Membership dues 1b c Fundraising events 10 d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 30,343. 1f g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 080,151 **Business Code** Program Service Revenue f Alí other program service revenue g Total, Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 211,782. 211,782. Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 445,937. b Less: cost or other basis and sales expenses 385,126. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ ______ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a 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** 11 a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions ,744 0 0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in		310 4/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1	
	not Include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
//	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1			29		
	and domestic governments. See Part IV, line 21	1,071,302.	1,071,302.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				- M
3	Grants and other assistance to foreign			α	
	organizations, foreign governments, and foreign			1.	× ×
	individuals. See Part IV, lines 15 and 16	4			<u> </u>
4	Benefits paid to or for members			9 90	2.0
5	Compensation of current officers, directors,		41 83	- 3	*
	trustees, and key employees	66,979.	3,349.	43,537.	20,093
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		14	* . · · · ·	
	persons described in section 4953(c)(3)(B)			7.	
7	Other salaries and wages	46,272.	2,314.	30,076.	13,882
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	13,947.		13,947.	9_0
9	Other employee benefits	7,759.	388.	5,043.	2,328
10	Payroll taxes	8,664.	433.	5,632.	2,599
11	Fees for services (non-employees):	0,002.	10.0	5,0021	,
''a			*	_ 8	en en er de fil
b		***************************************			W 400
-		6,900.		6,900.	
C	- 1000000000000000000000000000000000000	0,300.		0,900.	528
d					
e	-	 			
f	Investment management fees				
g	,			15 N E 1	
	column (A) amount, list line 11g expenses on Sch O.)	44.0		110	
12	Advertising and promotion	412.		412.	0.10 20
13	Office expenses	3,143.	- 7	3,143.	
14	Information technology	4,704.	557. II	4,704.	S NV N
15	Royalties				40
16	Occupancy	7,104.	1.49:	7,104.	
17	Travel	809.		809.	PE 14
18	Payments of travel or entertainment expenses	. 1			
	for any federal, state, or local public officials			y 5 ,	P o
19	Conferences, conventions, and meetings	968.		968.	‡ "
20	Interest			* H	8 V
21	Payments to affiliates				ut.
22	Depreciation, depletion, and amortization	1,032.		1,032.	
23	Insurance	3,171.		3,171.	
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line	1			
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	1		a g	
а	IMAGINATION LIBRARY	32,311.	32,311.		
b	DUES	11,548.	32/321	11,548.	
c	TELEPHONE	3,530.		3,530.	
ď	CAMPAIGN SUPPLIES	2,198.		3,330.	2,198.
	All other expenses	2,938.		2,289.	649
25	Total functional expenses. Add lines 1 through 24e	1,295,691.	1,110,097.	143,845.	41,749
26 26	Joint costs. Complete this line only if the organization	1,433,031.	1,110,09/.	143,643.	41,/49.
LU			-		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 50. Cash - non-interest-bearing 1 1 445,359. 485,630. Savings and temporary cash investments 2 2 951,907. Pledges and grants receivable, net 998,601. 3 68,257. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 36,389. 34,030. 3,391. 10c 2,359. 2,899,593. 2,825,225. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 intangible assets 14 3,840,149. 4,659,918. 15 Other assets. See Part IV, line 11 15 9,075,119. 8,105,320. Total assets, Add lines 1 through 15 (must equal line 34) 16 16 16,196. 14,499. 17 17 Accounts payable and accrued expenses 1,050,500. 1,035,000. 18 18 Grants payable Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 1,051,196. 1,064,999. 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 3,364,005. 3,200,172. Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 4,659,918. 3,840,149. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 8,023,923. 7,040,321. 33 8,105,320. 9,075,119. Total liabilities and net assets/fund balances 34

