

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
UNITED WAY OF KNOX COUNTY OHIO, INC.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
305 EAST HIGH STREET
 City or town, state or province, country, and ZIP or foreign postal code
MOUNT VERNON, OH 43050

D Employer identification number
31-4411236

E Telephone number
740-397-5721

G Gross receipts \$ **1,070,216.**

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

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

J Website: **WWW.UWAYKNOX.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1951** **M** State of legal domicile: **OH**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF KNOX COUNTY ASSESSES THE NEEDS OF KNOX COUNTY AND STRATEGICALLY INVESTS DONOR		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	902,489.	1,120,251.
	9 Program service revenue (Part VIII, line 2g)	282.	8,143.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	122,009.	-137,532.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	39,864.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,024,780.	1,030,726.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	705,800.	742,157.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	228,424.	246,868.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	70,528.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	201,249.	235,175.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,135,473.	1,224,200.	
19 Revenue less expenses. Subtract line 18 from line 12	-110,693.	-193,474.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,684,816.	End of Year 1,479,447.
	21 Total liabilities (Part X, line 26)	713,445.	707,604.
	22 Net assets or fund balances. Subtract line 21 from line 20	971,371.	771,843.

Part II Signature Block

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

Sign Here: *Bethany Celmar*
 Signature of officer: **BETHANY CELMAR, PRESIDENT**
 Date: **11/20/23**

Paid Preparer Use Only:
 Print/Type preparer's name: **J. ADEN HARDESTY, CPA**
 Preparer's signature: **J. ADEN HARDESTY, CP**
 Date: _____
 Check if self-employed: PTIN: **P01251902**
 Firm's name: **WILSON, SHANNON & SNOW, INC.**
 Firm's address: **10 WEST LOCUST STREET, NEWARK, OH 43055**
 Firm's EIN: **31-0829879**
 Phone no.: **740-345-6611**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: UNITED WAY OF KNOX COUNTY ASSESSES THE NEEDS OF KNOX COUNTY AND STRATEGICALLY INVESTS DONOR CONTRIBUTIONS INTO PROGRAMS THAT TARGET COMMUNITY NEEDS. PRIORITY AREAS OF FOCUS ARE EDUCATION, FINANCIAL STABILITY AND HEALTH.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 742,157. including grants of \$ 742,157.) (Revenue \$ 63.) CONDUCTED ANNUAL COMMUNITY IMPACT INVESTMENT PROCESS, ALLOCATING FUNDS FOR 26 PROGRAMS FROM 17 PARTNER AGENCIES SERVING KNOX COUNTY. THESE PROGRAMS HELP CHILDREN PREPARE FOR SCHOOL SUCCESS, HELP FAMILIES AND HOUSEHOLDS BECOME MORE FINANCIALLY STABLE, AND HELP PEOPLE LEAD HEALTHY LIFESTYLES.

4b (Code:) (Expenses \$ 327,019. including grants of \$) (Revenue \$ 8,080.) SEE SCHEDULE O.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,069,176.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38. Includes questions about grants, compensation, bond issues, excess benefits, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c. Includes questions about Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, gross receipts, and specific organizational requirements.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included on line 1a, above, who are independent (17); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
DEE HOEFLICH - 740-397-5721
305 EAST HIGH STREET, MOUNT VERNON, OH 43050

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KELLY BRENNEMAN EXECUTIVE DIRECTOR	40.00			X				75,705.	0.	5,274.
(2) MARNE AUSEC DIRECTOR	1.00	X						0.	0.	0.
(3) BOB BOSS DIRECTOR	1.00	X						0.	0.	0.
(4) BRIAN BELL DIRECTOR	1.00	X						0.	0.	0.
(5) CASEY BRAYSHAW DIRECTOR	1.00	X						0.	0.	0.
(6) TODD HAWKINS DIRECTOR	1.00	X						0.	0.	0.
(7) ANDREA HAYES-CAUDILL DIRECTOR	1.00	X						0.	0.	0.
(8) BETHANY CELMAR DIRECTOR	1.00	X						0.	0.	0.
(9) DR. SUZANNE HELMING DIRECTOR	1.00	X						0.	0.	0.
(10) LISA LLOYD PRESIDENT	3.00	X		X				0.	0.	0.
(11) SAM FILKINS DIRECTOR	1.00	X						0.	0.	0.
(12) JAMES MCLAUGHLIN TREASURER	3.00	X		X				0.	0.	0.
(13) JOSH KIRBY DIRECTOR	1.00	X						0.	0.	0.
(14) RENEE MCDANIEL DIRECTOR	1.00	X						0.	0.	0.
(15) ADAM RIDENBAUGH DIRECTOR	1.00	X						0.	0.	0.
(16) CYNTHIA CUNNINGHAM DIRECTOR	1.00	X						0.	0.	0.
(17) MARCY RINEHART DIRECTOR	1.00	X						0.	0.	0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for JASON SNIVELY, DIRECTOR.

