

# Return of Organization Exempt From Income Tax

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

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

**A** For the 2008 calendar year, or tax year beginning 4/01/08, and ending 3/31/09

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Name of organization: UNITED WAY OF GREATER KNOXVILLE, INC  
 Doing Business As: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite:  
1301 HANNAH AVENUE  
 City or town, state or country, and ZIP + 4:  
KNOXVILLE TN 37921

**D** Employer identification number: 62-0475748

**E** Telephone number: 865-523-9131

**F** Name and address of principal officer:  
BEN LANDERS  
P.O. BOX 326  
KNOXVILLE TN 37901

**G** Gross receipts \$: 12,421,742

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.UNITEDWAYKNOX.ORG

**K** Type of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1960 **M** State of legal domicile: TN

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>UWKG BRINGS TOGETHER RESOURCES TO IMPROVE THE LIVES OF PEOPLE IN OUR COMMUNITY BY HELPING THEM ACHIEVE THEIR POTENTIAL FOR SELF-SUFFICIENCY.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	39
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	38
	5 Total number of employees (Part V, line 2a)	5	31
	6 Total number of volunteers (estimate if necessary)	6	521
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	13,115,075	12,032,001
	9 Program service revenue (Part VIII, line 2g)	2,071	2,220
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	641,873	279,086
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	109,945	108,435
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,868,964	12,421,742
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,227,340	11,024,855
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,281,348	1,493,353
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	772,286	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	676,095	816,736
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,184,783	13,334,944
19 Revenue less expenses. Subtract line 18 from line 12	684,181	-913,202	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	25,295,093	23,764,214
	21 Total liabilities (Part X, line 26)	9,700,146	10,215,642
	22 Net assets or fund balances. Subtract line 21 from line 20	15,594,947	13,548,572

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: Ben Landers Date: 12/30/09  
 Type or print name and title: \_\_\_\_\_

**Paid Preparer's Use Only**  
 Preparer's signature: [Signature] Date: 12/29/09 Check if self-employed:   
 Preparer's identifying number (see instructions): P00080572  
 Firm's name (or yours if self-employed), address, and ZIP + 4: RODEFER MOSS & CO, PLLC  
608 MABRY HOOD RD STE 300  
KNOXVILLE, TN 37932  
 EIN: 62-1690032  
 Phone no.: 865-583-0091

**Part III Statement of Program Service Accomplishments** (see instructions)

**1** Briefly describe the organization's mission:

UWGK BRINGS TOGETHER RESOURCES TO IMPROVE THE LIVES OF PEOPLE IN OUR COMMUNITY BY HELPING THEM ACHIEVE THEIR POTENTIAL FOR SELF-SUFFICIENCY.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 220,125 including grants of \$ 209,472 ) (Revenue \$ )  
EDUCATION FOR LIFE SKILLS - PROMOTES HEALTHIER YOUTH AND FAMILIES, THUS PREPARING THEM FOR A LIFETIME OF GROWTH AND LEARNING SO THEY CAN REACH THEIR FULLEST POTENTIAL FOR SELF-SUFFICIENCY.

**4b** (Code: ) (Expenses \$ 10,426,991 including grants of \$ 9,922,370 ) (Revenue \$ )  
BASIC NEEDS - PROVIDE TRADITIONAL SUPPORT TO ORGANIZATIONS PROVIDING BASIC SERVICES AS WELL AS FACILITATE PROJECTS TO HELP PEOPLE ACHIEVE A HIGHER LEVEL OF SELF-SUFFICIENCY.

**4c** (Code: ) (Expenses \$ 335,981 including grants of \$ 319,721 ) (Revenue \$ )  
HEALTH - FOCUS ON AND PROMOTE HEALTH AND MEETING THE NEEDS OF THE GROWING NUMBER OF PEOPLE WITHOUT INSURANCE.