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

		UNI	TED WAY OF	UNION COUNTY	Z, INC	2		•	71-0338355					
Pa	rt I	Reason for Public					See instruction							
Πhe	organ	zation is not a private foun	dation because it is:	(For lines 1 through 12,	check only	y one box.)							
1	Ň	A church, convention of cl		•			-							
2		A school described in sec				2, 1								
3	\Box	A hospital or a cooperative					iii).							
Δ	\Box	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
7		city, and state:	adion operated in oc	mjanoson war a noopia	000020	oooa.	on 11 o(2)(1)(.	//// = !!						
5		-	for the benefit of a co	allege or university owner	d or opera	ated by a d	novernmental ı	ınit descri	hed in					
9		_ 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				montal unit described in	continu 1	70/6\/4\/A	\{\rangle \}							
	\mathbf{x}	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
'	لككا		•	intial part of its support	iioiii a go	Verrinterita	a dilit or notific	ne genera	i public described in					
0		section 170(b)(1)(A)(vi). (CA community trust describ		(4VAVed) (Complete Day	+ 11 \			Q						
8	$\overline{}$					od in ooni	unation with a	land arani	t college					
9		An agricultural research or												
		or university or a non-land-	grant college of agric	culture (see instructions)	. Enter the	riaine, cii	ly, and state of	ti le colleç	ge or					
10		university:		then 00 1 /00/ of its av		- a a m t ribs s t	iona mambara	hin food	and areas receipts from					
10		An organization that norma		•	-									
		activities related to its exer		•					-					
		income and unrelated busi		(less section 5 i i tax) ii	om busine	esses acq	uirea by the or	gariizatiori	raiter June 30, 1975.					
		See section 509(a)(2). (Co	•	ivelv te teet fer muldie er	il Mahu Caa		00/-1/41							
11		An organization organized						varant the	a nurnesses of one or					
12		An organization organized												
		more publicly supported or							Sheck the box in					
_		lines 12a through 12d that							, alvina					
а		Type I. A supporting orga												
		the supported organization	• • •		а піајопцу	or trie dire	ctors or truste	es or trie s	supporting					
L		organization. You must o			Alam wilda i		ed avecaivatio	n/a\ bu be	wina					
D		Type II. A supporting org												
		control or management of			arne perso	ons that c	ontroi or mana	ge me sup	pported					
_		organization(s). You mus	•		·	ماغاند، سماغ	and functional	lu intograt	ad with					
С		Type III functionally inte	=					iy integrat	ea wiiii,					
_		its supported organizatio						tod ozasni	ization(a)					
d		Type III non-functionally						_						
		that is not functionally int	_ =		•		•	an alleni	iveriess					
		requirement (see instruct		•				U T UI						
е	نـــا	Check this box if the orga					a type i, type	ii, Type iii						
	r	functionally integrated, or												
		the number of supported of the following information	•	d avanization(s)										
g		Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your govern	nization listed	(v) Amount of	monetary	(vi) Amount of other					
	300	organization	',	(described on lines 1-10	Yes	No document?	support (see in		support (see instructions)					
				above (see instructions))	163	140								
						ì								

