Return of Organization Exempt From Income Tax

OMB No. 1545-0047

1 Onn	00	Ū				•					2018	
			Under s), 527, or 4947(a)(1) of		• •	•	tions	· –	Open to Public	
		ne Treasury			ter social security nur ww.irs.gov/Form9901		-	•			•	
		e Service	lar voar or ta	x year begin			01 , 2018, and er		06	-30,	Inspection 2019	
_								laing			over identification no.	
	ddress cl	oplicable:			ED WAY OF COSHC	CION COUNT	I INC		-		-	
$\overline{}$		•	Doing busine		, if mail is not delivered to stre	at addraga)		Room/suite		31-1020838		
	nitial retur	ne change Number and street (or P.O. box if mail is not delivered to street a al return 402 MAIN STREET						Room/suite		E Telephone number (740)622-4567		
		n/terminated			country, and ZIP or foreign po	stal codo				G Gross	-	
	mended			TON, OH 4		Star Code				\$ GIUSS	368,358	
		n pending		ddress of principal				H(a) Is this a group	roturn fr			
	phication	pending	I Name and a					H(b) Are all subo				
. т	ax-exem	ot status: X	501(c)(3)	501(c) () (insert no.) 49	947(a)(1) or	527				instructions)	
	/ebsite:			ONUNITEDW	, , , _		02.	H(c) Group exe				
			Corporation		ciation Other ►		L Year of formation: 1		•	al domicile:		
Par	_	Summar										
				ization's missi	on or most significant a	ctivities: TO	RAISE FUNDS W	VITHIN THE	COM	UNITY	ζ ΤΟ	
			0		Y AGENCIES							
Ce			11111000		1 1102110125							
Governance												
ver	2	Check this b	ox ▶ 🗌 if the		discontinued its operat	ions or disposed	of more than 25% of	of its net assets				
ŝ				0	rning body (Part VI, line	•			3	1	16	
°0			-	-	s of the governing body				4			
Activities &				-					4 5		16	
tivit					calendar year 2018 (P				-		3	
Ac				s (estimate if r	• ·				6		200	
					Part VIII, column (C), lir				7a		0	
	b	Net unrelate	d business ta	xable income	from Form 990-T, line 3	38	· · · · · · · · · · ·		7b		0	
							_	Prior Year			Current Year	
a					1h)		-	347	,50	0	365,699	
nu		0			e2g)		-				0	
Revenue			,), lines 3, 4, and 7d) .			2	,81	6	1,950	
Ř					es 5, 6d, 8c, 9c, 10c, ar				27	-	709	
	12	Total revenu	e - add lines 8	B through 11 (must equal Part VIII, co	lumn (A), line 12))	350	,58	6	368,358	
	13									2	235,740	
	14	Benefits paid to or for members (Part IX, column (A), line 4)									0	
s			ies, other compensation, employee benefits (Part IX, column (A), lines 5-10)							1	51,576	
a	16a	Professional	fundraising f	ees (Part IX, o	column (A), line 11e) .						0	
Expense	b	Total fundrai	sing expense	s (Part IX, col	umn (D), line 25) 🕨 🔄		17,927					
Ш	17	Other expen	ses (Part IX, o	column (A), lir	ies 11a-11d, 11f-24e)			76	,08	0	94,150	
	18	Total expens	ses. Add lines	s 13-17 (must	equal Part IX, column (A), line 25)		386	, 59	3	381,466	
	19	Revenue les	s expenses.	Subtract line	18 from line 12			(36	,00	7)	(13,108)	
ces								Beginning of Current	Year		End of Year	
sets	20	Total assets	(Part X, line	16)				585	,91	3	573,969	
Net Assets or Fund Balances	21	Total liabilitie	es (Part X, lin	e26)			[50	6	1,670	
Puet	22	Net assets o	or fund balanc	es. Subtract	line 21 from line 20 .		[585	,40	7	572,299	
Par	rt II	Signatu	re Block				·					
					n, including accompanying sch			nowledge and belief, it	is			
true, o	correct, a	nd complete. De	claration of prepa	rer (other than offi	cer) is based on all information	of which preparer ha	s any knowledge.					
		LYN	MIZER									
Sigr	า	-	e of officer						Date	e		
Here	e	, T.YN	MIZER, DI	FRECTOR								
		-	print name and tit									
		Print/Typo pro	eparer's name		Preparer's signature		Date	Check	if	PTIN		
Paic	4		aparer's name	CDA		CDA					170040	
	a parer				STEPHEN A TOPE			Self-employe	u	PUU	170040	
	Only	Firm's name TOPE ACCOUNTING & BUSINESS SVCS LLC Firm's EIN Firm's address 435 WEST HIGH AVENUE Phone no.										
0.26	Uniy	Firm's address ► 435 WEST HIGH AVENUE NEW PHILADELPHIA OH 44663										
M		diaguas (b)	notice with the						330-243-5311			
					own above? (see instru	cuons)				••••		
	aperw	ork Reducti	on ACt Notic	e, see the se	parate instructions.						Form 990 (2018)	
EEA												

Form	990 (2018) UNITED WAY OF COSHOCTON COUNTY INC	31-1020838	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	TO RAISE FUNDS WITHIN THE COMMUNITY TO SUPPORT VARIOUS UNITED WAY AGENCIES		
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	X 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	x No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers,	
	the total expenses, and revenue, if any, for each program service reported.		
		•	<u>`</u>
4a	(Code:) (Expenses \$ 313,579 including grants of \$) (Revenue	\$)
	THE UNITED WAY SERVES THE COMMUNITY BY CONSOLIDATING FUNDRAISING FOR MULTIPLE ORGANIZATIONS IN THE COMMUNITY, EVALUATING THEIR AREAS OF SERVICE AND ACCOUNT		T
	DETERMINING AN APPROPRIATE LEVEL OF FUNDING TO MEET THE NEEDS OF THE COMMUNITY		ע
	DETERMINING AN AFTROPRIATE DEVEL OF FUNDING TO MEET THE MEDDO OF THE COMMONI.		
4b	(Code:) (Expenses \$10,092 including grants of \$) (Revenue	\$)
	THE UNITED WAY IMPLEMENTED AN INFORMATION AND REFERRAL SERVICE FOR THE COSHO(TON COUNTY	AREA
	AND THE NONPROFIT ORGANIZATIONS IT SERVES.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 323,671		
EEA		Form	n 990 (2018)

Form	990 (2018) UNITED WAY OF COSHOCTON COUNTY INC 31-10208	38	Р	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
0	complete Schedule D, Part III	8		
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	3		<u></u>
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form	990 (2018) UNITED WAY OF COSHOCTON COUNTY INC 31-10208	38	Р	Page 4
Pa	T 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
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			37
	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?	054		v
26	If "Yes," complete Schedule L, Part I	25b		Х
26				
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	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		х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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			37
0 7	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		Х
30	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part		50	17	Ĺ
i ai	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	Х	
				2019