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 602,448 including grants of \$ 573,292 ) (Revenue \$ )

**4e Total program service expenses** ▶ \$ 11,585,545 (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25.		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b>	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		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	X	
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
<b>1a</b>	Enter the number of voting members of the governing body	<b>1a</b>	39
<b>b</b>	Enter the number of voting members that are independent	<b>1b</b>	38
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates?	X	
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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:		
<b>a</b>	The organization's CEO, Executive Director, or top management official?	X	
<b>b</b>	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed	TN
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: <b>BEN LANDERS</b> 1301 HANNAH AVENUE KNOXVILLE TN 37921 865-523-9131	

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JERROD GAERTNER BOARD MEMBER	0						0	0	0	
SHARON PRYSE CHAIRMAN	0	X					0	0	0	
BERT BERTELKAMP NOMINATING CH	0	X					0	0	0	
BILL EVANS VICE CHAIR	0	X					0	0	0	
BRUCE FOSTER LEGAL COUNSEL	0	X					0	0	0	
DEBBIE HELSLEY LABOR CHAIR	0	X					0	0	0	
MELANIE ROBINSON TRANS. CHAIR	0	X					0	0	0	
JOHN SMARTT, SR. PRES MON FDN	0	X					0	0	0	
BOB TALBOTT VICE CHAIR	0	X					0	0	0	
ROSALYN TILLMAN ALLOC. CHAIR	0	X					0	0	0	
RICK ZIVIL, JR. TREASURER	0	X					0	0	0	
VINCE AYUB BOARD MEMBER	0						0	0	0	
JEREMY BIGGS BOARD MEMBER	0						0	0	0	
STAN BOWIE BOARD MEMBER	0						0	0	0	
CHARLENE BURT BOARD MEMBER	0						0	0	0	
CHAD CLABOUGH BOARD MEMBER	0						0	0	0	
DONNA COOPER BOARD MEMBER	0						0	0	0	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CYNTHIA FINCH BOARD MEMBER	0							0	0	0
RAY WHITEHEAD BOARD MEMBER	0							0	0	0
DENISE HARVEY BOARD MEMBER	0							0	0	0
AMY NOLAN BOARD MEMBER	0							0	0	0
JEANNINE UGARTE BOARD MEMBER	0							0	0	0
LOIDA VELAZQUEZ BOARD MEMBER	0							0	0	0
ALAN WILLIAMS BOARD MEMBER	0							0	0	0
SAADIA WILLIAMS BOARD MEMBER	0							0	0	0
SYLVIA WOODS BOARD MEMBER	0							0	0	0
JERILYN BLISS BOARD MEMBER	0							0	0	0
OSLO COLE BOARD MEMBER	0							0	0	0
RUSSELL HARRIS BOARD MEMBER	0							0	0	0
TOM JENSEN BOARD MEMBER	0							0	0	0
<b>1b Total</b>								173,276		22,406

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	35,652				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	11,996,349				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		12,032,001				
Program Service Revenue	<b>2a</b> CFC AND CLASS FEES		Busn. Code				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		2,220				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			179,201		179,201	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross Rents	(i) Real	(ii) Personal				
		107,400					
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)		107,400				
	<b>d</b> Net rental income or (loss)			107,400		107,400	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		99,885					
	<b>b</b> Less: cost or other basis & sales exps.						
	<b>c</b> Gain or (loss)		99,885				
	<b>d</b> Net gain or (loss)			99,885		99,885	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		<b>a</b>				
	<b>b</b> Less: direct expenses		<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19		<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>a</b>					
<b>b</b> Less: cost of goods sold		<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
<b>11a</b> MISC. REVENUE			1,035		1,035		
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			1,035				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			12,421,742	2,220	0	387,521	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	11,024,855	11,024,855		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	195,682	80,230		115,452
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	991,989	235,822	432,988	323,179
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	106,251	28,688	39,313	38,250
9 Other employee benefits	125,931	34,002	46,594	45,335
10 Payroll taxes	73,500	19,845	27,195	26,460
11 Fees for services (non-employees):				
a Management				
b Legal	755		755	
c Accounting	28,624		28,624	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	21,352		21,352	
g Other	163,014	5,658	148,216	9,140
12 Advertising and promotion				
13 Office expenses	49,880	7,415	18,719	23,746
14 Information technology				
15 Royalties				
16 Occupancy	62,613	13,484	27,762	21,367
17 Travel	15,424	6,801	2,813	5,810
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	49,220	16,354	7,795	25,071
20 Interest				
21 Payments to affiliates	130,622	65,311	65,311	
22 Depreciation, depletion, and amortization	99,002	24,528	36,951	37,523
23 Insurance	9,479	2,251	4,205	3,023
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EQUIPMENT RENTAL	63,920	10,919	35,528	17,473
b PRINTING AND PUBLICATIONS	50,512	1,945	14,990	33,577
c POSTAGE	27,364	2,477	-12,939	37,826
d TELEPHONE	23,107	4,714	11,353	7,040
e MEMBERSHIP DUES	21,848	246	19,588	2,014
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	13,334,944	11,585,545	977,113	772,286
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	42,148	1	3,056
	2	Savings and temporary cash investments	10,711,695	2	10,868,378
	3	Pledges and grants receivable, net	7,374,540	3	6,683,598
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	109,977	7	60,184
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	90,308	9	29,330
	10a	Land, buildings, and equipment: cost basis	3,733,603		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	935,873	10c	2,797,730
	11	Investments—publicly traded securities	9,000	11	9,000
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,065,702	15	3,312,938
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	25,295,093	16	23,764,214	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	239,030	17	16,459
	18	Grants payable	7,740,992	18	8,286,991
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	1,720,124	25	1,912,192
	26	<b>Total liabilities.</b> Add lines 17 through 25	9,700,146	26	10,215,642
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	13,455,120	27	11,389,515
	28	Temporarily restricted net assets	218,178	28	256,048
	29	Permanently restricted net assets	1,921,649	29	1,903,009
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	15,594,947	33	13,548,572	
34	<b>Total liabilities and net assets/fund balances</b>	25,295,093	34	23,764,214	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b	If "Yes," did the organization undergo the required audit or audits?		