Schedule A (Form 990 or 990 EZ) 2018 UNITED WAY OF UNION COUNTY, INC 71-03383

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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and					10/	11/1-0-12/
	membership fees received. (Do not						
	include any "unusual grants.")	1343671.	1291593.	1259424.	1103704.	1080151.	6078543.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			-			
	or expended on its behalf						
3	The value of services or facilities			94			
	furnished by a governmental unit to						
	the organization without charge			2	i i		
4	Total. Add lines 1 through 3	1343671.	1291593.	1259424.	1103704.	1080151.	6078543.
5	The portion of total contributions						
	by each person (other than a						
1	governmental unit or publicly						
	supported organization) included			11.00			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						6078543.
Sec	tion B. Total Support						00,0020
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1343671.	1291593.	1259424.	1103704.	1080151.	6078543.
8	Gross income from interest,						00100101
	dividends, payments received on	1					
	securities loans, rents, royalties,				1		
	and income from similar sources	170,143.	171,210.	138,960.	160.520.	272.593.	913,426.
	Net income from unrelated business					2,2,0501	313/1200
	activities, whether or not the	/					
	business is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital	1		1			
	assets (Explain in Part VI.)	1		1			
	Fotal support. Add lines 7 through 10			150			6991969.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	0991909.
	First five years. If the Form 990 is for			fourth or fifth tax			
	organization, check this box and stop						► □
Sec	tion C. Computation of Public	Support Per	centage	*************************************	******************		
	Public support percentage for 2018 (lin					14	86.94 %
15 l	Public support percentage from 2017	Schedule A. Part I	l. line 14	(//		15	88.31 %
16a 3	33 1/3% support test - 2018. If the or	ganization did not	check the box on	line 13 and line 1	4 is 33 1/3% or m		and
,	stop here. The organization qualifies a	s a publicly suppo	rted organization		7 10 00 17070 01 111	oro, oricon triis box	► X
b 3	33 1/3% support test - 2017. If the on	ganization did not	check a box on lir	ne 13 or 16a and l	ine 15 is 33 1/3%	or more, check this	e hov
6	and stop here. The organization qualifi	es as a publicly su	upported organiza	tion	10 10 00 17070	or more, check this	▶ □
17a 1	0% -facts-and-circumstances test	- 2018. If the orga	nization did not ch	neck a hox on line	13 16a or 16b a	nd line 14 is 10% o	r more
a	and if the organization meets the "facts	s-and-circumstanc	es" test, check thi	s hox and stop he	re Evolain in Part	VI how the organic	ration
г	neets the "facts-and-circumstances" te	est. The organizati	on qualifies as a n	uhlich supported	organization	VI HOW the Organiz	Lation
b 1	0% -facts-and-circumstances test	- 2017. If the orga	nization did not of	eck a hoy on line	13 16a 16h or 1	7a and line 15 is 1	
n	nore, and if the organization meets the	"facts-and-circum	stances" test che	eck this box and e	ton here Evoluin i	n Part VI how the	070 UI
c	rganization meets the "facts-and-circu	mstances" test T	he organization or	ialifies as a nublici	v supported organ	iization	▶ [
18 F	rivate foundation. If the organization	did not check a b	ox on line 19, 165	16h 172 or 17h	chack this haven	d ean inetriction	
	J. J. J. L.	not oncore a D	o. on mio 10, 10a,	100, 17d, 01 17D,	CLICCY ILIIS DOX SIL	a see monuctions	

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and		1				
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						_
	ization's benefit and either paid to		l'	20			
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					K1	
6	Total. Add lines 1 through 5						
	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				20		
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(0) 2014	(6) 2010	(0)2010	(4) 2011	10/2010	(i) rotal
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income				120		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b 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	1			9		2
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	the example the t	diant access 1 11 t	d 4-00d		- 504(-1/0)	
	First five years. If the Form 990 is for	_			-		
	check this box and stop here tion C. Computation of Publ	o Cunnant Da					
				1 (0)		ľ Í	
	Public support percentage for 2018 (I		925 S			15	<u>%</u>
	Public support percentage from 2017					16	<u>%</u>
	tion D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2018. If the					· ·	7 is not
	more than 33 1/3%, check this box ar						004-01-04-01-0-0
	33 1/3% support tests - 2017. If the						
	ine 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	or 19b, check this	s box and see in:	structions	SICLOSIA PRINCIPAL IN LA CALLANDA DE LA CALLANDA D

Part IV | Supporting Organizations

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

Section A. All Supporting Organization	Section	n A. All Su	pporting	Organizations
--	---------	-------------	----------	---------------

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
40		
4c		
5a	-	
5b		_
5c		
6		
7		
8		
9a		
9b		
9c		
	- 1	
10a		

	nedule A (Form 990 or 990-EZ) 2018 UNITED WAY OF UNION COUNTY, INC 71-0	33835	55 P	age !
Pa	art IV Supporting Organizations (continued)			_
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
â	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		-
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
36	ction B. Type I Supporting Organizations		Tv	
1	Did the directors, trustees, or membership of any or more supported arganizations have the newer to		Yes	No
•	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1	-	_
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1	1	
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations	1	-	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec.	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1 1		
	how the organization was responsive to those supported organizations, and how the organization determined	1 1		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990 or 990-EZ) 2018 UNITED WAY OF UNION COL			71-0338355 Page 6
Pa	irt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
-	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			5
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			- 3
	instructions for short tax year or assets held for part of year):		· · · · · · · · · · · · · · · · · · ·	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<u>.</u> .	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally		ted Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

