Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For the	2018 calend	dar year, or tax year begir	nning	, 2018, and er	nding		, 20
В	Check if a	applicable:	C Name of organization UNIT	ED WAY OF RANDOLPH	COUNTY		D	Employer identification no.
	Address	change	Doing business as					23-7041661
	Name cha	ange	Number and street (or P.O. bo	ox if mail is not delivered to street address	ss)	Room/suite	E	Telephone number
	Initial retu	return PO BOX 576						(660)263-6588
		rn/terminated		, country, and ZIP or foreign postal code	9			Gross receipts
	Amended		Moberly, MO 65				"	\$ 262,526
		on pending	F Name and address of principa			H(a) Is this a group	roturn for	
	Application	on pending	r Marile and address of principa	officer.		' '		included? Yes No
_	_	🔽	501(c)(3) 501(c) (\ 1	П			
<u>'</u>			501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527			list. (see instructions)
J		► N/A	1			H(c) Group exe	•	
K				ociation Other >	L Year of formation: 1	969 M State	of legal	domicile: MO
Pa	art I	Summar	4					
	1	•	•	ion or most significant activities	-			
ė		-		WELLNESS IS PROMOTE				
Governance		-		MET;LIVES OF ELDER	RLY & DISABLED ARE E	ENHANCED; YOU	JTH Z	ARE PROVIDED
ēr			PORTUNITY FOR POSI					
Š	2		_ •	n discontinued its operations or	•			I
∞ ∞	3			erning body (Part VI, line 1a)			3	11
Activities &	4			s of the governing body (Part	•		4	11
₹	5	Total number	er of individuals employed in	n calendar year 2018 (Part V, I	ine 2a)		5	2
₽Ċ	6	Total numbe	er of volunteers (estimate if	necessary)			6	
_	7a			Part VIII, column (C), line 12			7a	0
	b	Net unrelate	ed business taxable income	from Form 990-T, line 38 .			7b	0
				Prior Year		Current Year		
nue	8	Contributions	,707	239,853				
	9	Program sei		0				
Revenue	10	Investment i	881	3,191				
æ	11	Other revenu	ue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11e))	11	,567	19,482
	12	Total revenu	ue - add lines 8 through 11	must equal Part VIII, column (/	A), line 12)	259	,155	262,526
	13	Grants and s	similar amounts paid (Part	IX, column (A), lines 1-3)				0
	14	Benefits paid	d to or for members (Part I	X, column (A), line 4)				0
	15	Salaries, oth	ner compensation, employe	e benefits (Part IX, column (A)	, lines 5-10)	28	,748	33,538
Expenses	16a	Professional	I fundraising fees (Part IX,	column (A), line 11e)				0
ben De	b	Total fundra	ising expenses (Part IX, co	lumn (D), line 25) ►	13,501			
$\overline{\Sigma}$	17	Other expen	ises (Part IX, column (A), li	nes 11a-11d, 11f-24e)		243	,911	234,373
	18	Total expens	ses. Add lines 13-17 (mus	equal Part IX, column (A), line	25)		,659	
	19	Revenue les	s expenses. Subtract line	18 from line 12			,504	
			· ·			Beginning of Current		End of Year
ets	20	Total assets	(Part X. line 16)			307	,751	304,035
Net Assets or	g 21		,		<u> </u>		563	
ž,	Ē 22	Net assets of	or fund balances. Subtract	line 21 from line 20		307	,188	
Pa	art II		ıre Block					,
Und	der penalti	ies of perjury, I de	eclare that I have examined this retu	ırn, including accompanying schedules		knowledge and belief, it	is	_
true	e, correct, a	and complete. De	claration of preparer (other than of	icer) is based on all information of which	h preparer has any knowledge.			
		ATIN	IA ROBERTS					11-14-2019
Sig	gn	Signatur	ire of officer				Date	
Не	re	ATIN	IA ROBERTS, EXECUT	IVE DIRECTOR				
,			print name and title					
		Print/Type pre	eparer's name	Preparer's signature	Date	Check	if P	TIN
Ра	id		Gillum	John W Gillum	11-14-2019	self-employe		P00284728
	eparer			Gillum CPA LLC	FT-14-2013	Firm's EIN		10201720
	e Only					Phone no.		
	J J	, i i i i i i i i i i i i i i i i i i i		le MO 63501			50-61	27-1259
May	the IR:	S discuss this		nown above? (see instructions)				🛛 Yes 🗌 No

