SMITH MARION & CO. 1940 ORANGE TREE LANE, SUITE 100 REDLANDS, CA 92374

UNITED WAY CLINCH-POWELL VALLEY INC. P.O. BOX 4158 OAK RIDGE, TN 37831

lallaladlaladlaallaallalal

- t (909) 307-2323
- · f: (909) 307-2003
- · 1940 orange tree lane, suite 100
- redlands, ca 92374



#### PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

#### TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

#### PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

# PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

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Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Αŀ	or the	2023 calendar year, or tax year beginning and	enaing			
<b>B</b> c	heck if pplicable	C Name of organization		D Employer identifi	cation number	
	Addres					
	Name change	Doing business as UNITED WAY OF ANDERSON COUN	TTY IN	62-60413		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe		
	Final return/ termin	P.O. BOX 4158		865-483-		
	ated  Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,184,988.	
	return Applic	OAR RIDGE, IN 37831		H(a) Is this a group re		
	tion pendir	F Name and address of principal officer: ADA RENIANDEZ BELLL		for subordinates		
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in		
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	1 ′	list. See instructions	
	Vebsit		1	H(c) Group exemptio		
		organization: X Corporation Trust Association Other  Summary	<b>L</b> Year	of formation: 193/	M State of legal domicile: TN	
1 6		Briefly describe the organization's mission or most significant activities: IMPR	OVE T.T	VEC BY MORT	יייייייייייייייייייייייייייייייייייייי	
9		CARING POWER OF OUR COMMUNITY TO CREATE L			DIZING IIIE	
Governance	l	Check this box if the organization discontinued its operations or dispose			cote	
/err	l			1 _	21	
é	ı	Number of independent voting members of the governing body (Part VI, line 1a)			21	
∞		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			7	
Activities &	ı			_	68	
ξį	l	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			0.	
Ą		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
		Net diretated business taxable moone norm offi 550 1, 1 art 1, into 11		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		1,060,741.	1,164,883.	
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Ver	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)		871.	1,832.	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		498.	4,800.	
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,062,110.	1,171,515.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		785,536.	747,420.	
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		156,763.	146,166.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ber	b	Total fundraising expenses (Part IX, column (D), line 25) 76, 5	30.			
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		75,788.	137,777.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,018,087.	1,031,363.	
	ı	Revenue less expenses. Subtract line 18 from line 12		44,023.	140,152.	
Net Assets or		·		ginning of Current Year	End of Year	
ets	20	Total assets (Part X, line 16)		1,003,753.	1,193,273.	
ASS	21	Total liabilities (Part X, line 26)		679,128.	719,540.	
Ret	22	Net assets or fund balances. Subtract line 21 from line 20		324,625.	473,733.	
Pa	ırt II	Signature Block				
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	/ knowledge and belief, it is	
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.		
Sigi	า	Signature of officer		Date		
Her	е	ADA HERNANDEZ-BELL, EXECUTIVE DIRECTOR				
		Type or print name and title		D-1-   F		
		Print/Type preparer's name Preparer's signature	l l	Date Check	PTIN	
Paid		CARLOS CARAZO CARLOS CARAZO	0	07/15/24 self-employ		
	arer	Firm's name SMITH MARION & CO.		Firm's EIN 8	3-1445511	
Use	Only	Firm's address 1940 ORANGE TREE LANE, SUITE 100			0 200 0202	
REDLANDS, CA 92374 Phone no. 909 – 307 – 2323						
		S discuss this return with the preparer shown above? See instructions			X Yes No	
LH/	For	Paperwork Reduction Act Notice, see the separate instructions. 332001 1	2-21-23		Form <b>990</b> (2023)	

Interview describe the organization should be considered by the control of the community of the construction of the construc	ı aı	Check if Schedule O contains a response or note to any line in this Part III
prior Form 980 or 980 ct 20 SEZ?  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?  If "Yes," describe these new services on Schedule O.  If "Yes," describe these changes on Schedule O.  Becarde 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.  10 Code:    Septiment	1	Briefly describe the organization's mission:  IMPROVE LIVES BY MOBILIZING THE CARING OF OUR COMMUNITY TO CREATE
If 'ves,' describe these new services on Schedule O.   Did the organization cease conducting, or make significant changes in how it conducts, any program services?   Yes X if 'ves,' describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, thotal expenses, and revenue, if any, for each program service reported.   Industry organization   Industry   Indust	2	
# Yes," describe the organization is program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(s) and 501(c)(d) 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.  # Code		If "Yes," describe these new services on Schedule O.
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 revolue, if any, for each program service reported.  40 (code) (expenses) (revenue \$	3	
### Code   Code	4	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
THE ORGANIZATION PROMOTES COMMUNITY PROBLEM SOLVING ACTIVITIES BY GIVING SUPPORT AND GUIDANCE TO HUMAN SERVICES ORGANIZATIONS.  4c (Code:) (Expenses \$	4a	THE ORGANIZATION PROVIDES ALLOCATIONS AND GUIDANCE AS NEEDED TO CHARITABLE AGENCIES THAT PROVIDE NEEDED SOCIAL SERVICES IN THE
THE ORGANIZATION RAISES, COLLECTS, AND DISTRIBUTES FUNDS DESIGNATED FOR ITS MEMBER AGENCIES.  4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses 889,758.	4b	THE ORGANIZATION PROMOTES COMMUNITY PROBLEM SOLVING ACTIVITIES BY
(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses 889,758.	4c	THE ORGANIZATION RAISES, COLLECTS, AND DISTRIBUTES FUNDS DESIGNATED FOR
(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses 889,758.		
<b>4e</b> Total program service expenses 889,758.	4d	
- nnn	4e	000 850