	edule A (Form 990 or 990 EZ) 2018 UNITED WAY OF			71-0338355 Page 7
Sec	tion D - Distributions	1.11.1		Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
_	organizations, in excess of income from activity	,p. pa.,pooco oi cappoilta		
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets	and a supporting a significant		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions,			
7	Total annual distributions, Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsiv	re	1
•	(provide details in Part VI). See instructions.	o organization to roop officer		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	-		
		(i)	(ii)	(iii)
Sect	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		2:	
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
7255	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D.			
•	line 7:		2	
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.		er.	
6	Remaining underdistributions for 2018. Subtract lines 3h			
J	and 4b from line 1. For result greater than zero, explain in		in the second	
	Part VI. See instructions.) A		
7	Excess distributions carryover to 2019. Add lines 3j			
′	Control of the Control			
0	and 4c. Breakdown of line 7:			
	Part of Mary 100 April 100			
	Excess from 2014			
	Excess from 2015			
C	Excess from 2016	-		

Schedule A (Form 990 or 990-EZ) 2018

d Excess from 2017 e Excess from 2018

chedule A	e A (Form 990 or 990 EZ) 2018 UNITED WAY OF UNION COUNTY, INC	71-0338355 Pag
Part VI	VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	I and 2; Part IV, Section C, /, Section B, line 1e; Part V,
		= =
	W.	200
	P.	

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED WAY OF UNION COUNTY. TNC Employer identification number 71-0338355

Schedule D (Form 990) 2018

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
ୁ 1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	T		
C	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year >	•	
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conse	ervation easements during the year
	-		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes th	e organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form S		
	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhil		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	f the organization received or held works of art, historical treas	sures, or other similar assets for financial o	ain, provide
	the following amounts required to be reported under SFAS 116		•
	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990 Part V	voora excessing oo op on op op op on on the state of the	

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

		WAY OF UNI				71-03			
Pa	art III Organizations Maintaining (Collections of A	rt, Historical Tı	easures, or Ot	her Simil	ar Asse	ts(conti	nued)	
3	Using the organization's acquisition, access	sion, and other record	ds, check any of the	following that are a	a significant	use of its	collection	n item	1\$
	(check all that apply):		19-						
a	Public exhibition	d	Loan or exc	hange programs					
ł	Scholarly research	е	e Other						
	Preservation for future generations								
4	Provide a description of the organization's of					ose in Par	t XIII.		
5	During the year, did the organization solicit								
-	to be sold to raise funds rather than to be m	aintained as part of t	the organization's co	ollection?			Yes	_1_	No
Pa	reported an amount on Form 990, Pa	ngements. Comple art X, line 21.	ete if the organization	n answered "Yes"	on Form 990), Part IV,	line 9, o	r	
1a	Is the organization an agent, trustee, custoo	lian or other intermed	diary for contribution	ns or other assets n	ot included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII				******************				
	, ,						Amoun	ıt	
С	Beginning balance				10		,		
d			***************************************		1d				
е									
f	Ending balance								
2a		orm 990, Part X, line	21, for escrow or cu	ustodial account lia	bility?	*********	Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
	rt V Endowment Funds. Complete								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Fou	years	back
1a	Beginning of year balance	4,659,918.	4,142,402,	3,385,619				=0.7	
b	Contributions			***************************************					
C	Net investment earnings, gains, and losses	-723,022.	589,658.	843,008					
d	Grants or scholarships	92,841.	68,257.	82,390					
е	Other expenditures for facilities		Į.	323					
	and programs				1				
f	Administrative expenses	3,905.	3,885.	3,835					
g	End of year balance	3,840,150,	4,659,918,	4 142 402					
2	Provide the estimated percentage of the curr)) held as:	5.5				
а	Board designated or quasi-endowment		%	•					
b	Permanent endowment ► 100.00	%	-						
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for	the organiz	ation			
	by:	_					ſ	Yes	No
	(i) unrelated organizations						3a(i)	Х	
	(ii) related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm		***************************************						
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part)	(, line 10.				
	Description of property	(a) Cost or otl			Accumulated	d	(d) Bool	value)
		basis (investm	1 ' '		epreciation	_	(-,		
1a	Land		· ·						
	Buildings								
	Leasehold improvements								
	Equipment		30	5,389.	34,03	30.		2,35	59.
	Other			- /	0 = 7 0 0	-		,,,,,	
	Add lines 1a through 1e. (Column (d) must ed		Column (B) line 1)c.)		>		3 3 5	59.