Summary rows: 1b Subtotal, c Total from continuation sheets to Part VII, Section A, d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 rows and 2 columns (Yes/No) for questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Entry for NONE is present.

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 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	21,613.				
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	1,098,638.				
	g	Noncash contributions included in lines 1a-1f	\$ 3,049.				
	h	Total. Add lines 1a-1f		1,120,251.			
Program Service Revenue			Business Code				
	2 a	RN REIMBURSEMENT	561000	8,080.	8,080.		
	b	GRANT ADMINISTRATIVE F	561000	63.	63.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		8,143.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		-137,532.		-137,532.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	3,049.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	3,049.				
	7 c	Gain or (loss)	0.				
	7 d	Net gain or (loss)		0.			
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		76,305.				
		8 b	Less: direct expenses	36,441.			
	Net income or (loss) from fundraising events		39,864.		39,864.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9 b	Less: direct expenses				
	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10 b	Less: cost of goods sold				
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		1,030,726.	8,143.	0.	-97,668.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	742,157.	742,157.		
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	75,787.	30,315.	18,947.	26,525.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	139,678.	107,989.	23,181.	8,508.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	31,403.	20,152.	6,142.	5,109.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10,103.		10,103.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f investment management fees	7,096.		7,096.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,915.		1,915.	
12 Advertising and promotion				
13 Office expenses	2,255.	1,353.	113.	789.
14 Information technology	21,680.	10,840.	5,420.	5,420.
15 Royalties				
16 Occupancy	8,820.	4,411.	1,322.	3,087.
17 Travel	187.	168.		19.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	3,358.	1,513.	922.	923.
20 Interest	836.		836.	
21 Payments to affiliates	13,617.	6,809.		6,808.
22 Depreciation, depletion, and amortization	13,467.	10,370.	404.	2,693.
23 Insurance	3,653.		3,653.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a AGENCY PROGRAMS	113,001.	113,001.		
b PRINTING AND PUBLICITY	10,723.	7,033.	536.	3,154.
c AGENCY TRAINING	5,211.	5,211.		
d DUES, SUBSCRIPTIONS, FE	5,001.	2,251.	500.	2,250.
e All other expenses	14,252.	5,603.	3,406.	5,243.
25 Total functional expenses. Add lines 1 through 24e	1,224,200.	1,069,176.	84,496.	70,528.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	184,824.	1	156,715.
	2	Savings and temporary cash investments	134,089.	2	160,630.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	109,548.	4	120,334.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,235.	9	3,179.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 259,877.		
	b	Less: accumulated depreciation	10b 44,208.	10c	215,669.
	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	1,029,952.	15	822,920.
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,684,816.	16	1,479,447.	
Liabilities	17	Accounts payable and accrued expenses	10,243.	17	14,324.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	703,202.	25	693,280.
	26	Total liabilities. Add lines 17 through 25	713,445.	26	707,604.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	946,753.	27	732,710.
	28	Net assets with donor restrictions	24,618.	28	39,133.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	971,371.	32	771,843.
33	Total liabilities and net assets/fund balances	1,684,816.	33	1,479,447.	

Part 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	1,030,726.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,224,200.
3	Revenue less expenses. Subtract line 2 from line 1	3	-193,474.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	971,371.
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 on Schedule O)	9	-6,054.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	771,843.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1357946.	1221752.	946,609.	902,489.	1120251.	5549047.
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	1357946.	1221752.	946,609.	902,489.	1120251.	5549047.
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)						1379073.
6 Public support. Subtract line 5 from line 4.						4169974.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1357946.	1221752.	946,609.	902,489.	1120251.	5549047.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-12,076.	110,175.	79,991.	128,659.	-137,532.	169,217.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						5718264.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	72.92	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	67.18	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?
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)?
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?
4a Was any supported organization not organized in the United States ("foreign supported organization")?
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?
5a Did the organization add, substitute, or remove any supported organizations during the tax year?
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
c Substitutions only. Was the substitution the result of an event beyond the organization's control?
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations?
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?
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?
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))?
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest?
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest?
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)?
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1 through 10b.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **UNITED WAY OF KNOX COUNTY OHIO, INC.** Employer identification number **31-4411236**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 \$ _____
- b Assets included in Form 990, Part X \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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 receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered 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 organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		44,350.		44,350.
b Buildings		183,860.	30,739.	153,121.
c Leasehold improvements				
d Equipment		31,667.	13,469.	18,198.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				215,669.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS- FOUNDATION	822,920.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	822,920.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ALLOCATIONS PAYABLE	669,351.
(3) DONOR DESIGNATIONS PAYABLE	11,204.
(4) FINANCE LEASE OBLIGATION	12,725.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	693,280.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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	1,043,187.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	30,387.	
e	Add lines 2a through 2d	2e		30,387.
3	Subtract line 2e from line 1	3		1,012,800.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,096.	
b	Other (Describe in Part XIII.)	4b	10,830.	
c	Add lines 4a and 4b	4c		17,926.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,030,726.