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
0	, ,			x
•	Schedule D, Part III	8		
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_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in 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, VII, 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	X	
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
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	Х	
h	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		х
13	1 11 11 11 11 11 11 11 11 11 11 11 11 1	13		X
14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	445		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٦,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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	

332003 12-21-23

Form	1990 (2023) UNITED WAY CLINCH-POWELL VALLEY INC. 62-6041	371	Р	age <b>4</b>
Pa	rt 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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception:  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
-1	any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
Ŭ		28c		х
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	•	25		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		Х
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	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_
	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O  rt 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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		

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Form **990** (2023)

3484\_\_\_1

UNITED WAY CLINCH-POWELL VALLEY INC. 62-6041371 Page 5
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	<b>2</b> a 7							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	Х					
За			За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 6		3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other an								
	financial account in a foreign country (such as a bank account, securities account, or other financial account, securities account, or other financial account, securities account, or other financial account.	•	4a		Х				
b	If "Yes," enter the name of the foreign country	,							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
b	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•							
	to file Form 8282?		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e						
е	7, 1, 1, 1								
f	3 , 3 , 11 , 1								
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8									
0	sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.								
b	<ul> <li>a Did the sponsoring organization make any taxable distributions under section 4966?</li> <li>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</li> </ul>								
10	Section 501(c)(7) organizations. Enter:		9b						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	<b>Note:</b> 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	1							
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a			14a		_X_				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				~-				
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.				77				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıncome?	16		X				
	If "Yes," complete Form 4720, Schedule O.	5045							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

Form **990** (2023) 332005 12-21-23

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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 21 1a Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 21 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure TNList the states with which a copy of this Form 990 is required to be filed 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) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request \_\_ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records FRANCES LEE (FINANCE DIRECTOR) - 865-483-8431 728 EMORY VALLEY RD, OAK RIDGE, 37830

Form **990** (2023)

3484 1

# 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 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 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. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average				C)			(D) Reportable	(E) Reportable	<b>(F)</b> Estimated
Name and title	hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)		n an	compensation	compensation from related	amount of other		
	(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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) NAOMI G ASHER	40.00	-								
EXECUTIVE DIRECTOR				Х				71,409.	0.	0.
(2) RYAN OVERTON	0.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) TRACY BOATNER	0.00	1								_
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) ANITA HAZLEWOOD	0.00	1								
VP OF FUND DISTRIBUTION		Х		Х				0.	0.	0.
(5) SASHA BENJAMIN	0.00									
VP OF FUND DEVELOPMENT		Х		Х				0.	0.	0.
(6) MICHAEL BEEHAN	0.00									_
SECRETARY		Х		Х				0.	0.	0.
(7) LAURA STEWART	0.00									_
TREASURER		Х		Х				0.	0.	0.
(8) DERRICK HAMMOND	0.00									
AT LARGE		Х						0.	0.	0.
(9) PAM BONNEE	0.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(10) BECKY CURRY	0.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MEGHAN HOUCHIN	0.00	1								
BOARD MEMBER		Х						0.	0.	0.
(12) ROGER PETRIE	0.00									
BOARD MEMBER		Х						0.	0.	0.
(13) ADAM BULLOCK	0.00									_
BOARD MEMBER		Х						0.	0.	0.
(14) MARIA CATRON	0.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(15) DUSTIN BRUMETT	0.00									_
BOARD MEMBER	<b> </b>	Х				_		0.	0.	0.
(16) SONYA JOHNSON	0.00	l								_
BOARD MEMBER	1 2 22	Х			_	_		0.	0.	0.
(17) STEVE VENTURA	0.00	ļ							_	_
BOARD MEMBER		X		<u> </u>				0.	0.	990 (2022)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			_ (0	•			(D)	(E)			(F)	
Name and title	Average	age Position (do not check more than one					nne	Reportable Reportable			Estima		d
	hours per	box	, unle	ss per	son i	is both	n an	compensation	compensation		an	nount (	of
	week	_	cer ar	nd a di	recto	or/trus	tee)	from	from related			other	
	(list any	director						the	organizations	,		pensa	
	hours for related	or di	e e			ated		organization	(W-2/1099-MISC			om the	
	organizations	ustee	trust		e e	Suedi		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizati d relate	
	below	ual tr	tional		ploye	le ou	_	· · · · · · · · · · · · · · · · · · ·				anizatio	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				urga	ainzan	JI 13
(18) MARK HOLDER	0.00		† <del>-</del>	Ū	×	1	_			┪			
BOARD MEMBER		Х						0.	(	).			0.
(19) ZACH SHEETS	0.00												
BOARD MEMBER		Х						0.	(	).			0.
(20) GARFIELD ADAMS	0.00												
BOARD MEMBER		Х						0.	(	).			0.
(21) MICHAEL FOSTER	0.00	ļ							,				•
BOARD MEMBER	0.00	Х	<u> </u>			├		0.	(	١.			0.
(22) GARY JOHNSON	0.00	<b>.</b> ,							,	、			^
BOARD MEMBER		Х	┢			┢		0.		٥.			0.
		1											
			$\vdash$			$\vdash$				$\dashv$			
		Ī											
										$\Box$			
		1											
								71 400		$\dashv$			
1b Subtotal								71,409.		). ).			0.
c Total from continuation sheets to Part VI								71,409.		) <b>.</b>			0.
d Total (add lines 1b and 1c)										<i>)</i> •			0.
2 Total number of individuals (including but n compensation from the organization	ot ilmited to th	ose	liste	d ab	ove	e) Wn	o re	eceived more than \$100,	Juu of reportable				0
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee, ł	кеу е	emple	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for s										[	3		Х
4 For any individual listed on line 1a, is the su	ım of reportabl	e cc	mpe	ensat	tion	and	oth	ner compensation from th	ne organization				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		X
5 Did any person listed on line 1a receive or a	•				•			· ·					
rendered to the organization? If "Yes," com	plete Schedule	e <i>J f</i>	or su	ıch r	oers	on					5		X
Section B. Independent Contractors							41	h at ai al a th a f	100,000 of common				
1 Complete this table for your five highest co the organization. Report compensation for	=	-								ısaı	.1011 110	ווונ	
(A)	ine calendar y	Jui C	JI IGII	19 W	1011	<u> </u>		(B)	541.		(0		
Name and business	address	N	INC	3				Description of s	ervices	С		nsatio	า
							$\dashv$						
2 Total number of independent contractions (i.e.	aaludina but -	o+ 1:	nito	4+0+	thes	00 lic	+o o'	abovo) who received re-	ara than				
2 Total number of independent contractors (ii \$100,000 of compensation from the organize		טנ ווו	ı ııı eC	ו טו	(	_	ıcu	above) who received IIIC	no ulail				