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,736,269	12,913,893	12,741,954	13,115,075	12,032,003	62,539,194
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1-3	11,736,269	12,913,893	12,741,954	13,115,075	12,032,003	62,539,194
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						62,539,194

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	11,736,269	12,913,893	12,741,954	13,115,075	12,032,003	62,539,194
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	101,534	199,317	308,363	345,845	179,201	1,134,260
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	91,471	193,071	295,571	405,973	208,320	1,194,406
<b>11 Total support.</b> Add lines 7 through 10						64,867,860
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	339,679
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	96.4101 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%
<b>16a 33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**  ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization  ►

**b 33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization  ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions  ►

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

RENTAL INCOME	\$	437,962
INVENTORY SALES	\$	755,409
MISC.	\$	1,035

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ, and 990-PF.**

OMB No. 1545-0047

**2008**

<b>Name of the organization</b>  UNITED WAY OF GREATER KNOXVILLE, INC	<b>Employer identification number</b>  62-0475748
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**Organization type** (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( 3 ) (enter number) organization                               |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ .....

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

**Schedule B (Form 990, 990-EZ, or 990-PF) (2008)**

<b>Name of organization</b> UNITED WAY OF GREATER KNOXVILLE, INC	<b>Employer identification number</b> 62-0475748
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FIRST TENNESSEE P.O. BOX 280  KNOXVILLE TN 37901	\$ 299,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF GREATER KNOXVILLE, INC

62-0475748

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, acreage restricted, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

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

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

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

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

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

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

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

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

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

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

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

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

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

- a** Board designated or quasi-endowment  \_\_\_\_\_ %
- b** Permanent endowment  \_\_\_\_\_ %
- c** Term endowment  \_\_\_\_\_ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		3,733,603	935,873	2,797,730
<b>Total.</b> Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,797,730



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,421,742
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,334,944
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-913,202
4	Net unrealized gains (losses) on investments	4	-1,133,178
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-1,133,178
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-2,046,380

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

1	Total revenue, gains, and other support per audited financial statements	1	9,966,046
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,133,178
b	Donated services and use of facilities	2b	388,515
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-1,689,681
e	Add lines 2a through 2d	2e	-2,434,344
3	Subtract line 2e from line 1	3	12,400,390
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	21,352
c	Add lines 4a and 4b	4c	21,352
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	12,421,742

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

1	Total expenses and losses per audited financial statements	1	12,012,426
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	388,515
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	-1,689,681
e	Add lines 2a through 2d	2e	-1,301,166
3	Subtract line 2e from line 1	3	13,313,592
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	21,352
c	Add lines 4a and 4b	4c	21,352
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	13,334,944

**Part XIV Supplemental Information**

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

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PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