Form **990** (2018)

Form	990 (2018) UNITED WAY OF COSHOCTON COUNTY INC 31-10208	38	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 2a		77	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			37
ь	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
c		50 50		
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ua	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	Ua		<u></u>
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		- 21
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ū	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018)

Form	990 (2018) UNITED WAY OF COSHOCTON COUNTY INC	31-10208	38	P	age 6
Par	t 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	e O. See instruction	S.		
	Check if Schedule O contains a response or note to any line in this Part VI				. Х
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	1a 16			
	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	1b 16			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct		_		
Ū			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed		4		X
5			5		X
			6		X
6 7-	Did the organization have members or stockholders?	•••••	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				37
	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	Х	
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 C	ode.)			
				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,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	g the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15a	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	•••••	100	23	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
Iua	with a taxable entity during the year?		16a		Х
h		• • • • • • • • •	Tua		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		404		
800	organization's exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed Ohio				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (S	ection 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X 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 inter-	est 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 reco	rds: ►			
	LYN MIZER (740)622-4567, 402 MAIN STREET, COSHOCTON, OH 43812				

Form 990 (20	18) UNITED WAY	Y OF COSHOCT	ON COUNTY	INC	31-1020838	Page 7			
Part VII	Compensation of Offic	cers, Directors	, Trustees	, Key Employee	s, Highest Compensated Employee	es, and			
	Independent Contractors								
	Check if Schedule O contains a	a response or note	to any line in	this Part VII					
Section A.	ction 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									

• 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.

			50130			cuiteri				
			(C)							
(A)	(B)	(do -	Position (do not check more than one				(D)	(E)	(F)	
Name and Title	Average hours per week (list any hours for	box,	unless	s pers	son is l	both an rustee)		Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) SUSAN TURNER VICE PRESIDENT	2.00	x		x					0 0	0
(2) SCOTT MUHLEMAN	1.00								<u> </u>	v
BOARD MEMBER		х							o o	0
(3) JENNIFER BIGGERS	1.00									
BOARD MEMBER		х							o o	0
(4) TOM HEADING	2.00									
PRESIDENT		Х		Х					o o	0
(5) BECCY PORTEUS	1.00									
BOARD MEMBER		Х							o o	0
(6) KAY LANE	1.00									
BOARD MEMBER		Х							0 0	0
(7) DELIA MEEK	1.00									
BOARD MEMBER		Х							0 0	0
(8) RICK WILLIAMSON	1.00									
BOARD MEMBER		Х							0 0	0
(9) KELLY FORTNEY	2.00									
TREASURER		Х		Χ					0 0	0
(10)STEVE OSTER	1.00									
BOARD MEMBER		Х							0 0	0
(11)WINNIE ELLIS	1.00									
BOARD MEMBER		Х							0 0	0
(12)JANDI ADAMS	1.00									
BOARD MEMBER		Х							0 0	0
(13)CHRIS WALLACE	1.00									
BOARD MEMBER		Х							0 0	0
(14)DAVE_ROGERS	<u> </u>									
BOARD MEMBER		Х							0 0	0

organization's tax year.

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					(C	;)							
	(A)	(B)			Posi				(D)	(E)		(F)	
	Name and title	Average	· ·				an one both an		Reportable	Reportable		Estimated	I
		hours per			•		trustee)		compensation	compensation from		amount of	ł
	week (list any	ek (list any 9 5			Ke	en Hi	F	from the	related organizations		other mpensatio	on	
		hours for related	or director	Institutional trustee	Officer	Key employee	ghe	Forme	organization	(W-2/1099-MISC)		from the	
		organizations	ctor	tiona	1 1	nplo	st co yee		(W-2/1099-MISC)			rganizatio	
		below dotted line)	rust	tru		yee	mpe					and relate ganizatio	
			e	stee			Highest compensated employee					ganzato	10
							ed						
(15) TN	GRID YODER	1.00											
	ARD MEMBER		X						0	C			0
	URIE STEPHAN	1.00	- 21						0	Ū			
	ARD MEMBER		x						0	C			0
	N NTREP	35.00	- 23					-	0	Ŭ			
	ECUTIVE DIRECTOR					Х			35,000	C			0
						- 23			55,000	Ŭ			
<u>(</u> ' <u>0</u>)													
(19)													
(12)													
(20)								-					
<u>(-0)</u>													
(21)													
<u>(-</u>)													
(22)													
<u>(</u>													
(23)													
<u></u>													
(24)													
<u> </u>													
(25)													
±													
1b	Sub-total				•••			•					
с	Total from continuation sheets to Part VII, Sectio	nA.						•					
d	Total (add lines 1b and 1c)							•	35,000	0			0
2	Total number of individuals (including but not limited	to those list	ed abo	ove)	who	rec	eived m	nore	than \$100,000 of				
	reportable compensation from the organization									0			
												Yes	No
3	Did the organization list any former officer, directo	r, or trustee,	key e	mplo	oyee,	or l	nighest	com	npensated				
	employee on line 1a? If "Yes," complete Schedule	J for such in	dividu	al	•••			• •			3		Х
4	For any individual listed on line 1a, is the sum of rep	ortable comp	ensati	on a	nd o	ther	compe	nsat	ion from the				
	organization and related organizations greater than	n \$150,000?	If "Ye	s," Co	omp	lete	Schedu	ule J	l for such				
	individual										4		Х
5	Did any person listed on line 1a receive or accrue co	ompensation	from a	ny u	nrela	ated	organiz	zatio	on or individual				
	for services rendered to the organization? If "Yes,"	complete So	chedu	le J f	for si	uch	person				5		X
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	enc	ding wit	h or	within the organiz	ation's tax			
	year.												
	(A) (B) (C)												
Name and business address Description of services C								Cor	npensatio	n			
									1	I			