Part 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	1,242,715.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	36,441.	
e	Add lines 2a through 2d	2e		36,441.
3	Subtract line 2e from line 1	3		1,206,274.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,096.	
b	Other (Describe in Part XIII.)	4b	10,830.	
c	Add lines 4a and 4b	4c		17,926.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,224,200.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	36,441.
ALLOWANCE FOR UNCOLLECTIBLE PLEDGES	-6,054.
LOSS ON DISPOSAL OF ASSET	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	30,387.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS TO PARTNER AGENCIES RECORDED AS LIABILITY ON GAAP AFS AND AS CONTRIBUTION REVENUE ON FORM 990	9,601.
DONOR DESIGNATIONS TO OTHER UNITED WAYS RECORDED AS LIABILITY ON GAAP AUDITED FINANCIAL STATEMENTS AND AS CONTRIBUTION REVENUE ON	

Part XIII Supplemental Information (continued)

FORM 990 1,229.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 10,830.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 36,441.

LOSS ON DISPOSAL OF ASSET

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PAYMENTS TO PARTNER AGENCIES FUNDED BY DONOR DESIGNATIONS RECORDED AS

REDUCTION IN LIABILITY ON GAAP AFS AND AS GRANT EXPENSE ON

FORM 990 9,601.

DONOR DESIGNATIONS TO OTHER UNITED WAYS RECORDED AS REDUCTION IN LIABILITY

ON GAAP AUDITED FINANCIAL STATEMENTS AND AS EXPENSE ON FORM

990 1,229.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 10,830.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF KNOX COUNTY OHIO, INC.

Employer identification number

31-4411236

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		POWER OF THE PURSE DINNER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	76,305.		76,305.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	76,305.		76,305.
Direct Expenses	4	Cash prizes	1,200.		1,200.
	5	Noncash prizes	8,881.		8,881.
	6	Rent/facility costs	11,353.		11,353.
	7	Food and beverages	8,258.		8,258.
	8	Entertainment	2,363.		2,363.
	9	Other direct expenses	4,386.		4,386.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			36,441.
11	Net income summary. Subtract line 10 from line 3, column (d)			39,864.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
inspection

Name of the organization

UNITED WAY OF KNOX COUNTY OHIO, INC.

Employer identification number
31-4411236

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS EAST-CENTRAL OHIO CHAPTER - 300 NORTH MULBERRY STREET - MOUNT VERNON, OH 43050	53-0196605	501(C)(3)	15,000.	0.			BLOOD SERVICES/DISASTER SERVICES
HOSPICE OF NORTH CENTRAL OHIO, INC. - 1050 DAUCH DRIVE - ASHLAND, OH 44805	34-1491502	501(C)(3)	16,300.	0.			GRIEF GROUPS
YMCA OF MOUNT VERNON 103 NORTH MAIN STREET MOUNT VERNON, OH 43050	31-4379595	501(C)(3)	45,000.	0.			COMMUNITY WELLNESS PROGRAM/CAPITAL CAMPAIGN
THE WINTER SANCTUARY, INC. PO BOX 421 MOUNT VERNON, OH 43050	27-5429251	501(C)(3)	55,000.	0.			HOMELESS SHELTER SERVICES AND CLIENT ADVOCACY
THE FREEDOM CENTER 106 E. GAMBIER STREET MOUNT VERNON, OH 43050	31-0963263	501(C)(3)	89,000.	0.			PROGRAM CARE MANAGEMENT/STRENGTHENING FAMILIES
SCIENCE PLAY-SPACE INITIATIVE, INC. - 227 SOUTH MAIN STREET - MOUNT VERNON, OH 43050	45-4592640	501(C)(3)	10,000.	0.			COMMUNITY SCIENCE PLAY INTERACTIVE (SPI SPOT)