**Part XIV Supplemental Information** (continued)

AMOUNTS DESIGNATED BY DONORS FOR SPECIFIC ORGANIZATIONS \$ -1,689,681

PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

INVESTMENT MANAGEMENT EXPENSE \$ 21,352

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

AMOUNTS DESIGNATED BY DONORS FOR SPECIFIC ORGANIZATIONS \$ -1,689,681

PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

INVESTMENT MANAGEMENT EXPENSE \$ 21,352

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

Name of the organization

UNITED WAY OF GREATER KNOXVILLE, INC

Employer identification number

62-0475748

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	211 KNOXVILLE INFORMATION P.O. BOX 51650 KNOXVILLE TN 37950	62-1782121	3	46,070				SPECIFIC PROGRAMS
	AMERICAN INST. FOR PREVENTATIVE MED 30445 NORTHWESTERN HIGHWAY, SUITE 3 FARMINGTON HILLS MI 48334		3	14,997				OPERATIONS
	AGAPE, INC. 428 EAST SCOTT AVENUE KNOXVILLE TN 37917	62-0841527	3	64,962				SPECIFIC PROGRAMS
	AMERICAN RED CROSS-KNOXVILLE P.O. 50156 KNOXVILLE TN 37950-0156	62-0475688	3	804,238				SPECIFIC PROGRAMS
	AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILY VA 20151	54-1517707	3	8,525				OPERATIONS
	ANIMAL CHARTIES OF AMERICA 21 TAMAL VISTA BLVD., SUITE 209 CORTE MADERA CA 94925	94-3193389	3	22,926				OPERATIONS
	ARNSTEIN JEWISH COMMUNITY CENTER 6800 DEANE HILL DRIVE KNOXVILLE TN 37919	62-0452960	3	18,080				SPECIFIC PROGRAMS
	ARTHRITIS FOUNDATION ONE VINTAGE WAY, SUITE D200 NASHVILLE TN 37228	78-0002364	3	95,273				SPECIFIC PROGRAMS
	BIG BROTHERS/BIG SISTERS 4928 HOMBERG DRIVE, SUITES B1-B3 KNOXVILLE TN 37919	62-0842531	3	115,988				SPECIFIC PROGRAMS

- 2** Enter total number of section 501(c)(3) and government organizations ▶ 92
- 3** Enter total number of other organizations ▶



**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**▶ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

Name of the organization **UNITED WAY OF GREATER KNOXVILLE, INC** Employer identification number **62-0475748**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA 1333 OLD WEISGARBER ROAD KNOXVILLE TN 37909	62-0476811	3	330,263				SPECIFIC PROGRAMS
BOYS & GIRLS OF DUMPLIN VALLEY 218 NORTH HIGHWAY 92 JEFFERSON CITY TN 37760	26-1475216	3	11,905				OPERATIONS
BOYS & GIRLS OF TENN VALLEY 220 CARRICK STREET, SUITE 318 KNOXVILLE TN 37921	62-0475743	3	756,043				SPECIFIC PROGRAMS
CATHOLIC CHARITIES OF EAST TN 3009 LAKE BROOK BLVD. KNOXVILLE TN 37909	62-1377551	3	126,377				SPECIFIC PROGRAMS
CEREBRAL PALSY CENTER FOR HANDICAPP 241 EAST WOODLAND AVENUE KNOXVILLE TN 37917	62-0791388	3	256,251				SPECIFIC PROGRAMS
CEREBRAL PALSY HOUSING CORP. 2014 HIGHLAND DRIVE KNOXVILLE TN 37918	62-1079563	3	39,302				SPECIFIC PROGRAMS
CHEROKEE HEALTH SYSTEMS 6350 WEST ANDREW JOHNSON HIGHWAY TALBOTT TN 37877	62-0637925	3	469,477				OPERATIONS
CHILD AND FAMILY TN 901 EAST SUMMIT HILL AVENUE KNOXVILLE TN 37915	62-0547289	3	754,983				SPECIFIC PROGRAMS
CHILDREN'S CENTER OF KNOXVILLE 301 FRANK STREET KNOXVILLE TN 37919	62-0965816	3	79,373				SPECIFIC PROGRAMS
CHILDRENS CHARITIES OF AMERICA P.O. BOX 45754 SAN FRANCISCO CA 94145	94-3148588	3	13,558				OPERATIONS
CHILDRENS MEDICAL CHARITIES OF AM. 21 TAMAL VISTA BLVD., SUITE 209 CORTE MADERA CA 94925	27-0093393	3	7,652				OPERATIONS

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶** \_\_\_\_\_  
**3** Enter total number of other organizations ..... **▶** \_\_\_\_\_