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

Form 9	90 (20	18) UNITED W	AY OF C	OSHOC	TON COUNTY	INC		31-10208	38 Page 9
Part	VIII	Statement of Revenu	ie						
		Check if Schedule O contair	ns a respons	se or no	ote to any line in thi	is Part VIII			<u> [</u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
o o	1a	Federated campaigns		1a	362,699				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
Amo S, G	c	Fundraising events		1c					
Sifts ar <i>J</i>	d	Related organizations		1d					
ini O	е	Government grants (contribution	ons)	1e					
tion er S	f	All other contributions, gifts, gr	ants,						
dibu		and similar amounts not includ	led above	1f	3,000				
onti	g	Noncash contributions include	d in lines 1a	a-1f: \$					
0 6	h	Total. Add lines 1a-1f				365,699			
					Business Code				
nue	2a								
evel	b								
Program Service Revenue	c								
	d								
E S	е								
ogra	f	All other program service rever	nue						
ā	g	Total. Add lines 2a-2f							
		Investment income (including d							
		and other similar amounts) .				1,950			1,950
	4	Income from investment of tax-							
	5	Royalties							
		2	(i) Rea		(ii) Personal				
	6a	Gross rents							
		Less: rental expenses							
		Rental income or (loss)							
		Net rental income or (loss) .							
		Gross amount from sales of	(i) Securit		(ii) Other				
	14	assets other than inventory							
	b	Less: cost or other basis and sales expenses							
	С	Gain or (loss)							
	d	Net gain or (loss)			<u> </u>				
Ine	8a	Gross income from fundraising							
ven		events (not including \$							
Re		of contributions reported on line	e 1c).						
Other Revenue		See Part IV, line 18		. а					
ð	b	Less: direct expenses		. b					
	С	Net income or (loss) from funde	aising even	ts.	<u> </u>				
	9a	Gross income from gaming act	ivities.						
		See Part IV, line 19		. а					
	b	Less: direct expenses		. b					
	c	Net income or (loss) from gami	ng activities	;					
	10a	Gross sales of inventory, less							
		returns and allowances		. а					
	b	Less: cost of goods sold		. b					
	С	Net income or (loss) from sales	of inventor	у	<u> </u>				
		Miscellaneous Revenue			Business Code				
	11a	MISCELLANEOUS INCOME			900099	709	709		
	b			_					
	c								
	d	All other revenue							
	e	Total. Add lines 11a-11d .				709			
	12	Total revenue. See instructions	<u> </u>	<u></u>		368,358	709	0	1,950

18) UNITED WAY OF COSHOCTON COUNTY INC

Part IX Statement of Functional Expenses

31-1020838

Page 10

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	ş	1		
De	Check if Schedule O contains a response or note to a	any line in this Part IX (A)	(B)	(C)	· · · · · · · · · · · [_] (D)
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	Program service	Management and	Fundraising
	0b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	005 540	005 540		
~	and domestic governments. See Part IV, line 21	235,740	235,740		
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)		10.010		
7	Other salaries and wages	47,725	19,249	15,431	13,045
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits	2 051	1 530	1 004	1 0 2 5
10 11	Payroll taxes	3,851	1,530	1,284	1,037
11	Fees for services (non-employees): Management				
a ⊾					
b c	Legal	E 022		E 022	
d	Lobbying	5,923		5,923	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
y	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2,375	950	1,425	
13	Office expenses	1,487	595	520	372
14		1,10,		520	572
15	Royalties				
16	Occupancy	11,813	4,726	6,359	728
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	305		305	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,157		1,157	
23		2,241	896	1,345	
24	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.)				
а	COMMUNITY IMPACT	26,705	26,705		
b	211 EXPENSE	10,092	10,092		
С	CAMPAIGN EXPENSE	2,379			2,379
d	DOLLY PARTON IMAGIN LIBRARY	22,361	22,361		
е	All other expenses	7,312	827	6,119	366
25	Total functional expenses. Add lines 1 through 24e .	381,466	323,671	39,868	17,927
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here \blacktriangleright if				
	following SOP 98-2 (ASC 958-720)				

	990 (20	,	33	1-102	0838 Page 1
Par		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		••••	
			(A)		(B)
	4	Oracle and interaction of the oracle of	Beginning of year		End of year
	1	Cash - non-interest-bearing	64,413	1	97,828
	2	Savings and temporary cash investments	392,900	2	338,728
	3	Pledges and grants receivable, net	115,899	3	132,869
	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	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	7,000	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 38,660			
	b	Less: accumulated depreciation 10b 34,116	5,701	10c	4,544
	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)	585,913	16	573 , 969
	17	Accounts payable and accrued expenses	506	17	1,670
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Lial		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		25	
	26	Total liabilities. Add lines 17 through 25	506	26	1,670
		Organizations that follow SFAS 117 (ASC 958), check here V and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27		585,463	27	552,113
Bal	28	Temporarily restricted net assets	(56)		20,186
pui	29	Permanently restricted net assets		29	
г Fu		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	585,407	33	572,299
	34	Total liabilities and net assets/fund balances	585,913	34	573,969
EEA					Form 990 (2018)

Form 990 (2018)

Form	990 (2018) UNITED WAY OF COSHOCTON COUNTY INC	31-102083	88	Pa	age 12
Par	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)	. 1		368,	358
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		381,	466
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(13,	108)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		585,	407
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10		572,	299
Par	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		Х
	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	Х	
	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	х	
	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		х
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				990 (2018)