Form 990 (2023) UNITED Very Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII									
			_	(A)	(B)	(C)	(D)			
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under			
					function revenue	business revenue	sections 512 - 514			
<b>10</b> 10		- Fadandad annuainna					00011011010112			
nts		Federated campaigns 1a		-						
Sra Iou		Membership dues	22 260	-						
S, (		Fundraising events	33,360.	-						
E a	d	d Related organizations 1d								
Contributions, Gifts, Grants and Other Similar Amounts	е	e Government grants (contributions)								
Ö	f	All other contributions, gifts, grants, and								
the		similar amounts not included above 1f	1,131,523.							
ĒÖ	c	Noncash contributions included in lines 1a-1f								
Š	_	Total. Add lines 1a-1f		1,164,883.						
			Business Code	, , , , , , , , ,						
	2 a									
je Je										
er ne	b									
n S	c									
ĭa Se	C		_							
Program Service Revenue	е									
₫	f	All other program service revenue								
	g	Total. Add lines 2a-2f								
	3	Investment income (including dividends, in	terest, and							
		other similar amounts)		1,832.			1,832.			
	4	Income from investment of tax-exempt bor								
	5	Royalties	='							
	•	(i) Real	(ii) Personal							
	6 -		(.,,	-						
				-						
		Less: rental expenses 6b		-						
		Rental income or (loss) 6c								
		Net rental income or (loss)								
	7 a	a Gross amount from sales of (i) Securitie	es (ii) Other	-						
		assets other than inventory   7a								
	b	Less: cost or other basis								
e		and sales expenses								
Je Je	c	Gain or (loss) 7c								
- Be	d	Net gain or (loss)								
ther Revenue		Gross income from fundraising events (not								
퉏		including \$ 33,360. of								
Ŭ		contributions reported on line 1c). See								
			8a 13,473.							
	h	Less: direct expenses	8b 13,473.							
				0.						
		Net income or (loss) from fundraising event	s	0.						
	9 а	Gross income from gaming activities. See								
		/	9a							
		Less: direct expenses	9b							
		Net income or (loss) from gaming activities								
	10 a	a Gross sales of inventory, less returns								
		and allowances	10a							
	b	Less: cost of goods sold	10b							
	c	Net income or (loss) from sales of inventory	/							
			Business Code							
Miscellaneous Revenue	11 a	OTHER INCOME	900099	4,800.	4,800.					
nec	b				,					
ella Ver	c									
Be	4	All other revenue								
Σ	~	Total. Add lines 11a-11d		4,800.						
		Total revenue. See instructions		1,171,515.	4,800.	0.	1,832.			
	12	I DIGIT I GVGIIUG. OCC III SU UCUUIIS		<u>-,-,-,</u>	, <del>,</del> ,,,,,,,,	ı •				

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
Check if Schedule O contains a response or note to any line in this Part IX								
	/A)	(D)	(0)					

	Check if Schedule O contains a response not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations			gamana ang ama	
	and domestic governments. See Part IV, line 21	747,420.	747,420.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	71,409.	33,562.	10,711.	27,136.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	54,510.	24,812.	8,726.	20,972.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10,337.	4,792.	1,596. 1,530.	3,949. 3,786.
10	Payroll taxes	9,910.	4,594.	1,530.	3,786
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	22,400.	16,805.	5,595.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion		10.450		
13	Office expenses	25,202.	18,658.	6,212.	332.
14	Information technology	6,918.	5,190.	1,728.	
15	Royalties	10 10-	22.452		40.500
16	Occupancy	48,427.	22,450.	7,475.	18,502.
17	Travel	7,101.	5,327.	1,774.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		100		
19	Conferences, conventions, and meetings	675.	120.	555.	
20	Interest				
21	Payments to affiliates	0 000		0.000	
22	Depreciation, depletion, and amortization	2,000.	2 741	2,000.	
23	Insurance	4,987.	3,741.	1,246.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	UNITED WAY OF AMERICA D	13,571.		13,571.	
b	MEMBERSHIP & FEES	3,775.	1,750.	583.	1,442.
c	BANK FEES	1,350.	,	1,350.	, <b>-</b>
d	PUBLIC RELATIONS	1,076.	499.	166.	411.
e	All other expenses	295.	38.	257.	
25	Total functional expenses. Add lines 1 through 24e	1,031,363.	889,758.	65,075.	76,530
26	Joint costs. Complete this line only if the organization		,	·	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)
Part X | Balance Sheet