Part IV

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Χ 2 2 Χ 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Χ b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete X 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 13 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Χ 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ 19 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?......... 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and 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, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity 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 Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? $\dots \dots \dots \dots \dots \dots \dots$	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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
D	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V			NI:
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	reportable gaming (gambling) winnings to prize winners?	10		

Part V

23-7041661

			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	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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 Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	·	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		Λ
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD.		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		
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			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь 0	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:	_		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	_		
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			7.7
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Ves " complete Form 4720. Schedule. O	10		27

Form 990 (2018) Part VI

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the come in the board of contain horse has a full of the O	40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401-		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120	v	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Λ	
С	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Λ	Х
14	Did the organization have a written document retention and destruction policy?	14	Χ	Λ
15	Did the process for determining compensation of the following persons include a review and approval by	14	Λ	
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	135		21
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Ioa	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tou		21
	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?	16b		
Sec	tion C. Disclosure	.00		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in 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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
-	ATINA ROBERTS (660)263-6588, PO BOX 576, Moberly, MO 65270			

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Page **7**

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related	box	unles er and	Pos eck m ss per d a di	rson is rector/	an one both ar trustee))	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) KRISTEE ORNBURN	1.00									
PRESIDENT				X				(0	0
(2) BETH_ANDREWS										
VICE PRESIDENT				X				(0	0
(3) PAMELA FUEMMELER				X				,		
SECRETARY (4) GLEN CLARK				Δ				(0	0
TREASURER				Х				(o	0
(5)										<u> </u>
<u>(6)</u>										
<u>(7)</u>										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
										= ()

Form 990 (2018)

Ган	Section A. Officers, Directors, Trustees	, Key Emplo	yees,	anu	під	nes	St Com	pen	Saleu Employee	s (continued)			
	(A)	(B)	(C) Position (do not check more than one		(D)	(E)	(F)						
	Name and title	Average					nan one both an		Reportable	Reportable		Estimate	
		hours per week (list any			_		(trustee)		compensation from	compensation from related	n amount of other		
		hours for	or director	Institu	Officer	Keye	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	со	mpensa from th	
		related organizations	ector	ution	9	≺ey employee	est cc oyee	er	(W-2/1099-MISC)	(W-2/1099-WI3C)		rganizat	ion
		below dotted line)	rruste	Institutional trustee		yee	mper					and relat ganizati	
			0	tee			nsate						
<u>(15)</u>													
(16)													
1.2/													
(17)													
<u>(18)</u>													
(19)													
1.2/													
(20)													
<u>(21)</u>													
(22)													
(22)													
(23)													
(24)													
(25)													
<u>(23)</u>													
1b	Sub-total				• •			•					
С	Total from continuation sheets to Part VII, Section	n A.						▶					
d	Total (add lines 1b and 1c)							•	(1			0
2	Total number of individuals (including but not limited reportable compensation from the organization	to those list	ed abo	ove)	who	rec	eived r	nore	than \$100,000 of	0			
	reportable compensation from the organization									<u> </u>		Yes	No
3	Did the organization list any former officer, directo	r, or trustee,	key e	mplo	yee,	or	highes	t cor	mpensated				
	employee on line 1a? If "Yes," complete Schedule										3		X
4	For any individual listed on line 1a, is the sum of rep												
	organization and related organizations greater than individual							lule .	J for such		4		X
5	Did any person listed on line 1a receive or accrue co							· · izatio	on or individual		4		
	for services rendered to the organization? <i>If</i> "Yes,"			-			-				5		Х
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensate												
	compensation from the organization. Report comper	nsation for the	e caler	ndar	year	en	ding wi	th or	within the organiz	zation's tax			
	year. (A)								(B)			(C)	
	Name and business address								Description of		Con	npensati	on
2	Total number of independent contractors (including	but not limite	d to th	ose	liste	d ah	ove) w	/ho	1				
	received more than \$100,000 of compensation from			•			,						