CHUIC Charactery Status and Public Support 2018 Complete if the organization is a section 501(2) organization or a section 6470(2) meaning the histopic of the organization or a section 6470(2) meaning the histopic of the organization or a section 6470(2) meaning the histopic of the organization or a section 6470(2) meaning the histopic of the histopic of the organization or a section 6470(2) meaning the histopic of thistopic of the histopic of the histopic of the histop							0		J OMB No. 1545-0047
Form 390 or 990-E2 Construction Accon to Form 390 or Form 390 or Form 390 E2 Construction Accon to Form 390 e2 Accon Form 390 e2	SCHED	DULE A		Public Charity Status and Public Support					
Construction C	•	0 or 990-EZ)	=Z) ► Attach to Form 990 or Form 990-FZ						
The of the organization Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because its (For lines 1 through 12, check only one box.) A school described in section TQ(b)(1)(A)(ii), (All ii), A school described in section TQ(b)(1)(A)(ii), A school described in section TQ(b)(1)(A)(ii), A medical research organization described in section TQ(b)(1)(A)(ii), A medical research organization organization described in section TQ(b)(1)(A)(ii), A medical research organization described in section TQ(b)(1)(A)(ii), A medical research organization organized the school or operated by a governmental unit described in section TQ(b)(1)(A)(ii), A morganization operated for the benefit of a college or university owned or operated by a governmental unit described in section TQ(b)(1)(A)(i), A norganization that normally receives a substratil part of its support from a governmental unit described in section TQ(b)(1)(A)(i), A community trust described in section TQ(b)(1)(A)(i), Complete Part II.) A community trust described in section TQ(b)(1)(A)(i), Complete Part II.) A community trust described in section TQ(b)(1)(A)(i), Complete Part II.) A community trust described in section TQ(b)(1)(A)(i), Complete Part II.) A community trust described in section TQ(b)(1)(A)(i), Complete Part II.) A community trust described in section TQ(b)(1)(A)(i), Complete Part II.) A community trust described in section TQ(b)(1)(A)(i), Complete Part II.) A community trust described in section TQ(b)(1)(A)(i), Complete Part II.) A community trust described in section TQ(b)(1)(A)(i), Complete Part II.) A community trust described in section TQ(b)(1)(A)(i), Complete Part II.) A community trust described in section TQ(b)(1)(A)(i), Complete Part II.) A community trust described in section TQ(b)(1)(A)(i), Complete Part II.) A community trust described in section T	•		►				the latest	information.	
PartI 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 school described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). A hospital or a cooperative hospital secric organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A nogatization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). A nogatization operated or the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). A nogatization described in section 170(b)(1)(A)(v). A nogatization described in section 170(b)(1)(A)(v). A community trust described in section 170(b)(1)(A)(v). Complete Part II.) A community trust described in section 170(b)(1)(A)(v) operated in conjunction with a land-grant college or university: or anon-land-grant college of agriculture (see instructions). Enter the name, civ, and state of the college or university: or anon-land-grant college of agriculture (see instructions). Enter the name, civ, and state of the college or university: or anon-land-grant college of agriculture (see instructions). Enter the name, civ, and state of the college or university: or anon-land-grant college of agriculture (see instructions). Enter the name, civ, and state of the college or aniversity or anon-land-grant college of agriculture (see instructions). Enter the name, civ, and state from businesses acquired by the organization describes the upopoting organization for the ano 31/3% of its support	Name of the	e organization							ation number
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 2 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 3 4 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state: 5 5 6 A forderal, state, or local government or governmental unit described in section 170(b)(1)(A)(ii). Complete Part II.) 6 6 6 A community receives a substantial gard of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) 7 8 9 A an organization that normally receives a substantial gard of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) 9 10 10 10 11 11 12 13 14 15 15 16 17 17 18 19 10 10 10 10 11 11 11 12 13 14 15 15 16 16 17 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
1 A chuch, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospitalis name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(i)(x) (complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) 10 An organization organization described in section 170(b)(1)(A)(ix) (can plete Part II.) 11 An organization organization described in section 170(b)(1)(A)(ix) (can plete Part II.) 12 An organization organization section 170(b)(1)(A)(ix) (can plete P					v			.) See instruction	S.
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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. 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. 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 III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations (i) Name of supported organization (ii) EIN (iii) Type of organization (see instructions) (v) Amount of monetary support (see instructions) (v) Amount of domentary above (see instructions) (v) Amount of other support (see instructions) (v) Amount of monetary support (see instructions)<	а	Type I. A s	supporting organization	n operated, superv	ised, or controlled by its	supported	l organizat	ion(s), typically by giv	ing
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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. 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. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) EIN (iii) Type of organization is support governing above (see instructions)) Yes No		supporting	organization. You mu	ist complete Part	IV, Sections A and B.				
organization(s). You must complete Part IV, Sections A and C. 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. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization(s). (iv) Is the organization is support (see instructions)) (iv) Is the organization (iv) Amount of other support (see instructions)) above (see instructions)) Yes No VMount of other support (see instructions)	b			•			-	.,	
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 III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(described on lines 1-10 above (see instructions)) (i) Name of supported organization (ii) EIN (iii) Type of organization) (iv) Is the organization support (see instructions) Yes No			•			rsons that o	control or r	nanage the supported	l
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. f Enter the number of supported organizations	_	_ ~	•	,			11	Contraction (Contraction of the	-20-
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. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization is 1-10 above (see instructions)) (iv) Is the organization is support (see instructions) Yes No	С								vitn,
<pre>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. f Enter the number of supported organizations</pre>	д		• • • •	,	•				on(c)
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. f Enter the number of supported organizations	u								
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functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iii) Type of organization (described on lines 1-10 above (see instructions)) Yes No	е							Type II, Type III	
g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions)			-						
(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) Yes No	f	Enter the numb	per of supported organ	izations					••••
(described on lines 1-10 above (see instructions)) listed in your governing document? support (see instructions) other support (see instructions) Yes No	g	Provide the foll	owing information abo	ut the supported or	ganization(s).			11	
above (see instructions)) document? instructions) instructions) instructions)	(i)) Name of supported	organization	(ii) EIN			-		.,
(A)						Yes	No		
	(A)								
(B)	(B)								
	(0)								
(C)	(C)								
(D)	(D)								

(E)

		ED WAY OF CO				31-1020838	Page 2
Pa	rt II Support Schedule for Or						
	(Complete only if you chec						under
	Part III. If the organization	fails to qualify u	inder the tests	listed below, p	lease complete	e Part III.)	
	tion A. Public Support	1 1					
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.")	443,709	491,008	373,041	347,500	365,699	2,020,957
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	443,709	491,008	373,041	347,500	365,699	2,020,957
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						2,020,957
	tion B. Total Support	1					
	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	443,709	491,008	373,041	347,500	365,699	2,020,957
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,177	1,525	626	2,816	1,950	8,094
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.)	19	38		270	709	1,036
11	Total support. Add lines 7 through 10 .						2,030,087
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6,	column (f) divided b	y line 11, column (f))		14	99.55 %
15	Public support percentage from 2017 Schee	dule A, Part II, line 1	4			15	97.73 %
16a	33 1/3% support test - 2018. If the organi	zation did not chec	k the box on line 13	3, and line 14 is 33	3 1/3% or more, ch	eck this	
	box and stop here. The organization quali	fies as a publicly su	upported organizati	on			▶ 🛛
b	33 1/3% support test - 2017. If the organi	zation did not chec	k a box on line 13 o	or 16a, and line 15	5 is 33 1/3% or mo	re, check	_
	this box and stop here. The organization of						· · · ► 📋
17a	10%-facts-and-circumstances test - 201	-					
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in						
	Part VI how the organization meets the "fac		•				
	organization						••• ► □
b	10%-facts-and-circumstances test - 201	-				line	
	15 is 10% or more, and if the organization				-		
	Explain in Part VI how the organization me						
18	supported organization Private foundation. If the organization did						▶ ∐
	instructions	<u> </u>	<u></u>	<u></u> .	<u></u> .	<u></u>	<u></u> ► □
EEA							n 990 or 990-EZ) 2018

			SHOCTON COUL			31-1020838	Page 3
Pa	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.						
							Part II.
500	If the organization fails to q ction A. Public Support	uality under the	e tests listed d	elow, please co	omplete Part II.)	
	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	(4) 2014	(6) 2010	(0) 2010	(4) 2011		
•	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						
<u> </u>	line 6.)						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(a) 2014	(6) 2013	(0) 2010	(u) 2017	(e) 2010	
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 o organization, check this box and stop here						►
See	ction C. Computation of Public Su	pport Percent	tage			1	
15	Public support percentage for 2018 (line 8, co	.,	•				%
<u>16</u>	Public support percentage from 2017 Schedu					16	%
	ction D. Computation of Investme			actume (1)		47	
17 18	Investment income percentage for 2018 (line Investment income percentage from 2017 S	.,	•	())		17 18	<u>%</u>
	33 1/3% support tests - 2018. If the organiz						%
	17 is not more than 33 1/3%, check this box	and stop here. T	he organization qu	alifies as a publicl	y supported organi	zation	► 🗌
d	33 1/3% support tests - 2017. If the organize line 18 is not more than 33 1/3%, check this						► 🗌
20	Private foundation. If the organization did r	not check a box or	line 14, 19a, or 1	9b. check this box	and see instruction	ns	► 🗍

	e A (Form 990 or 990-EZ) 2018 UNITED WAY OF COSHOCTON COUNTY INC 31-10208	50	1-	age
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Sectio	ns A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co	mplete	;	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V.)		
ecti	ion A. All Supporting Organizations			
			Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	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.	3a		
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	01		
_	organization made the determination.	3b		
С	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.	20		
40	•••••	3c		
4d	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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	₩a		
0	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.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination			
Ŭ	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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).	7		
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).	8		
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 .	9a		_
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 .	9b		_
С	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 .	9c		_
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	10		
	supporting organizations)? If "Yes," answer 10b below.	10a		_
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	4.01		
	determine whether the organization had excess business holdings.)	10b		