Part 2	X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		98,686.	1	183,414	
-   :	2	Savings and temporary cash investments			234,824.	2	161,713
	3	Pledges and grants receivable, net				3	
-   .	4	Accounts receivable, net			543,324.	4	760,603
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese pers	ons		5	
-   (	6	Loans and other receivables from other disqua	alified per				
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
<u>ب</u> ي	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
؛   ¥	9	B			54,735.	9	8,465
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		41,700.			
	b	Less: accumulated depreciation	. 10b	40,816.	2,884.	10c	884
1	1	Investments - publicly traded securities				11	
1:	2	Investments - other securities. See Part IV, line		69,300.	12	78,194	
1:	3	Investments - program-related. See Part IV, line		13			
1.	4	Intangible assets			14		
1:	5	Other assets. See Part IV, line 11		15			
10	6	Total assets. Add lines 1 through 15 (must ed	jual line 3	33)	1,003,753.	16	1,193,273
1	7	Accounts payable and accrued expenses			6,929.	17	15,095
18	8	Grants payable	672,199.	18	704,445		
1:	9	Deferred revenue		19			
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
g 2	2	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
ia g		controlled entity or family member of any of th				22	
<b>-</b>   2	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
- 1	24	Unsecured notes and loans payable to unrelat				24	
2	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	-	•			
		of Schedule D			670 100	25	710 540
2	26	Total liabilities. Add lines 17 through 25			679,128.	26	719,540
ဖွ		Organizations that follow FASB ASC 958, ch	neck her	e X			
و   يو	_	and complete lines 27, 28, 32, and 33.			324,625.		473,733
a a a		Net assets without donor restrictions			324,023.	27	4/3,/33
<u> </u>	28	Net assets with donor restrictions				28	
<u>.</u>		Organizations that do not follow FASB ASC	958, cne	eck nere			
<u>ا</u> ۾		and complete lines 29 through 33.					
ig   2	29	Capital stock or trust principal, or current fund				29	
388	80	Paid-in or capital surplus, or land, building, or				30	
ا ب	31	Retained earnings, endowment, accumulated			224 625	31	172 722
	32	Total net assets or fund balances			324,625. 1,003,753.	32	473,733
3	3	Total liabilities and net assets/fund balances			1,003,733.	33	1,193,273

Pai	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>1,17</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,03		<u>63.</u> 52.		
3	Revenue less expenses. Subtract line 2 from line 1						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5							
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	47	3,7	<u>33.</u>		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2023)		

332012 12-21-23

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED WAY CLINCH-POWELL VALLEY INC.

Employer identification number

				NCH-POWELL V					2-6041371	
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.		
he.	organ	nization is not a private found								
1		A church, convention of chu	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).			
2		A school described in secti	school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental ur	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that normal	lly receives a substar	ntial part of its support for	rom a gove	ernmental	unit or from th	e general <sub>ا</sub>	oublic described in	
		section 170(b)(1)(A)(vi). (C								
8	Щ	A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in <b>section 170(b)(1)(A)(</b>	ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
		university:								
10		An organization that normal								
		activities related to its exem		·				• •	· ·	
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	•							
11	H	An organization organized a	•	•	•					
12	Ш	An organization organized a	•		-			•		
		more publicly supported org	-						check the box on	
_		lines 12a through 12d that o	* *					-	air in a	
а			•		•	_				
		the supported organization organization. You must c			majority o	i the direc	iors or trustee	s or the st	эррогинд	
h		Type II. A supporting organization.			ion with its	e eunnorte	nd organization	n(e) by bay	vina.	
b		control or management of	•				-		•	
		organization(s). You mus			arric perso	113 11141 001	introl of manag	je trie supp	Sortod	
С		Type III functionally inte			in connect	ion with, a	and functional	v integrate	ed with.	
		its supported organization						, 5	,	
d		Type III non-functionally						ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	/eness	
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	I, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.				
f		er the number of supported o	•							
g		vide the following information (i) Name of supported	about the supporte	d organization(s).  (iii) Type of organization	(iv) Is the orga	ınization listed	(v) Amount of	monetany	(vi) Amount of other	
	,	organization	(11) 2.11	(described on lines 1-10	in your governi	ng document?	support (see in	•	support (see instructions)	
				above (see instructions))	Yes	No				
_										
ota										

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Schedule A (Form 990) 2023 UNITED WAY CLINCH-POWELL VALLEY INC. 62-6041371 Page 2 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	771,744.	956,737.	857,875.	1123231.	1164883.	4874470.
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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	771,744.	956,737.	857,875.	1123231.	1164883.	4874470.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						4874470.
	etion B. Total Support						10711700
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	771,744.	956,737.	857,875.	1123231.	1164883.	4874470.
	Gross income from interest,	7,2,7,220	20071010	00170100			10,11,00
O	dividends, payments received on						
	****						
	securities loans, rents, royalties,	1,036.	1,184.	850.	871.	1,832.	5,773.
_	and income from similar sources	1,050.	1,104.	030•	071.	1,052.	3,113.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	24 760	70 607		400	4 000	100 745
	assets (Explain in Part VI.)	24,760.	72,687.		498.	4,800.	102,745.
11	<b>Total support.</b> Add lines 7 through 10						4982988.
12	•					12	
13	First 5 years. If the Form 990 is for the	-		· · · · · · · · · · · · · · · · · · ·			
80	organization, check this box and stor						
	ction C. Computation of Publi			. (6)		T T	07 02
	Public support percentage for 2023 (I					14	97.82 %
	Public support percentage from 2022					15	97.03 %
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact		•	-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>
						Schedule A	(Form 990) 2023