Form 990 (2018) Part VIII Statement of Revenue

		Check if Schedule O contains a response or r	ote to any line in th	is Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns 1a					
ants	b	Membership dues 1b					
์ อี	С	Fundraising events 1c					
iifts ar A	d	Related organizations 1d					
imil G	е	Government grants (contributions) 1e					
er S	f	All other contributions, gifts, grants,					
		and similar amounts not included above 1f	239,853				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	▶	239,853			
			Business Code				
Program Service Revenue	2a						
Reve	b						
/ice	С						
Ser	d						
Jram	е						
Prog		All other program service revenue					
	g	Total. Add lines 2a-2f	• • • • • • •				
		Investment income (including dividends, interest,					
		and other similar amounts)		3,191	3,191		
		Income from investment of tax-exempt bond prod					
	5	Royalties					
	6-	(i) Real	(ii) Personal	-			
		Gross rents Less: rental expenses		-			
		Rental income or (loss)		-			
		Net rental income or (loss)					
			(ii) Other				
		Gross amount from sales of assets other than inventory	(ii) Other	-			
		Less: cost or other basis		-			
		and sales expenses					
	1	Gain or (loss)					
		Net gain or (loss)					
nue		Gross income from fundraising					
		events (not including \$					
Re		of contributions reported on line 1c).					
Other Reve		See Part IV, line 18 a					
ð	b	Less: direct expenses \dots b					
	С	Net income or (loss) from fundraising events $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$					
		Gross income from gaming activities.					
		See Part IV, line 19 a		-			
		Less: direct expenses b					
	С	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					
		returns and allowances		-			
		Less: cost of goods sold b					
	- 6	Net income or (loss) from sales of inventory					
	112	Miscellaneous Revenue MISCELLANEOUS INCOME	Business Code 900099	1 700	1 700		
		FUNDRAISING NET	900099	1,796 17,686	1,796 17,686		
	C		300033	17,000	17,000		
		All other revenue					1
		Total. Add lines 11a-11d		19,482			
		Total revenue. See instructions		262,526	22,673	(0
				_52,520	,0,5		

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). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 Compensation of current officers, directors, 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 31,155 16,512 6,854 7,789 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 2,383 1,263 524 596 11 Fees for services (non-employees): b Legal..... 5,500 2,915 1,210 1,375 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 1,613 855 355 403 Office expenses 13 2,816 1,492 620 704 14 15 1,088 16 957 4,352 2,307 17 2,372 1,186 492 694 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 Insurance 443 2,013 1,067 503 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a AGENCY PAYMENTS 209,663 209,663 b DUES 1,857 1,857 2,791 2,791 C CAMPAIGN d MISCELLANEOUS 1,396 740 307 349 All other expenses Total functional expenses. Add lines 1 through 24e 25 267,911 240,791 13,619 13,501 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 following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	87,049	1	104,035
	2	Savings and temporary cash investments	220,702	2	200,000
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	307,751	16	304,035
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
iliti		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	563	25	2,232
	26	Total liabilities. Add lines 17 through 25	563	26	2,232
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	242,156	27	232,219
Bal	28	Temporarily restricted net assets	65,032	28	69,584
pu	29	Permanently restricted net assets		29	
r Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
S O		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ne	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	307,188	33	301,803
	34	Total liabilities and net assets/fund balances	307,751	34	304,035

Pa	rt 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)	2	262,	526
2	Total expenses (must equal Part IX, column (A), line 25)	2	267,9	911
3	Revenue less expenses. Subtract line 2 from line 1		(5,3	385)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3	307,3	188
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	3	301,8	303
Pa	rt 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 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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:			
	☐ 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		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
EEA		Form	990 (2	2018)

SCHEDULE A

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.