	Ile A (Form 990 or 990-EZ) 2018 UNITED WAY OF COSHOCTON COUNTY INC 31-1020838 t IV Supporting Organizations (continued))	Г	age
a	t IV Supporting Organizations (continued)		Yes	N
1	Has the organization accepted a gift or contribution from any of the following persons?		162	-
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	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		
	tion B. Type I Supporting Organizations			
			Yes	Ν
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	ion C. Type II Supporting Organizations		1	
			Yes	N
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		
ec	ion D. All Type III Supporting Organizations			
			Yes	N
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		
2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or population and using the tax wor? If "Ves." departies in Part VI the role 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		

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1

- **a** The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes No
- 2 Activities Test. Answer (a) and (b) below.
- a 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.
- **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.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990 or 990-EZ) 2018

2a

2b

3a

rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organized supporting organized support of the set of th			,
tion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
ellection of gross income or for management, conservation, or			
aintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see			
structions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
actors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
ee instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
tion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
nergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2018

	Ile A (Form 990 or 990-EZ) 2018 UNITED WAY OF COSHOCTON C		31-102	0838 Page 7			
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sec	tion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exem	· · · ·					
2	Amounts paid to perform activity that directly furthers exempt						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizati	ions				
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	e organization is respons	live				
	(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	1					
5	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.						
-	Excess distributions carryover, if any, to 2018						
	From 2013						
	From 2014						
	From 2015						
	From 2016						
	From 2017						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
-	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: \$						
	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI . See instructions.						
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:						
	Excess from 2014						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
e	Excess from 2018						

EEA

Schedule A (Form 990 or 990-EZ) 2018 Page		
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.)	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. ►

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

Organization type (check one):

Name of the organization	Employer identification number
UNITED WAY OF COSHOCTON COUNTY INC	31-1020838

Filers of:	Section:
Form 990 or 990-EZ	501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

OMB No. 1545-0047

2018

EEA

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	
	_

Name of organization

UNITED WAY OF COSHOCTON COUNTY INC

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MONTGOMERY FOUNDATION 402 MAIN STREET COSHOCTON, OH 43812	\$28,000	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COSHOCTON FOUNDATION 402 MAIN STREET COSHOCTON, OH 43812	\$8,000	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GANNETT FOUNDATION FUND 402 MAIN STREET COSHOCTON, OH 43812	\$5,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number
31-1020838

(Form 990) Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 900. Conserve structure Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 900. Conserve structure Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Complete if the organization answered "Yes" on Form 990. Gentlow identification number Structure identification number Complete if the organization answered "Yes" on Form 990. Part IV, line 6. Complete if the organization answered "Yes" on Form 990. Part IV, line 6. Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of contributions to donor advisors in writing that the assets held in donor advisor Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990. Part IV, line 7. Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a conflied for bubic use (e.g., recreation or education) Preservation of a conflied bistorie structure Preservation of a conflied bistorie structure Preservation of a conservatin ease	SCH	IEDULE D	Suppler	nental Financial Statements		OMB No. 1545-0047			
Dependence > Ge to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number 3 Part1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. (a) Funds and other accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (b) Funds and other accounts (c) Funds and other accounts 1 Total number at end of year			Complete if the second seco	he organization answered "Yes" on Form 990,		2018			
International billing Costo www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization is Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 31 – 10 20 83 8 Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (e) Punds and other accounts 1 Total number at end of year	Depart	ment of the Treasury		 Attach to Form 990. 		Open to Public			
UNITED WAY OF COSHOCTON COUNTY INC 31-1020838 Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised hunds (b) Funds and other accounts 1 Total number at end of year (b) Funds and other accounts (c) Donor advised hunds 2 Aggregate value of ornthbutions to (during year) (c) Donor advised hunds (b) Funds and other accounts 4 Aggregate value of ornthbutions to (during year) (c) Note or advised hunds (c) Proservation family	Interna	I Revenue Service	► Go to www.irs.gov/F	Form990 for instructions and the latest information		•			
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. 1 Total number at end of year		-		- 110					
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year						20838			
1 Total number at end of year	Par				nts.				
1 Total number at end of year		Complete	In the organization answered fre		(b) Euroda and	other ecoupte			
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Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easements is located Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year *		Preservation of	of land for public use (e.g., recreation of	or education)	y important land a	rea			
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 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	Ū	•				🗌 Yes 🗌 No			
 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	6								
 ▶ \$	-	▶				.g			
 ▶ \$	7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year							
and section 170(h)(4)(B)(ii)? Yes Yes N 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and					Ū.				
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and	8	Does each conser	vation easement reported on line 2(d)	above satisfy the requirements of section 170(h)(4)(l	B)(i)				
		and section 170(h))(4)(B)(ii)?			🗌 Yes 🗌 No			
	9	In Part XIII, descril	be how the organization reports conse	ervation easements in its revenue and expense stater	ment, and				
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the		balance sheet, and	l include, if applicable, the text of the fo	potnote to the organization's financial statements that	describes the				
organization's accounting for conservation easements.									
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	Par		-		her Similar A	ssets.			
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.									
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet	1a	-							
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of									
public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.									
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet	b	•							
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of				•	innerance of				
public service, provide the following amounts relating to these items:			• •						
(i) Revenue included on Form 990, Part VIII, line 1		.,			· · · · · · • \$				
 (ii) Assets included in Form 990, Part X	2								
	2	-		_	Provide the				
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1	-	-			► ¢				
a Revenue included on Form 990, Part VIII, line 1									
					· · · · · · F \$	Schedule D (Form 990) 2018			