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# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(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	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12) = = =	(2) = = 1	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(-, : -	(-,	(-) :	(-,	(-,	(-,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		1	1	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	· —
<u> </u>	check this box and stop here	a Cummant Da					
	ction C. Computation of Publi					T .= T	
	Public support percentage for 2023 (I	, ,,,	•	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	•			ing 10 galuma (f)		17	0/
	Investment income percentage for 20					17	%
	Investment income percentage from						7 is not
198	a 33 1/3% support tests - 2023. If the					- 4.5	
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 7

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Schedule A (Form 990) 2023

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## Part IV | Supporting Organizations

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

#### Section A. All Supporting 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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10b		

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Par	t IV	Supporting Organizations (continued)			
		(Community)		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supen	vised, or controlled the supporting organization.	2		
Sect	ion C	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			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sect	ion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization'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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	suppo	orted organizations played in this regard.	3		
Sect	ion E	E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	truction	s).	ı
2		ties Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		at of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	ne 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. 332025 12-21-23 Schedule A (Form 990) 2023

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion 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			
	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			
	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
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-function	ally integrated	Type III supporting orga	anization (see
	instructions)			•

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

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#### Schedule B

(Form 990)

### **Schedule of Contributors**

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

UNITED WAY CLINCH-POWELL VALLEY INC.

Name of the organization

Employer identification number

62-6041371

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Page 2

Name of organization Employer identification number

# UNITED WAY CLINCH-POWELL VALLEY INC.

62-6041371

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UT-BATTELLE/ORNL  1201 OAK RIDGE TPKE STE 100  OAK RIDGE, TN 37830	\$ 90,735.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CONSOLIDATED NUCLEAR SECURITY  301 BEAR CREEK RD Y-12  OAK RIDGE, TN 37830	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ORNL FEDERAL CREDIT UNION 215 S RUTGERS AVENUE OAK RIDGE, TN 37830	\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	OAK RIDGE ASSOCIATED UNIVERSITIES  100 ORAU WAY  OAK RIDGE, TN 37830	\$ 86,459.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CENTRUS 6901 ROCKLEDGE DRIVE, SUITE 800 BETHESDA, MD 20817	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MARILYN REAFSNYDER  P.O. BOX 4158  OAK RIDGE, TN 37830	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# UNITED WAY CLINCH-POWELL VALLEY INC.

62-6041371

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	KEYLOGIC  2034 EISENHOWER AVE SUITE 115  ALEXANDRIA, VA 22314	\$5,913.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BOSTON GOVERNMENT SERVICES  105 MITCHELL ROAD SUITE 101  OAK RIDGE, TN 37830	\$7,800.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	RICH & LESLIE TIGHE  P.O. BOX 4158  OAK RIDGE, TN 37830	\$10,000 <b>.</b>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	JAMES W. CHARLES III  P.O. BOX 4158  OAK RIDGE, TN 37830	\$ 10,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	PAT POSTMA  P.O. BOX 4158  OAK RIDGE, TN 37830	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_	MATERIALS & CHEMISTRY LABORATORY INC  161 MITCHELL ROAD  OAK RIDGE, TN 37830	\$\$	Person X Payroll

Name of organization Employer identification number

# UNITED WAY CLINCH-POWELL VALLEY INC.

62-6041371

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is peeded	2 0041371
	(see instructions). Ose duplicate copies of Pa	irt ii ii additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<del></del>			

Name of organization **Employer identification number** UNITED WAY CLINCH-POWELL VALLEY INC. 62-6041371 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

UNITED WAY CLINCH-POWELL VALLEY INC.

**Employer identification number** 62-6041371

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(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 v	vriting that the assets held in donor advis-	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of 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		2a
b			•
С	Number of conservation easements on a certified historic stru	octure included on line 2a	2c
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	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 cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	tion easements during the year
			(A) (T) (A)
8	Does each conservation easement reported on line 2d above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial stateme	ents that describes the
Do	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Tracquires or Ot	har Similar Assats
Pai			ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for pub	, ,	•
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		I gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2023

332051 09-28-23

Pai	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or	Other	· Simila	Assets	(contir	nued,	)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply).									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	n's exem	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or other	r similar	assets				
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arrang		te if the organizatior	n answered "Y	'es" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an, or other intermed	liary for contribution	s or other ass	ets not	included		_		_
	on Form 990, Part X?						$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun <sup>*</sup>	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					. 1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ıstodial accou	ınt liabili	ty?	L	Yes	L	No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds Complete if									
		(a) Current year	(b) Prior year	(c) Two years		<b>(d)</b> Three y	ears back	(e) Four		
1a	Beginning of year balance	69,300.	80,325.	70	,995.		62,290.			927.
b	Contributions									,839.
С	Net investment earnings, gains, and losses	8,956.	-10,700.	9	,330.		8,705.		3	,524.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs		325.							
f	Administrative expenses									
g	End of year balance	78,256.	69,300.	80	,325.		70,995.		62	,290.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment	100	_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administere	ed for the	е		ſ		
	organization by:								Yes	
	(i) Unrelated organizations?							3a(i)		<u> </u>
								3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm		D 1 N/ II 44 0		D 137	40				
	Complete if the organization answered	1								
	Description of property	(a) Cost or of basis (investment)	, ,	or other (other)		ccumulate preciation	ed	(d) Boo	k val	ue 
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment	I	4	1,700.		40,83	16.			<u> 884.</u>
	Other	I								
<u>Tota</u>	l. Add lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990, Part 2	X. line 10c. column	(B))					3	884.