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

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Internal Revenue Service

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Name of the organization **UNITED WAY OF GREATER KNOXVILLE, INC** Employer identification number **62-0475748**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN CHARITIES USA 21 TAMAL VISTA BLVD., SUITE 209 CORTE MADERA CA 94925	94-3255961	3	12,070				OPERATIONS
CHRISTIAN SERVICE CHARITIES 1000 STEWART AVENUE GLEN BERNIE MD 21061	94-3193374	3	42,834				OPERATIONS
COLUMBUS HOME, INC. 3009 LAKE BROOK BLVD. KNOXVILLE TN 37909	62-1377551	3	82,378				SPECIFIC PROGRAMS
COMMUNITY ACTION COMM. P.O. BOX 51650 KNOXVILLE TN 37950	62-1451534	3	235,793				SPECIFIC PROGRAMS
COMMUNITY HEALTH CHARITIES 200 NORTH GLEVE ROAD, SUITE 801 ARLINGTON VA 22203	13-6167225	3	46,718				OPERATIONS
COMMUNITY HEALTH CHAR. OF TN 5409 MARYLAND WAY, SUITE 130 BRENTWOOD TN 37027	23-7456385	3	36,902				OPERATIONS
COMMUNITY SHARES 107 WEST MAIN STREET, SUITE 201 KNOXVILLE TN 37902	62-1233685	3	20,872				OPERATIONS
CRISIS RELIEF FUND 1429 MAPLE AVENUE JEFFERSON CITY TN 37760		3	26,839				OPERATIONS
EARTH SHARE 7735 OLD GEORGETOWN ROAD BETHESDA MD 20814	52-1601960	3	8,555				OPERATIONS
EAST TN CHILDRENS HOSPITAL 2018 CLINCH AVENUE KNOXVILLE TN 37916	62-6002604	3	220,809				SPECIFIC PROGRAMS
EAST TN COMMUNITY DESIGN CTR. 1522 HIGHLAND AVENUE KNOXVILLE TN 37916	62-0817716	3	33,000				SPECIFIC PROGRAMS

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**  
**3** Enter total number of other organizations ..... **▶**

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

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**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST TN TECHNOLOGY ACCESS CTR 4918 NORTH BROADWAY KNOXVILLE TN 37918	58-1830378	3	41,979				SPECIFIC PROGRAMS
EMERALD YOURTH FOUNDATION 1718 NORTH CENTRAL STREET KNOXVILLE TN 37917	62-1474791	3	18,000				OPERATIONS
EPILEPSY FOUNDATION 1715 MAGNOLIA AVENUE KNOXVILLE TN 37917	58-1328013	3	63,801				SPECIFIC PROGRAMS
FELLOWSHIP OF CHRISTIAN ATHLETES 406 UNION AVENUE, SUITE 610 KNOXVILLE TN 37902	56-1834887	3	10,000				OPERATIONS
FISH OF KNOX COUNTY 8905 MILL RUN DRIVE KNOXVILLE TN 37922	23-7163082	3	14,346				OPERATIONS
FLORENCE CRITTENTON AGENCY 1531 DICK LONAS ROAD KNOXVILLE TN 37909	62-6044288	3	365,882				SPECIFIC PROGRAMS
FRIENDS OF LITERACY 101 EAST FIFTH AVENUE KNOXVILLE TN 37917	58-1984690	3	71,836				SPECIFIC PROGRAMS
GIRL SCOUTS OF THE USA 1567 DOWNTOWN WEST BLVD. KNOXVILLE TN 37919	62-0505206	3	267,655				SPECIFIC PROGRAMS
GLOBAL IMPACT 66 CANAL CENTER PLAZA, SUITE 310 ALEXANDRIA VA 22314	52-1273585	3	14,335				OPERATIONS
GOODWILL INDUSTRIES P.O. BOX 11066 KNOXVILLE TN 37939	62-0868796	3	77,318				SPECIFIC PROGRAMS
HEALTH & MEDICAL RESEARCH CHARITIES 21 TARMAL VISTA BLVD, SUITE 209 CORTE MADERA CA 94925	94-3217739	3	17,190				OPERATIONS

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶** \_\_\_\_\_  
**3** Enter total number of other organizations ..... **▶** \_\_\_\_\_

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**Schedule I-1 (Form 990) 2008**