Sched	ule D (Form 990) 2018 UNITED WAY OF C				31-1020	<u> </u>			
Pa	rt III Organizations Maintaining C	ollections of A	t, Historical Ti	reasures, or	r Other Similar Ass	ets (continued)			
3	Using the organization's acquisition, accession, a	and other records, ch	eck any of the follow	wing that are a	significant use of its				
	collection items (check all that apply):								
а	Public exhibition	d 🗌 Loar	n or exchange prog						
b	Scholarly research	e 🗌 Othe	er						
С	c Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit or rec	ceive donations of ar	t, historical treasure	s, or other simil	ar				
	assets to be sold to raise funds rather than to be	maintained as part	of the organization's	s collection?		🗌 Yes 🗌 No			
Pa	rt IV Escrow and Custodial Arrang	ements.							
	Complete if the organization an 990, Part X, line 21.	swered "Yes" or	n Form 990, Pai	rt IV, line 9, o	or reported an amou	int on Form			
1a	Is the organization an agent, trustee, custodian o	r other intermediary f	or contributions or a	other assets not	t				
	included on Form 990, Part X?					🗌 Yes 🗌 No			
b	If "Yes," explain the arrangement in Part XIII and	complete the followi	ng table:						
					Am	ount			
с	Beginning balance				. 1c				
d	Additions during the year				. 1d				
е	Distributions during the year				. 1e				
f	Ending balance								
2a	Did the organization include an amount on Form	990, Part X, line 21,	for escrow or custo	dial account liab	oility?	🗌 Yes 🗌 No			
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the expla	nation has been pro	vided on Part X		<u> </u>			
Pa	rt V Endowment Funds.								
	Complete if the organization an	swered "Yes" or	i Form 990, Pai	rt IV, line 10.	•				
		(a) Current year	(b) Prior year	(c) Two years b	back (d) Three years back	(e) Four years back			
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	/ear end balance (lin	e 1g, column (a)) h	eld as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment > %								
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should e	equal 100%.							
3a	Are there endowment funds not in the possession	on of the organization	that are held and a	dministered for	the				
	organization by:					Yes No			
	(i) unrelated organizations					. 3a(i)			
	(ii) related organizations					. 3a(ii)			
b	If "Yes" on line 3a(ii), are the related organizatio	ns listed as required	on Schedule R?			. 3b			
4	Describe in Part XIII the intended uses of the org	ganization's endowm	ent funds.						
Pa	rt VI Land, Buildings, and Equipme	ent.							
	Complete if the organization an	swered "Yes" or	<u> Form 990, Par</u>	rt IV, line 11a	a. See Form 990, Pa	art X, line 10.			
	Description of property	(a) Cost or othe	r basis (b) Cost	or other basis	(c) Accumulated	(d) Book value			
		(investme	nt)	(other)	depreciation				
1a	Land	•••							
b	Buildings	•••							
С	Leasehold improvements	••		3,273	982	2,291			
d	Equipment	•••		35,387	33,134	2,253			
e	Other	•••							
Tota	I. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X	(, column (B), line 1	10c.)		4,544			

Schedule D (Form 990) 2018

		COSHOCTON COUNTY INC	31-10	20838	Page 3
Part VII	Investments - Other Securities.			_	
	Complete if the organization answer	ed "Yes" on Form 990, Pa	rt IV, line 11b. See Form 990	, Part X, li	ne 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuati		
	(including name of security)		Cost or end-of-year market	value	
.,	derivatives	•			
., .	neld equity interests	•			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F) (G)					
(G) (H)					
	o) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments - Program Related.				
	Complete if the organization answer	ed "Yes" on Form 990, Pa	rt IV, line 11c. See Form 990	, Part X, li	ne 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati		
			Cost or end-of-year market	value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.				
	Complete if the organization answer	ed "Yes" on Form 990, Pa	rt IV, line 11d. See Form 990	, Part X, li	
(1)	(4)	2000.0.00		(2) 200	
(2)					
(3)					
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(8)					
(9)					
	nn (b) must equal Form 990, Part X, col. (B) line	15.)	· · · · · · · · · · · · · · · · · · ·		
Part X	Other Liabilities. Complete if the organization answer	ed "Yes" on Form 990, Pa	rt IV, line 11e or 11f. See For	m 990, Pa	art X,
4	line 25.				
1.	(a) Description of liability	(b) Book value	-		
,	income taxes		-		
(2)			-		
(3)					
<u>(4)</u> (5)					
(6)					
(7)					
(8)					
(9)					
	o) must equal Form 990, Part X, col. (B) line 25.) 🕨				
	r uncertain tax positions. In Part XIII, provide the	text of the footnote to the organiza	ation's financial statements that report	ts the	
-	s liability for uncertain tax positions under FIN 48	_			. 🛙

Sched	ule D (Form 990) 2018 UNITED WAY OF COSHOCTON COUNTY INC	31-1020838	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	368,358
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	368,358
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		368,358
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	381,466
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	381,466
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	381,466
Pa	rt XIII Supplemental Information.		
Prov	ide 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; I	Part X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
01	. Footnote for uncertain tax position under FIN 48 (Part	X)	
EFF	ECTIVE JANUARY 1, 2009 GENERALLY ACCEPTED ACCOUNTING PRINCIPLES		

REQUIRE THE ORGANIZATION TO EVALUATE THE LEVEL OF UNCERTAINTY RELATED

TO WHETHER TAX POSITIONS TAKEN WILL BE SUSTAINED UPON EXAMINATION.

ANY POSITIONS TAKEN THAT DO NOT MEET THE MORE-LIKELY-THAN-NOT THRESHOLD

MUST BE QUANTIFIED AND RECORDED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS

IN THE ACCOMPANYING STATEMENT OF FINANCIAL POSITION ALONG WITH ANY ASSOCIATED INTEREST

AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION.

INTEREST AND PENALTIES ASSOCIATED WITH UNRECOGNIZED TAX BENEFITS ARE CLASSIFIED

AS ADDITIONAL INCOME TAXES IN THE STATEMENT OF ACTIVITIES. THE ORGANIZATION BELIEVES

THAT NONE OF THE TAX POSITIONS TAKEN WOULD MATERIALLY IMPACT THE FINANCIAL STATEMENTS.