Schedule D (Form 990) 2018

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	edule D (Form 990) 2018 UNITED WAY OF UNION COUNTY, INC		1 - 0)338355 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements Wit	th Revenue per Re	turn.	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	312,089
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	-1,040,655.		
b				
С	Recoveries of prior year grants			
d				rear reviserary caraman
e			2e	-1,040,655
3	Subtract line 2e from line 1		3	1,352,744
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			
b	, III			
	Add lines 4a and 4b		4c	0.
5 Dat	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	Al- E-manage Day D	5	1,352,744
Га	rt XII Reconciliation of Expenses per Audited Financial Statements Wi	tn Expenses per H	etur	n.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1 005 601
1	Total expenses and losses per audited financial statements		1	1,295,691.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities			
b	Prior year adjustments		- }	
C	Other losses 2c			
d	Other (Describe in Part XIII.)			_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,295,691.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
_				
	Add lines 4a and 4b		lc	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		lc 5	0. 1,295,691.
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.		5	1,295,691.
5 Par Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	o and 2b; Part V, line 4; F	5	1,295,691.
5 Par Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	o and 2b; Part V, line 4; F	5	1,295,691.
5 Par Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	o and 2b; Part V, line 4; F	5	1,295,691.
5 Par Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	o and 2b; Part V, line 4; F	5	1,295,691.
5 Par Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	o and 2b; Part V, line 4; F	5	1,295,691.
5 Par Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	o and 2b; Part V, line 4; F	5	1,295,691.
5 Par Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	o and 2b; Part V, line 4; F	5	1,295,691.
5 Par Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	o and 2b; Part V, line 4; F	5	1,295,691.
5 Par Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	o and 2b; Part V, line 4; F	5	1,295,691.
5 Par Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	o and 2b; Part V, line 4; F	5	1,295,691.
5 Par Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	o and 2b; Part V, line 4; F	5	1,295,691.

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

▼ Attach to Form 990.

Employer identification number

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

8 71-0338355 UNDS FOR THE RECOGNIZED TUNDS FOR THE RECOGNIZED TUNDS FOR THE RECOGNIZED UNDS FOR THE RECOGNIZED UNDS FOR THE RECOGNIZED UNDS FOR THE RECOGNIZED (h) Purpose of grant or assistance 501(C)3 ORGANIZATION (0) 3 ORGANIZATION 01(C)3 ORGANIZATION TO PROVIDE OPERATING 501(C)3 ORGANIZATION TO PROVIDE OPERATING 501(C)3 ORGANIZATION 501(C)3 ORGANIZATION O PROVIDE OPERATING PROVIDE OPERATING TO PROVIDE OPERATING TO PROVIDE OPERATING X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) o. 0 o o. ö 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 201,000, 65,000 106,000 38,000 33,000 262,500 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC (c) IRC section (if applicable) COUNTY 71-0264300 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 Enter total number of other organizations listed in the line 1 table UNITED WAY OF UNION 71-0238849 71-0786329 71-0245472 71-0551294 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? SOUTH ARKANSAS CHILDRENS COALITION 1 (a) Name and address of organization BOYS & GIRLS CLUB OF EL DORADO CENTER - 714 WEST GROVE - EL SOUTH ARKANSAS DEVELOPMENTAL BOY SCOUTS-DESOTO COUNCIL 1000 N COLLEGE, SUITE 102 or government 100 W. GROVE, SUITE 304 1201 NORTH WEST AVENUE EL DORADO, AR 71730 DORADO AR 71730 118 PEACH STREET SALVATION ARMY CAMP FIRE USA P O BOX 356 Partl PartII