**SCHEDULE I-1  
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**Continuation Sheet for Schedule I (Form 990)**

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Name of the organization **UNITED WAY OF GREATER KNOXVILLE, INC** Employer identification number **62-0475748**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELEN ROSS MCNABB CENTER 201 WEST SPRINGDALE AVENUE KNOXVILLE TN 37917	62-0548914	3	183,774				SPECIFIC PROGRAMS
INTERFAITH HEALTH CLINIC 315 GILL AVENUE KNOXVILLE TN 37917	58-1947641	3	660,717				SPECIFIC PROGRAMS
JEFFERSON COUNTY RESCUE SQUAD P.O. BOX 261 DANDRIDGE TN 37725	62-0996223	3	15,543				OPERATIONS
KNOX AREA RESCUE MINISTRIES P.O. BOX 3310 KNOXVILLE TN 37927	62-0670972	3	25,719				OPERATIONS
KNOX CTY ASSOC FOR RETARDED CITIZEN 3000 NORTH CENTRAL STREET KNOXVILLE TN 37917	62-0759415	3	161,024				SPECIFIC PROGRAMS
KNOX CTY SCHOOLS PTA CLOTHING CTR 1000 NORTH CENTRAL AVENUE KNOXVILLE TN 37917	62-6007979	3	63,300				SPECIFIC PROGRAMS
KNOX COUNTY SCHOOLS P.O. BOX 2188 KNOXVILLE TN 37901		3	238,657				OPERATIONS
KNOXVILLE AC. OF MEDICINE FOUND. 115 SUBURBAN ROAD KNOXVILLE TN 37923	62-1158199	3	322,992				OPERATIONS
KNOX AREA URBAN LEAGUE P.O. BOX 1911 KNOXVILLE TN 37901	62-0797293	3	204,511				SPECIFIC PROGRAMS
KNOXVILLE CENTER OF THE DEAF 3731 MARTIN MILL PIKE KNOXVILLE TN 37920	59-1713554	3	55,561				SPECIFIC PROGRAMS
KNOXVILLE VOLUNTEER EMERGENCY RESCU 512 CHILHOWEE DRIVE KNOXVILLE TN 37924	62-6047246	3	134,000				SPECIFIC PROGRAMS

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶** \_\_\_\_\_  
**3** Enter total number of other organizations ..... **▶** \_\_\_\_\_

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

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Name of the organization **UNITED WAY OF GREATER KNOXVILLE, INC** Employer identification number **62-0475748**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LADIES OF CHARITY OF KNOXVILLE 1031 NORTH CENTRAL AVENUE KNOXVILLE TN 37917	62-0885571	3	60,432				SPECIFIC PROGRAMS
LEGAL AID OF EAST TN 502 SOUTH GAY STREET, SUITE 404 KNOXVILLE TN 37902	58-9132803	3	246,265				SPECIFIC PROGRAMS
LISA ROSS BIRTH AND WOMEN'S CTR 1925B AILOR AVENUE KNOXVILLE TN 37921	62-1518451	3	60,000				OPERATIONS
LONSDALE UNITED METHODIST CHURCH 3613 WESTERN AVENUE KNOXVILLE TN 37921	26-1499128	3	6,066				OPERATIONS
MEDICAL RESEARCH CHARITIES 8001 BRADDOCK ROAD, SUITE 310 SPRINGFIELD VA 22151	94-3148591	3	9,641				OPERATIONS
MENTAL HEALTH ASSOCIATION P.O. BOX 32731 KNOXVILLE TN 37930	62-0642878	3	98,509				SPECIFIC PROGRAMS
MILITARY VETERANS AND PATRIOTIC SER P.O. BOX 45754 SAN FRANCISCO CA 94145	94-3193418	3	12,584				OPERATIONS
MINISTERIAL ASSOC. TEMPORARY SHELTE P.O. BOX 1618 MORRISTOWN TN 37816	62-1324210	3	5,270				OPERATIONS
MY VILLAGE CHILD 1600 WILLOUGHBY ROAD KNOXVILLE TN 37920	33-1005016	3	56,923				SPECIFIC PROGRAMS
NATIONAL KIDNEY FOUNDATION 4450 WALKER BLVD, SUITE 2 KNOXVILLE TN 37917	62-0886595	3	129,155				SPECIFIC PROGRAMS
PENINSULA P.O. BOX 789 LOUISVILLE TN 37777	51-0186987	3	76,062				SPECIFIC PROGRAMS