(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. 2018 Department of the Treasury Internal Revenue Service Attach to Form 990. Open to Public Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Inspection	SCHEDULE I		Gi	ants and Othe	r Assistance to	o Organization	IS,	1	OMB No. 1545-0047
Department Attach to Form 990. Open of attach Open of attach Name of the open of attach So to www.hrs.gov/Form990 for the lasts information. So to www.hrs.gov/Form990 for to www.hrs.gov/Form990 for to www.hrs.gov/Form990 for towwww.hrs.gov/Form990 for the lasts information.	(Form 990)		Gov	ernments, and	Individuals in	the United Sta	ites		2018
Part II Co to www.irs.gov/Form990 for the latest information. Inspection Inspection Inspection Inspection WAY OF COSECTON COUNTY INC Sale 31-102083 Part II Ceneral Information on Grants and Assistance Sale Inspection 1 Operation in Part IV to organization substance for monitoring the use of grant for a salistance, and the salestance for monitoring the use of grant funds in the United States. Inspection Inspection Part III Grants and Other Assistance to Domestic Organization and promoting the use of grant funds in the United States. Part IIII and the part or column trains 50,000. Part III can be duplicated if additional space is needed. (9) Decription of (9) Purpose of grant or assistance for grant cance in grant additional space is needed. 1 Observice in Part IV to organization synce (19) EIN (1	Department of the Treasury		Comple			rm 990, Part IV, line 21	1 or 22.		
NITTED WAY OF COSECON COUNTY INC 31-1020838 PARI General Information on Crants and Assistance PARI General Information on Crants and Assistance PARI I Oses the organization maintenance incode to subbanitist the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the solection criteria used to award the grants or assistance in the United States. PARI III Orants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answerd "Yes" on Form 990, Parl IVI, line 21, for any recipient that received more than \$5,000. Parl II can be duplicated if additional space is needed. Parl IVI, line 21, for any recipient that received more than \$5,000. Parl II can be duplicated if additional space is needed. Parl IVI, line 21, for any recipient that received more than \$5,000. Parl II can be duplicated if additional space is needed. Parl IVI, line 21, for any recipient that received more than \$5,000. Parl II can be duplicated if additional space is needed. Parl IVI, line 21, for any recipient that received more than \$5,000. Parl II can be duplicated if additional space is needed. Parl IVI, line 21, for any recipient that received more than \$5,000. Parl II can be duplicated if additional space is needed. Parl IVI, line 21, for any recipient that received more than \$5,000. Parl II can be duplicated if additional space is needed. Parl IVI, line 21, for any recipient that received more than \$5,000. Parl II can be duplicated if additional space is needed. Parl IVI, line 21, for any recipient that received more than \$5,000. Parl II can be duplicated if additional space is needed. Parl IVI in 21, for any recipient that received more than \$5,000. Parl II can be duplicated if additional space is needed. Parl IVI in 21, for any recipient that received more than \$5,000. Parl II can be duplicated if additional space is needed. Parl IVI in 21, for any recipient that received more than \$5,000. Parl IVI in 20, for any recipient that received more than \$5,000	Internal Revenue Service			► Go to www.irs	.gov/Form990 for the	latest information.			
Part I General Information on Grants and Assistance Ves N 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grant eres' eligibility for the grants or assistance, and the selection criteria used organizations procedures for monitoring the use of grant funds in the United States. If Yes N 2 Describe in Part IV the organization procedures for monitoring the use of grant funds in the United States. If Yes N Part IV. Into 21, for any recipiont that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of it (g) Purpose of grant or grant and be duplicated if additional space is needed. (g) Description of organization or grant and the escipiant that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of it (g) Purpose of grant or assistance or grant and be duplicated if additional space is needed. (g) Description of it (g) Purpose of grant or assistance or grant and be duplicated if additional space is needed. (g) Description of it (g) Purpose of grant or assistance or grant and part is assistance or grant and part is assistance or grant assistance or grant and part is assistance or grant assistance or grant and part is assistance	Name of the organization								
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or government (if applicable) grant cash assistance (mode, FMV, appraisal, noncesh assistance offen) on cash assistance offen) on cash assistance offen) (1)VARIOUS ORGANIZATIONS VARIOUS ORGANIZATIONS 99-9999999 01(c) (3) 235,740 - - - FUNDING (2 1 1 1 235,740 - - - - FUNDING (3) 1 1 1 1 1 - - - - (4) 1 1 1 1 1 - - - - - (5) 1 1 1 1 1 1 1 - - - (6) 1 1 1 1 1 1 - - - - (7) 1 1 1 1 1 1 1 - - (8) 1 1 1 1 1 1 1 - - (9) 1 1 1 1 1 1 1 1 -						-		(a) Description of	(b) Durpose of grant
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 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 			• •					•••••	

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7 Part IV Supplemental Information. Provid	e the information i	equired in Part I, lir	he 2; Part III, columr	(b); and any other add	itional information.
01. Monitoring procedures (Pa	rt I, line	2)			
THE ORGANIZATION OBTAINS COPIES OF FIN	ANCIAL STATEMEN	NTS, 990 TAX RET	URNS, BUDGETS,		
AND FUNDING APPLICATIONS IN ORDER TO M	ONITOR AND ASSI	ESS THE NEEDS OF	PARTNER AGENCIE	s.	

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III

Page **2**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

31-1020838

Name of the organization

UNITED WAY OF COSHOCTON COUNTY INC

01. Form 990 governing body review (Part VI, line 11)

EXECUTIVE DIRECTOR PRESENTS 990 COPY TO BOARD FOR

REVIEW PRIOR TO FILING

02. Conflict of interest policy compliance (Part VI, line 12c)

BOARD MEMBERS REVIEW STATUS ANNUALLY FOR POTENTIAL CONFLICTS OF

INTEREST AND DECLARE IN WRITING ANY THAT MAY EXIST. BOARD MEMBERS

ABSTAIN FROM VOTING ON ISSUES THAT MAT REPRESENT A PERSONAL CONFLICT

OF INTEREST.

03. CEO, executive director, top management comp (Part VI, line 15a)

DIRECTOR COMPENSATION SET ACCORDING TO ORGANIZATION'S

PAY SCALE.

04. Other officer or key employee compensation (Part VI, line 15b

COMPENSATION OF KEY EMPLOYEES SET ACCORDING TO ORGANIZATION'S

PAY SCALE.

05. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE

AT THE ORGANIZATION AND PRESENTED UPON REQUEST TO THE PUBLIC.

Form	4562	Depreciation and Amortization (Including Information on Listed Property)						OMB No. 1545-0172	
Departr	► Attach to your tax return.						Attachment		
	Revenue Service (99)	► G	o to www.irs.go	v/Form4562 for instr			mation.		Sequence No. 179
`) shown on return	Business or activity to which this form relates							Identifying number
	TED WAY O				RM 990	- 1			31-1020838
Par		•		operty Under Sec		minte Dentil			
4				complete Part V be	-	-		4	
1	`		,		· · · · · · · ·			1 2	
2	Total cost of sectio							2	
3 ⊿			-	tion in limitation (see ir zero or less, enter -0-				4	
4						· · · · · · · ·		4	
5		-		1. If zero or less, ente		-		5	
6				· · · · · · · · · · · · · · · · · · ·				5	
0		(a) Description of p	горепу	(D) Cos	t (business use only	(c) Elec	cted cost		
7	Listed property. En	tor the amount f	rom line 20		7				
8				unts in column (c), line				8	
9				ine 8				9	
9 10								9 10	
11				ur 2017 Form 4562				11	
				iness income (not less				12	
12 13				but don't enter more the s 9 and 10, less line 12		•••••		12	
	,			/. Instead, use Part V.					
Par						on't include l	isted or	onert	y. See instructions.)
14				(other than listed prop			ioteu pi	open	
14	during the tax year.		,					14	
15								15	
15	Other depreciation	.,.	-					16	1,157
Par		<u> </u>	,				• • •	10	±,±J/
i ui		Depresida		Section		10113.)			
17	MACRS deductions	s for assets plac	ed in service in t	ax years beginning bef				17	
18				vice during the tax yea			•••		
	asset accounts, che			· · · · · · · · · · · · · · · ·		-			
				ice During 2018 Ta				eciati	on System
	0001101		(b) Month and year	(c) Basis for depreciation				oorati	
	(a) Classification of p	roperty	placed in service	(business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property								
<u>b</u>	5-year property		-						
 C	7-year property		-						
d	10-year property		-						
 e	15-year property		-						
f	20-year property		-						
	25-year property		-		25 yrs.		S/	1	
	Residential rental				27.5 yrs.	MM	S/		
	property				27.5 yrs.	MM	S/		
i	Nonresidential real				39 yrs.	MM	S/		
•					00 910.	MM			
	property MM S/L Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System								
20a	Class life	A33013110		During 2010 Tux			S/		
	12-year		-		12 yrs.		S/		
	30-year			<u> </u>	30 yrs.	MM	S/		
	40-year				40 yrs.	MM	5/ S/		
Par		ary (See inst	ructions)		-+0 yis.	IVIIVI	3/	L	
21	Listed property. Er		1					21	
				••••••••••••••••••••••••••••••••••••••		••••••••••••••••••••••••••••••••••••••	 r	21	
22			-	tnerships and S corpor				22	1,157
23				ing the current year, ent			• • •	~~	±,±57
23	portion of the basis	•		o					
	Portion of the basis		2004 0031	s	· · · · Z	,			