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) UNITED WAY OF UNION COUNTY, INC Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	ASSISTANCE TO GC	WAY OF UNION COUNTY, INC	.NC nizations in the Ur	nited States (Sche	dule I (Form 990). Pa		71-0338355 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SINGLE PARENT SCHOLARSHIP FUND P O BOX 7010 EL DORADO, AR 71730	71-0582373	501(c)3	10,000.	0.			TO PROVIDE OPERATING FUNDS FOR THE RECOGNIZED 501(c)3 ORGANIZATION
SOUTH ARKANSAS FIGHTS AIDS 526 WEST FAULKNER EL DORADO, AR 71730	71-0705708	501(C)3	35,000.	0			TO PROVIDE OPERATING FUNDS FOR THE RECOGNIZED
HOPE LANDING 204 HOPE LANDING EL DORADO, AR 71730	20-3361493	501(C)3	180,000	0.			TO PROVIDE OPERATING FUNDS FOR THE RECOGNIZED 501(C)(3) OPGRANTZANTON
TURNING POINT 2101 NORTH COLLEGE EL DORADO, AR 71730	71-0609660	501(C)3	28,000	0.		40	TO PROVIDE OPERATING FUNDS FOR THE RECOGNIZED
COMMUNITY LIVING ARRANGEMENTS 714 WEST GROVE EL DORADO, AR 71730	62-1676610	501(C)3	.000,08	0.			TO PROVIDE OPERATING FUNDS FOR THE RECOGNIZED 501(C)(3) ORGANIZATION
LITERACY COUNCIL 524 CAMP STREET EL DORADO, AR 71730	58-1693000	501(C)3	12,000	0			TO PROVIDE OPERATING FUNDS FOR THE RECOGNIZED
					`		
*.			IA.		20		

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) THE UNITED WAY OF UNION COUNTY DESIGNATES ONE BOARD MEMBER AS A LIASON WITH Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. THE LIASON ATTENDS RECIPIENT FORMAL PRESENTATION TO THE UNITED WAY OF UNION COUNTY WHICH CONSISTS OF RECIPIENT ANNUALLY REPORTS TO THE UNITED WAY OF UNION COUNTY ON THEIR THE RECIPIENT ENTITIES MAKE ADDITIONALLY, EACH OPERATING RESULTS AND INDIVIDUALS SERVED. (d) Amount of non-cash assistance (c) Amount of cash grant BOARD MEETINGS AND MONITORS RECIPIENT ACTIVITY. (b) Number of recipients EACH OF THE ENTITIES RECEIVING ASSISTANCE. PRIOR TO AWARDS, (a) Type of grant or assistance OPERATING ACTIVITIES. FINANCIAL STATEMENTS, LINE PART I

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY OF UNION COUNTY TNC Employer identification number 71-0338355

ONTILE WILL OF ONTON COUNTY, INC. 71 0330333
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENGAGED IN THE RELIEF OF THE POOR AND UNFORTUNATE, AND IN THE GENERAL
ADVANCEMENT OF PUBLIC WELFARE, BY COLLECTING AND DISBURSING OF FUNDS
FOR THE WORK OF SUCH ENTERPRISES AND AGENCIES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS WERE EACH GIVEN A COPY OF THE 990 FOR REVIEW AT THE
JULY 2019 BOARD MEETING BEFORE THE RETURN WAS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL OFFICERS, DIRECTORS AND EMPLOYEES ANNUALLY AFFIRM IN WRITING THAT THEY
ARE IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY
FORM 990, PART VI, SECTION C, LINE 19:
FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE. GOVERNING DOCUMENTS AND
THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2018

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number 71-0338355 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. INC UNITED WAY OF UNION COUNTY, Name of the organization Parti

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
		c				
		ons. Complete if the organization ar	nswered "Yes" on Form 990, Pa	rt IV, line 34, becau	se it had one or more r	elated tax-exempt

3							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 51 control entity	Section 512(b)(13) controlled entity?
				501(c)(3))		Yes	No
UNITED WAY WORLDWIDE - 13-1635294							
701 N FAIRFAX	NATIONAL UNITED WAY						
ALEXANDRIA, VA 22314		VIRGINIA	501(0)(3)	1			>
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