**2** Enter total number of Section 501(c)(3) and government organizations ..... ▶ \_\_\_\_\_  
**3** Enter total number of other organizations ..... ▶ \_\_\_\_\_

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

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Internal Revenue Service

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Part II and Part III, Schedule I (Form 990).**

Name of the organization **UNITED WAY OF GREATER KNOXVILLE, INC** Employer identification number **62-0475748**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT GRAD 700 EAST HILL AVENUE, SUITE 100 KNOXVILLE TN 37915	62-1865303	3	100,000				OPERATIONS
ROANE COUNTY RESCUE SQUAD P.O. BOX 474 KINGSTON TN 37763	62-0995998	3	7,326				OPERATIONS
RONALD MCDONALD HOUSE -----	58-1510276	3	5,854				OPERATIONS
SAFE HAVEN CRISIS AND RECOVERY CTR 900 EAST HILL AVENUE, SUITE 145 KNOXVILLE TN 37915	23-7430851	3	75,186				SPECIFIC PROGRAMS
SAFESPACE 636 MIDDLE CREEK ROAD, SUITE 3 SEVIERVILLE TN 37862	58-1537647	3	18,052				OPERATIONS
SALVATION ARMY P.O. BOX 669 KNOXVILLE TN 37901	58-0660607	3	452,357				SPECIFIC PROGRAMS
SECOND HARVEST 922 DELAWARE AVENUE KNOXVILLE TN 37921	58-1450139	3	205,337				SPECIFIC PROGRAMS
SENIOR CITIZENS HOME ASSISTANCE CTR -----	62-0809589	3	177,306				SPECIFIC PROGRAMS
SENIOR CITIZENS OF JEFF CTY 1427 RUSSELL AVENUE, SUITE A JEFFERSON CITY TN 37760	62-0977824	3	14,820				OPERATIONS
SEYMOUR VOLUNTEER FIRE DEPT 10830 CHAPMAN HIGHWAY SEYMOUR TN 37865	58-1445949	3	5,841				OPERATIONS
TEEN CHALLENGE OF EAST TN P.O. BOX 6673 KNOXVILLE TN 37914	62-0818599	3	6,000				OPERATIONS

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

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

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Internal Revenue Service

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Name of the organization **UNITED WAY OF GREATER KNOXVILLE, INC** Employer identification number **62-0475748**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED SERVICE ORGANIZATIONS P.O. BOX 96860 WASHINGTON DC 20090	13-1610451	3	5,186				SPECIFIC PROGRAMS
UNITED WAY INTERNATIONAL 701 NORTH FAIRFAX STREET ALEXANDRIA VA 22314	13-1635294	3	15,000				OPERATIONS
UNITED WAY OF ANDERSON COUNTY 161 ROBERTSVILLE ROAD OAK RIDGE TN 37830	62-6041371	3	39,587				OPERATIONS
UNITED WAY OF BLOUNT COUNTY 1615 EAST BROADWAY AVENUE MARYVILLE TN 37804	23-7122193	3	100,173				OPERATIONS
UNITED WAY OF HAMBLEEN COUNTY 3780 W. ANDREW JOHNSON HWY. MORRISTOWN TN 37816	62-0627919	3	27,004				OPERATIONS
UNITED WAY OF HAWKINS COUNTY 403 EAST MAIN STREET ROGERSVILLE TN 37857	62-0731420	3	6,006				OPERATIONS
UNITED WAY OF ROANE COUNTY P.O. BOX 317 HARRIMAN TN 37748	23-7337273	3	11,437				OPERATIONS
UNITED WAY OF SEVIER COUNTY P.O. BOX 6458 SERVIERVILLE TN 37864-6458	62-1225078	3	18,581				OPERATIONS
UNITED WAY OF WASHINGTON COUNTY P.O. BOX 4039 JOHNSON CITY TN 37602	62-6001105	3	20,061				OPERATIONS
VOLUNTEER MINISTRY CENTER P.O. BOX 325 KNOXVILLE TN 37901	62-1338748	3	124,148				SPECIFIC PROGRAMS
WESLEY HOUSE COMM. CTR. 923 DAMERON AVENUE KNOXVILLE TN 37921	59-1766786	3	136,067				SPECIFIC PROGRAMS