Form	8879-EO
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IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning 07-01-2018 , and ending 06-30-2019

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury Internal Revenue Service

Name of	exempt	organization	
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UNITED WAY OF COSHOCTON COUNTY INC Name and title of officer

31-1020838

Employer identification number

LYN MIZER, DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the retum for which you are using this Form 8879-EO and enter the applicable amount, if any, from the retum. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ▶ ★ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 368, 358 2a Form 990-EZ check here ▶ b b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here ▶ b b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here ▶ b b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ▶ b Balance Due (Form 8868, line 3c) 5b 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic retum and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic retum. I consent to allow my intermediate service provider, transmitter, or electronic retum originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. **Officer's PIN: check one box only**

X I authorize TOPE ACCOUNTING & BUSINESS ERO firm name	to enter my PIN <u>38461</u> as my signature Enter five numbers, but do not enter all zeros
on the organization's tax year 2018 electronically filed retum. If I h being filed with a state agency(ies) regulating charities as part of ERO to enter my PIN on the retum's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signatu If I have indicated within this return that a copy of the return is bein the IRS Fed/State program, I will enter my PIN on the return's disc	ng filed with a state agency(ies) regulating charities as part of
Officer's signature	Date ► 11-21-2019
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	347907 84841
	Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the indicated above. I confirm that I am submitting this return in accordance with Information for Authorized IRS <i>e-file</i> Providers for Business Returns.	, ,
ERO's signature	Date 🕨
FRO Must Retain This	s Form - See Instructions

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2018)

EEA

990		Overflow St	tatement			2018 Page 1
Name(s) as shown on return					FEIN	
UNITED WAY O	<u>PF COSHOCTON</u>	COUNTY INC				31-1020838
		OTHER	EXPENSES			
Description						Amount
SEMINARS AND					\$	104
MISCELLANEOU POSTAGE	15					<u>138</u> 585
				Total:	\$	
		OTHER	EXPENSES			
D						A
Description SEMINARS AND					\$	Amount 35
MISCELLANEOU	IS EXPENSE					7
DUES AND SUB	SCRIPTIONS					4,744
POSTAGE BANK CHARGES	 \					<u> </u>
ANNUAL MEETI						267
				Total:	\$	6,119
		OTHER	EXPENSES			
Dogarintion						Amount
Description POSTAGE						Amount 366
Description POSTAGE				Total:	\$ \$	366
				Total:		366
				Total:		366
				Total:		366
				Total:		366
				Total:		366
				Total:		366
				Total:		366
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				Total:		366

Form 990 Worksheet								
WORKSHEEL			(Keep fo	or your records)			2018	
Name(s) as shown on return							Tax ID Number	
UNITED WAY OF COSHO	CTON COUNTY IN	1C					31-1020838	3
% of the amount on Schedule A,	Part II, line 11, colum	n (f)				• • • • • • • • • • • •	•••••	40,602
% of the amount on Schedule A,	Part II, line 11, columi	1	1		I			40,602
	Part II, line 11, columi	(a)	(b)	(c)	(d)	(e)	(f)	(g)
% of the amount on Schedule A,	Part II, line 11, columi	1	1		I			(g) Excess contributions
	Part II, line 11, columi	(a)	(b)	(c)	(d)	(e)	(f)	(g) Excess contributions (col. (f) minus
	Part II, line 11, columi	(a)	(b)	(c)	(d)	(e)	(f)	(g) Excess contributions (col. (f) minus the 2% limitation)
Name	Part II, line 11, columi	(a)	(b)	(c)	(d)	(e) 2018	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)

Total

for S	n is included in UBIA ection 199A calculations. "UBIA" in lower right corner.		Depreciation Detail Listing Management & General For your records only						2018 PAGE 1							
	(s) as shown on return		For your records only							Social se	Social security number/EIN					
τ	JNITED WAY OF COSHOCTON	COUNTY I	NC	1				1		1		31	31-1020838			
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current	
1	EQUIPMENT	06302002	33,271		100.00			33,271	7		0	31,863	830	32,693		
2	IMPROVEMENTS	07102014	3,273		100.00			3,273	7	SL HY	14.286	1,096	327	1,423	468	
	Totals		36,544					36,544				32,959	1,157	34,116	468	

	Federal Filing Instructions	2018					
Name as shown on return <u>UNITED WAY OF COSHOC</u>	CTON COUNTY INC	Tax ID Number 31-1020838					
Date to file by:	11-15-2019						
Form to be filed:	Form 990 and supplemental forms and	d schedules					
Sign and date:	An officer must sign and date Form 990 on page 1.						
Address to file:	If you are not e-filing, mail to:						
	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027						
Refund:	Neither a refund nor a balance due						
Other instructions:	If the return is not filed by the ((including any extension granted), statement giving the reason for no	attach a					

TOPE ACCOUNTING & BUSINESS SVCS LLC

435 WEST HIGH AVENUE NEW PHILADELPHIA, OH 44663 steve@topeaccounting.com Phone: (330)243-5311 | Fax: (000)000-0000

November 19, 2019

UNITED WAY OF COSHOCTON COUNTY INC 402 MAIN STREET COSHOCTON, OH 43812

UNITED WAY OF COSHOCTON COUNTY INC:

Enclosed is the 2018 federal return for a tax-exempt organization, prepared for UNITED WAY OF COSHOCTON COUNTY INC from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (330)243-5311.

Sincerely,

STEPHEN A TOPE CPA TOPE ACCOUNTING & BUSINESS SVCS LLC