71-0338355

Page 2

Schedule R (Form 990) 2018 UNITED WAY OF UNION COUNTY, INC

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Part III

(f) (k) General or Percentage managing ownership			
(j) General or managing partner?	ON SO		
Code V-UBI Germount in box ma 20 of Schedule			
(h) Disproportionate allocations?	2		
(g) Share of end-of-year assets			
(f) Share of total income			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			
(d) Direct controlling entity			
(c) Legal domicile (state or foreign country)			
(b) Primary activity)	
(a) Name, address, and EIN of related organization			

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

	NO 40	¥	aw.	Ţ.	v
Section 512(bX13) controlled	Yes No	-			
(h) Percentage ownership					
(g) Share of end-of-year					
(f) Share of total income					
(e) Type of entity (C corp., S corp.,			,		
(d) (e) Direct controlling Type of entity (Coopt, Scorp,					
(C) Legal domicile Dir (state or foreign	country)		4		
(b) Primary activity					
(a) Name, address, and EIN of related organization					

Schedule R (Form 990) 2018

3355 Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II. iII. or IV of this schedule						- 1
1 During the tax year, did the organization engage in any of the following transactions with one or more soluted consistent in the contraction of the following transactions with one or more soluted consistent in the contraction of the following transactions with one or more solutions.	or orom so each think so		\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	۶	Yes No	- 1
a Receipt of (i) interest. (ii) annuities. (iii) rovalties, or find rent from a controlled contitue.		iateu organizations listeo	In Pars II-IV?		-	1
b Gift, grant, or capital contribution to related organization(s)			***************************************	<u>6</u>	×	
Cit and a continue continue of the continue of	***************************************			4	×	
Citt, grant, of capital contribution from related organization(s)				4	>	1
d Loans or loan guarantees to or for related organization(s)				2	1	1
e Loans or loan quarantees by related ornanization(s)			***************************************	P	×	1
	***************************************	***************************************	***************************************	1	×	
f Dividends from related organization(s)						1
		***************************************		* =	×	
				Ş	×	1
h Purchase of assets from related organization(s)			***************************************	27 ;	4 \$	1
	***************************************		***************************************	d L	×	- 1
i Lose of facilities an income of all the second of the se		***************************************		=	×	
J rease of facilities, equipment, or other assets to related organization(s)		***************************************		÷	×	I .
a loop of familiary continues the second of						Ĩ
	***************************************			¥	×	
Performance of services or membership or fundraising solicitations for	anization(s)				×	î i
	anization(s)	***************************************			×	1
	tion(s)			£	×	Ü
 Sharing of paid employees with related organization(s) 					1 Þ	j
			***************************************	9	4	Ĩ
p Reimbursement paid to related organization(s) for expenses					-	
		***************************************	***************************************	9	×	1
section (a) to the contract of section (b) to expenses		***************************************		10	×	1
0	***************************************	***************************************		+ 	-	- 11
	***************************************	***************************************	***************************************	15	×	110
If the answer to any or the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered	relationships and transaction thresholds.			ú.
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		1
(1) UNITED WAY WORLDWIDE	CC.	11.548.	18 OF GROSS CAMPATCN DELIGI	arman		ĭ
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(3)		10				170
(4)						I.
(5)						0
(9)						1
832163 10-02-18			Schedule	Schedule R (Form 990) 2018	90) 2018	1 00

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (d) (d) Name, address, and ElN Primary activity Legal domicile Predominant income	(b) Primary activity	(c) Legal domicile	(d) Areal Areal Areal Areal Areal Areal Areal Areal	J 0		(g) Share of	(h) Dispropor-	(i) Code V-UBI	(j) General or	(k) Percentage
or enuity	-	(state or foreign country)	excluded from tax under sections 512-514) Yes No	total total		end-of-year assets	allocations?	allocations? of Schedule K-1 partner? ownership	managing partner?	ownership
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Schedule R (Form 990) 2018

Schedule	R (Form 990) 2018	UNITED	WAY OF	UNION	COUNTY,	INC	71-0338355 Page 5
Part VI	Supplemental In						
	Provide additional info	ormation for respons	ses to questi	ons on Sche	dule R. See inst	ructions.	
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