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶** \_\_\_\_\_  
**3** Enter total number of other organizations ..... **▶** \_\_\_\_\_

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

Name of the organization **UNITED WAY OF GREATER KNOXVILLE, INC** Employer identification number **62-0475748**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF EAST TN 10713 KINGSTON PIKE KNOXVILLE TN 37922	62-0475700	3	276,480				SPECIFIC PROGRAMS
YWCA METROPOLITAN 420 WEST CLINCH AVENUE KNOXVILLE TN 37902	62-0475701	3	489,954				SPECIFIC PROGRAMS
MISC. -----			75,032				
-----							
-----							
-----							
-----							
-----							
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-----							

2 Enter total number of Section 501(c)(3) and government organizations ..... ▶ \_\_\_\_\_  
 3 Enter total number of other organizations ..... ▶ \_\_\_\_\_



**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

OMB No. 1545-0047

**2008**

**Open To Public Inspection**

Name of the organization **UNITED WAY OF GREATER KNOXVILLE, INC** Employer identification number **62-0475748**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
<b>a</b> Receive a severance payment or change of control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X

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

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BEN LANDERS	(i) 149,448	(ii) 22,301	(iii) 1,527	0	22,406	195,682	0
	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
	(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
	(ii) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
	(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
	(ii) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
	(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
	(ii) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
	(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
	(ii) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
	(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
	(ii) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
	(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
	(ii) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
	(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
	(ii) .....	(ii) .....	(iii) .....	.....	.....	.....	.....



SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

UNITED WAY OF GREATER KNOXVILLE, INC

Employer Identification number

62-0475748

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for JOHN LANSING, JEFF LEE, MINTHA ROACH, TOMMY SCHMID, WILSON TAYLOR, and BEN LANDERS.

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide  
additional information for responses to specific questions for the  
Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREATER KNOXVILLE, INC

Employer identification number

62-0475748

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

ENGAGING YOUTH - EMPOWER YOUTH WITH THE OPPORTUNITY TO

PARTICIPATE IN IN THE COMMUNITY THROUGH DIFFERENT

ORGANIZATIONS.

ANNUAL CAMPAIGN, MOBILIZATION OF VOLUNTEERS

FORM 990, PART VI, LINE 9B - POLICIES AND PROCEDURES GOVERNING CHAPTERS

UWVK HAS WRITTEN POLICIES AND PROCEDURES GOVERNING THE ACTIVITIES OF LOCAL

DIVISIONS.

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990

COPY OF 990 WILL BE GIVEN TO BOARD MEMBERS FOR THEIR REVIEW AND A MEETING

WILL BE HELD BEFORE 990 IS FILED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

1. ANNUAL CEO SELF-EVALUATION USING CRITERIA PRE-DETERMINED/APPROVED BY

EXECUTIVE COMMITTEE.

2. PERSONAL INTERVIEW WITH CURRENT AND IMMEDIATE PAST BOARD CHAIRS.

3. DISCUSSION RECOMMENDATION AND APPROVAL IN EXECUTIVE SESSION OF

EXECUTIVE COMMITTEE.

4. SUPPORTIVE MATERIALS - WRITTEN COMMITTEE ACTIONS GIVE TO CEO AND VP OF

OPERATIONS FOR FILING COMPARABLE DATA FROM UWA AND COMMUNITY USED DRURING

EXECUTIVE PROCESS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

Name of the organization

UNITED WAY OF GREATER KNOXVILLE, INC

Employer identification number

62-0475748

DETERMINED BY THE CEO.

**SCHEDULE R**  
**(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> UNITED WAY OF GREATER KNOXVILLE, INC	<b>Employer identification number</b> 62-0475748
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**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
UNITED WAY OF LOUDON COUNTY 1301 HANNAH AVENUE KNOXVILLE TN 37921 23-7212307	CHARITABLE	TN	501C3	7	

**Part III Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispro- portionate alloc.?		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

**Part V Transactions With Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of paid employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Reimbursement paid to other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid by other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Other transfer of cash or property to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



Forms  
**990 / 990-PF****Other Notes and Loans Receivable****2008**

For calendar year 2008, or tax year beginning 4/01/08, and ending 3/31/09

Name

Employer Identification Number

UNITED WAY OF GREATER KNOXVILLE, INC

62-0475748

## FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) LOAN RECEIVABLE	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	109,977	60,184	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	109,977	60,184	