Schedule D (Form 990) 2023

			60 6041251
Schedule D (Form 990) 2023 UNITED WAY C	LINCH-POWELL	VALLEY INC.	62-6041371 Page 3
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1b. See Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			-
(2) Closely held equity interests			
(3) Other			
(A) BENEFICIAL INTEREST	78,194.	END-OF-YEAR MA	RKET VALUE
(B)	,		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	78,194.		
Part VIII Investments - Program Related.	,		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1c. See Form 990, Part X, line 1	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	•		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1d. See Form 990, Part X, line 1	5.
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(0)			

(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (h) must equal Form 990, Part X, line 15, col. (R))	

### Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. line 25. col. (B))	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

	art XI Reconciliation of Revenue per Audited Finan	ncial Statements With Reve	enue per Retu	<u></u>	7011071 Tage 1
	Complete if the organization answered "Yes" on Form 990,	, Part IV, line 12a.	•		
1	Total revenue, gains, and other support per audited financial state	ements		1	1,180,471.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	:			
а	Net unrealized gains (losses) on investments	2a	8,956.		
b					
С					
d					
е	e Add lines 2a through 2d		2	2e	8,956.
3	Subtract line 2e from line 1			3	1,171,515.
4					
а	a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	c Add lines <b>4a</b> and <b>4b</b>		4	ŀc	0.
5		rt I. line 12.)		5	1,171,515.
Pa	art XII Reconciliation of Expenses per Audited Fina	ncial Statements With Exp	enses per Ret	urn	1
	Complete if the organization answered "Yes" on Form 990,	, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		<u> </u>	1	1,031,363.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	a Donated services and use of facilities	2a			
b	b Prior year adjustments	2b			
С	C Other losses	2c			
d	d Other (Describe in Part XIII.)	2d			
е	e Add lines 2a through 2d		2	?e	0.
3	Subtract line 2e from line 1			3	1,031,363.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	b Other (Describe in Part XIII.)	4b			
С	c Add lines <b>4a</b> and <b>4b</b>		4	ŀc	0.
5		Part I, line 18.)		5	1,031,363.
Pa	art XIII Supplemental Information				
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, line			art X	, line 2; Part XI,
ıınes	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any additional information	i.		
PAI	RT X, LINE 2:				
	,				

IN ACCORDANCE WITH ACCOUNTING STANDARDS, WHICH PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT UNCERTAIN TAX POSITIONS TAKEN BY AN ORGANIZATION, MANAGEMENT BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ORGANIZATION IN ITS FEDERAL AND STATE INCOME TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION FILES RETURNS IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF CALIFORNIA. THE ORGANIZATIONS FEDERAL INCOME TAX RETURNS FOR THE PRIOR THREE TAX YEARS REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023  Part XIII   Supplemental Infor	UNITED WAY	CLINCH-POWE	LL VALLEY	INC.	62-6041371	Page 5
Part XIII   Supplemental Infor	mation <sub>(continued)</sub>					
_						

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 62-6041371 UNITED WAY CLINCH-POWELL VALLEY INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