2018 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

Employer identification number

Inspection

UNITED WAY OF RANDOLPH COUNTY 23-7041661 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-10 listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

23-7041661 P

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	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	308,336	321,325	252,963	246,707	239,853	1,369,184
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	308,336	321,325	252,963	246,707	239,853	1,369,184
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						1,369,184
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	308,336	321,325	252,963	246,707	239,853	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	300,330	321,325	252,963	240,707	239,653	1,369,184
	similar sources	863	873	879	881	3,191	6,687
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						1,375,871
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶ 🗌
	tion C. Computation of Public Su	• •					
14	Public support percentage for 2018 (line 6, c						99.51 %
15	Public support percentage from 2017 Sched						99.69 %
16a	33 1/3% support test - 2018. If the organiz			•	,		. 57
	box and stop here. The organization qualifi						▶ 🛚 🗵
b	33 1/3% support test - 2017. If the organize this box and stop here. The organization q						, \Box
17a	10%-facts-and-circumstances test - 2018	•					
174	10% or more, and if the organization meets	=					
	Part VI how the organization meets the "fact						
	organization		-	•			▶ □
b	10%-facts-and-circumstances test - 2017						
	15 is 10% or more, and if the organization r	=					
	Explain in Part VI how the organization mee				-	elv	
	supported organization			-		-	▶ □
18	Private foundation. If the organization did						
	instructions						▶ □

23-7041661

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						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here.						▶ □
Se	ction C. Computation of Public Sup	•					
15	Public support percentage for 2018 (line 8, co						%
16	Public support percentage from 2017 Schedul					16	%
	ction D. Computation of Investmen					T T	
17	Investment income percentage for 2018 (line						%
18	Investment income percentage from 2017 Sc	·					%
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box	ation did not che and stop here.	eck the box on line The organization q	14, and line 15 is i ualifies as a public	more than 33 1/3% ly supported orgar	s, and line nization	▶ □
b	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did n	ot check a box of	on line 14, 19a, or 1	9b, check this box	and see instruction	ons	▶ □

Part IV Support

Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3c		
30		
4a		
4b		
4c		
Fo		
5a		
5b		
5c		
6		
6		
7		
8		
9a		
04		
9b		
9с		
10a		
10b		
100		

Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
3ec	ion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	INO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	organizations and mut contained or recticite, if any, applied to each periors during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion 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 trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
	r		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truct	ions)	
а			,	
b				
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
ı.	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2018 UNITED WAY OF RANDOLPH COUNTY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying				
	instructions. All other Type III non-functionally integrated supporting organize	zation	s must complete Section		
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year	
	non A Augustou Not moomo		(71) 1 1101 1 001	(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				
co	llection of gross income or for management, conservation, or				
ma	aintenance 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			
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	structions for short tax year or assets held for part of year):				
	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
	e Discount claimed for blockage or other				
fa	actors (explain in detail in Part VI):				
	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
se	e instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount				Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
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				
en	nergency temporary reduction (see instructions).	6			
7			rated Type III supporting	organization (see	
-		- 9	. 71	, 3 (

instructions).

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Schedi Pa i	ule A (Form 990 or 990-EZ) 2018 UNITED WAY OF RANDOLPH CO		23-704	11661 Page 7
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
8	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions			

6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.

7 Excess distributions carryover to 2019. Add lines 3j and 4c.

8 Breakdown of line 7:

a Excess from 2014 ...

b Excess from 2015

c Excess from 2016 **d** Excess from 2017

e Excess from 2018

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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