PRESENT  (event type) (event type) (total number)  1 Gross receipts  46,833.  46, 2 Less: Contributions  33,360.  3 Gross income (line 1 minus line 2)  13,473.  4 Cash prizes  5 Noncash prizes  6 Rent/facility costs  7 Food and beverages  8 Entertainment  9 Other direct expenses summary. Add lines 4 through 9 in column (d)  10 Direct expense summary. Subtract line 10 from line 3, column (d)  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.	Pa				d "Yes	on Form 990, P	art IV,	line 18, or rep	orted	
(event type) (event type) (total number)			-	(a) Event #1 SPECIAL	_			(c) Other even		(d) Total events (add col. (a) through
2 Less: Contributions 33,360. 33, 3 Gross income (line 1 minus line 2) 13,473. 13, 4 Cash prizes 5 Noncash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 13,473. 13, 10 Direct expenses summary. Add lines 4 through 9 in column (d) 13,1 Not income summary. Subtract line 10 from line 3, column (d) 13,1 Not income summary. Add lines 4 through 9 in column (d) 13,1 Not income summary. Subtract line 10 from line 3, column (d) 13,1 Not income summary. Subtract line 10 from line 3, column (d) 1,1 Not income summary. Subtract line 10 from line 3, column (d) 1,1 Not income summary. Subtract line 10 from line 3, column (d) 1,1 Not income summary. Subtract line 10 from line 3, column (d) 1,2 Not income summary. Subtract line 10 from line 1, column (d) 1,2 Not income summary. Subtract line 7 from line 1, column (	ē			(event type)		(event type)		(total number	)	COI. (C))
3 Gross income (line 1 minus line 2)	Revenu	1	Gross receipts	46,833.						46,833.
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 6 Rent/facility costs 7 Food and beverages 13,473		2	Less: Contributions	33,360.						33,360.
5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 1 13,473. 10 Direct expenses summary. Add lines 4 through 9 in column (d) 1 13,1 11 Net income summary. Subtract line 10 from line 3, column (d) 1 Gross revenue  2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Add lines 2 through 5 in column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  1 Yes 2 Yes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?		3	Gross income (line 1 minus line 2)	13,473.						13,473.
6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 13, 11 Net income summary. Subtract line 10 from line 3, column (d)  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming col. (a) through 1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor   Yes		4	Cash prizes							
6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Add lines 4 through 9 in column (d) 12 Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming col. (a) through 1 throu		5	Noncash prizes							
8 Entertainment 9 Other direct expenses 13,473. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d)  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through (a) through (b) Pull rabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through (a) through (b) Pull rabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through (b) Pull rabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through (b) Pull rabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through (b) Pull rabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through (b) Pull rabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through (b) Pull rabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through (b) Pull rabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through (c) Other gaming (d) Total gaming	sesued									
8 Entertainment 9 Other direct expenses 13,473. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d)  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through (a) through (b) Pull rabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through (a) through (b) Pull rabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through (b) Pull rabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through (b) Pull rabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through (b) Pull rabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through (b) Pull rabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through (b) Pull rabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through (b) Pull rabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through (c) Other gaming (d) Total gaming	irect E	7	Food and beverages							
10 Direct expense summary. Add lines 4 through 9 in column (d) 13 Net income summary. Subtract line 10 from line 3, column (d)  Part III		8	Entertainment				$\perp$			
11 Net income summary. Subtract line 10 from line 3, column (d)    Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    (a) Bingo   (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming   (d) Total gaming col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming   (d) Total gaming col. (a) through col. (a) through col. (a) through col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming col. (a) through col. (a) through col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming col. (a) through col. (a) through col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming col. (a) through col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming col. (d) Total gaming col. (a) through col. (b) through col. (a) t		9		-						13,473.
Caming   Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Caming   Cam			. ,	( /						13,473.
\$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming col. (a) through  1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  Yes	Pa									0.
1 Gross revenue bingo/progressive bingo col. (a) through										_
2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses    Yes	enne			(a) Bingo			(	c) Other gamii	ng	(d) Total gaming (add col. (a) through col. (c))
2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes	Re	1	Gross revenue							
5 Other direct expenses    Yes	ses	2	Cash prizes							
5 Other direct expenses    Yes	Expens	3	Noncash prizes							
Yes% Yes% Yes%  6 Volunteer labor No No No No No  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states? Yes  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes		4	Rent/facility costs							
6 Volunteer labor No No No No  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes		5	Other direct expenses	<u></u>	Ļ		<u> </u>			
8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes		6	Volunteer labor					· —	_ % 	
9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes		7	Direct expense summary. Add lines 2 through	n 5 in column (d)						
a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes		8	Net gaming income summary. Subtract line 7	' from line 1, column (d)						
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes	а	ls t	the organization licensed to conduct gaming a	ctivities in each of these s		?				Yes No
	D	<u>"</u>	NO, GAPIAITI.							
							year?	)		Yes No

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 UNITED WAY CLINCH-POWELL VALLEY INC. 62-6	<u>5041371</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
•	Enter the hame and address of the person who propares the organization organization of garming operation of the person and resortes.		
	Name		
	- Traine		
	Address		
	Address		
150	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
ısa	Tobes the organization have a contract with a third party from whom the organization receives gaming revenue?	163	
D	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	·		
a	solution Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	No
	retain the state gaming license?	. Lagres	□□ NO
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G	(Form 990)	UNITED	WAY	CLINCH-	POWELL	VALLEY	INC.	62-6041371	Page 4
Part IV	(Form 990) Supplemental Inform	mation <sub>(con</sub>	tinued)						
_									

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2023

Name of the organization UNITED WA	Y CLINCH-	POWELL VALL	EY INC.				Employer identification number $62-6041371$
Part I General Information on Grants a	ınd Assistance						
1 Does the organization maintain records							
criteria used to award the grants or assis	stance?						Yes X No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to recipient that received more than to					anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
·	T .		<del> </del>		(f) Method of		1 (1) 5
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AID TO DISTRESSED FAMILIES OF							
APPALACHIAN COUNTIES INC (ADFAC							
INC) - 1051 OAK RIDGE TURNPIKE -							
OAK RIDGE, TN 37830	58-1727751	501(C)(3)	69,500.	0.			PROG OPERATING COST
AMERICAN RED CROSS							
6921 MIDDLEBROOK PIKE							
KNOXVILLE, TN 37909	62-1307220	501(C)(3)	6,000.	0.			PROG OPERATING COST
ADG OF ANDEDGON GOLDINGY							
ARC OF ANDERSON COUNTY							
161 ROBERTSVILLE ROAD	62-0715152	E01/G\/3\	15,000.	0.			PROG OPERATING COST
OAK RIDGE, TN 37830	62-0715152	501(C)(3)	15,000.	0.			PROG OPERATING COST
ASAP OF ANDERSON							
131 S CHARLES G SEIVERS BLVD							
CLINTON, TN 37716	45-2519910	501(C)(3)	10,000.	0.			PROG OPERATING COST
BIG BROTHERS BIG SISTERS OF							
GREATER CHATTANOOGA - 2015 BAILEY							
AVENUE - CHATTANOOGA, TN 37404	62-0586090	501(C)(3)	7,000.	0.			PROG OPERATING COST
·							
BOYS AND GIRLS CLUB - CLINCH							
VALLEY - 102 SOUTH JEFFERSON							
CIRCLE - OAK RIDGE, TN 37830	62-0589052	501(C)(3)	40,000.	0.			PROG OPERATING COST
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table				
3 Enter total number of other organization	s listed in the line	1 table					

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

Part II Continuation of Grants and Other				(es		<u> </u>	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF THE							
TENNESSEE VALLEY - 967 IRWIN							
STREET - KNOXVILLE, TN 37917	62-0475743	501(C)(3)	55,000.	0.			PROG OPERATING COST
CHILD ADVOCACY CENTER OF ANDERSON							
COUNTY INC - 752 NORTH MAIN STREET							
- CLINTON, TN 37716	26-0246062	501(C)(3)	15,000.	0.			PROG OPERATING COST
			,				
CHILDREN'S MUSEUM OF OAK RIDGE							
461 WEST OUTE DRIVE							
OAK RIDGE, TN 37830	23-7411712	501(C)(3)	10,000.	0.			PROG OPERATING COST
COMMUNITY MEDIATION SERVICES							
100 NORTH MAIN STREET 115							
CLINTON, TN 37716	58-1697179	501(C)(3)	12,000.	0.			PROG OPERATING COST
CONTACT CARELINE							
125 W GETTYSBURG AVENUE	60 0010061	501 (6) (2)		_			
OAK RIDGE, TN 37830	62-0912261	501(C)(3)	23,000.	0.			PROG OPERATING COST
EAST TENNESSEE KIDNEY FOUNDATION							
INC - PO BOX 22072 - KNOXVILLE, TN							
37933	27-2119742	501(C)(3)	12,125.	0.			PROG OPERATING COST
	2, 2113,12	301(0)(3)	12,123.				THOS STEMMING COST
EMORY VALLEY CENTER							
723 EMORY VALLEY ROAD							
OAK RIDGE, TN 37830	62-0762198	501(C)(3)	160,000.	0.			PROG OPERATING COST
·			, , , , , , , , , , , , , , , , , , ,				
FREE MEDICAL CLINIC OF OAK RIDGE							
116 E DIVISION RD							
OAK RIDGE, TN 37830	90-0715369	501(C)(3)	24,000.	0.			PROG OPERATING COST
GIRLS INCORPORATED OF OAK RIDGE							
1798 OAK RIDGE TURNPIKE							
OAK RIDGE, TN 37830	59-1743795	501(C)(3)	55,000.	0.			PROG OPERATING COST

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REAT SMOKY MOUNTAIN COUNCIL OF							
BOY SCOUTS (PELLISSIPPI DISTRICT)							
- 1333 OLD WEISGARBER ROAD -							
KNOXVILLE, TN 37909	62-0476811	501(C)(3)	9,000.	0.			PROG OPERATING COST
HELEN ROSS MCNABB CENTER							
5310 BALL CAMP PIKE							
KNOXVILLE, TN 37921	62-0548914	501(C)(3)	8,500.	0.			PROG OPERATING COST
HELEN ROSS MCNABB MENTAL HEALTH							
FOUNDATION INC 200 TECH CENTER							
	23-7213935	E01/G\/2\	8,000.	0.			PROG OPERATING COST
DRIVE - KNOXVILLE, TN 37912	23-7213933	501(C)(3)	8,000.	0.			PROG OPERATING COST
HOPE OF EAST TN							
188 RALEIGH RD							
OAK RIDGE, TN 37830	62-0996804	501(C)(3)	15,000.	0.			PROG OPERATING COST
·			,				
KEYSTONE ELDER DAY CENTER							
1350 OAK RIDGE TURNPIKE							
OAK RIDGE, TN 37830	27-0114300	501(C)(3)	15,000.	0.			PROG OPERATING COST
LEGAL AID SOCIETY							
575 OAK RIDGE TURNPIKE 201							
OAK RIDGE, TN 37830	62-0800756	501 (C) (3)	10,000.	0.			PROG OPERATING COST
OM RIBGE, IN 37030	02 0000730	301(0)(3)	10,000.	<u> </u>			INOG OTHANTING CODI
NURTURE THE NEXT							
600 HILL AVE #202							
NASHVILLE, TN 37210	58-1567835	501(C)(3)	7,500.	0.			PROG OPERATING COST
RIDGEVIEW BEHAVIORAL HEALTH							
SERVICES - 240 WEST TYRONE ROAD -							
DAK RIDGE, TN 37830	62-0579512	501(C)(3)	30,000.	0.			PROG OPERATING COST
CENTOD OTHITENS HOME ASSISTANCE							
SENIOR CITIZENS HOME ASSISTANCE							
SERVICE (SCHAS) - 215 BEARDEN	60 0000500	501/61/21	10.000	•			
PLACE - KNOXVILLE, TN 37917	62-0809589	DOT(G)(3)	12,000.	0.	1		PROG OPERATING COST

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
TRINITY OUTREACH CENTER OF HOPE (TORCH) - 152 BUS TERMINAL ROAD - OAK RIDGE, TN 37830	45-4745519	501(C)(3)	45,000.	0.			PROG OPERATING COST	
YWCA KNOXVILLE & THE TENNESSEE VALLEY - 420 WEST CLINCH AVE - KNOXVILLE, TN 37902	62-0475701	501(C)(3)	20,000.	0.			PROG OPERATING COST	
	l						<u> </u>	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistar
Supplemental Information. Provide the information.	tion required in Part I, lin	e 2; Part III, columi	n (b); and any other ad	Iditional information.	

### **SCHEDULE O** (Form 990)

# 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 Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY CLINCH-POWELL VALLEY INC.

**Employer identification number** 62-6041371

FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FORM 990 IS PROVIDED TO THE MEMBERS OF THE BOARD OF DIRECTORS
FOR REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:
THE ANNUAL AUDIT REPORT (FINANCIAL STATEMENTS) AND ANNUAL REPORT ARE
AVAILABLE ON THE WEBSITE. THE CHARTER AND BY-LAWS ARE MADE AVAILABLE UPON
REQUEST

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023