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

UNITED WAY OF KNOX COUNTY OHIO, INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC HEALTH PARTNERSHIP OF KNOX COUNTY - 121 EAST HIGH STREET - MOUNT VERNON, OH 43050	26-0829216	501(C)(3)	42,500.	0.			KNOX OUT TOBACCO PROGRAM/ ORAL HYGIENE/ SENIOR WELLNESS
PATHWAYS OF CENTRAL OHIO 1627 BRYN MAUR DRIVE MOUNT VERNON, OH 43050	31-0836725	501(C)(3)	15,000.	0.			KNOX COUNTY'S 2-1-1 INFO/REFERRAL/CRISIS HOTLINE
NEW DIRECTIONS: DOMESTIC ABUSE SHELTER OF KNOX COUNTY, INC. - PO BOX 453 - MOUNT VERNON, OH 43050	31-1058476	501(C)(3)	102,500.	0.			ADVOCACY AND SUPPORT FOR SURVIVORS OF INTIMATE PARTNER VIOLENCE AND SEXUAL VIOLENCE/ COACHING
KNOX COUNTY HEADSTART, INC. 11700 UPPER GILCHRIST ROAD MOUNT VERNON, OH 43050	31-0724689	501(C)(3)	138,468.	0.			HEAD START AND EARLY HEAD START PROGRAMS/ CHILD AND FAMILY HEALTH AND WELLNESS PROMOTION/
KNO-HO-CO- ASHLAND COMMUNITY ACTION COMMISSION - 1250 VERNONVIEW DRIVE - MOUNT VERNON, OH 43050	31-0720520	501(C)(3)	22,384.	0.			WOMEN'S REPRODUCTIVE HEALTH SCREENINGS
INTERCHURCH SOCIAL SERVICES OF KNOX COUNTY - 306 W. GAMBIER STREET - MOUNT VERNON, OH 43050	31-0798044	501(C)(3)	50,000.	0.			FINANCIAL AID
GIRL SCOUTS OF OHIO'S HEARTLAND COUNCIL, INC. - 1700 WATERMARK DRIVE - COLUMBUS, OH 43215	31-4379475	501(C)(3)	7,500.	0.			LEADERSHIP EXPERIENCE/STEM AND ENTREPRENEURSHIP PROGRAM
BOY SCOUTS OF AMERICA- MUSKINGUM VALLEY COUNCIL - 734 MOOREHEAD AVENUE - ZANESVILLE, OH 43701	31-4421379	501(C)(3)	22,000.	0.			BOY SCOUTS/CUB SCOUTS
BEHAVIORAL HEALTHCARE PARTNERS 8402 BLACKJACK ROAD MOUNT VERNON, OH 43050	31-6402630	501(C)(3)	20,000.	0.			SCHOOL INTERVENTION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTERBURG SENIOR SERVICES 119 S PRESTON ST ROOM 112 CENTERBURG, OH 43011	11-3685070	501(C)(3)	14,300.	0.			HEALTH AND WELLNESS PROGRAM
SALVATION ARMY 206 E OHIO AVE MOUNT VERNON, OH 43050	22-2406433	501(C)(3)	48,000.	0.			YOUTH PROGRAMS / EMERGENCY SERVICES
KNOX COUNTY FOUNDATION 101 E GAMBIER ST MOUNT VERNON, OH 43050	31-1768219	501(C)(3)	12,500.	0.			JOB FINDING ASSISTANCE; TRANSPORT/MED CENTRAL
HOPE NOW FURNITURE P.O. BOX 627 MOUNT VERNON, OH 43050	26-4636287	501(C)(3)	7,500.	0.			STOCK THE SHELVES DRIVE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H) :

NAME OF ORGANIZATION OR GOVERNMENT:

NEW DIRECTIONS: DOMESTIC ABUSE SHELTER OF KNOX COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVOCACY AND SUPPORT FOR SURVIVORS

OF INTIMATE PARTNER VIOLENCE AND SEXUAL VIOLENCE/ COACHING BOYS INTO MEN

NAME OF ORGANIZATION OR GOVERNMENT: KNOX COUNTY HEADSTART, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HEAD START AND EARLY HEAD START

PROGRAMS/ CHILD AND FAMILY HEALTH AND WELLNESS PROMOTION/ PARENTS SUPPORT

Part IV Supplemental Information

INITIATIVE

Lined area for supplemental information.

SCHEDULE O
(Form 990)

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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Inspection

Name of the organization

UNITED WAY OF KNOX COUNTY OHIO, INC.

Employer identification number

31-4411236

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONTRIBUTIONS INTO PROGRAMS THAT TARGET COMMUNITY NEEDS. PRIORITY AREAS
OF FOCUS ARE EDUCATION, FINANCIAL STABILITY AND HEALTH.

FORM 990, PART III, LINE 4B

PROVIDED INFORMATION AND REFERRAL SERVICES TO THE PUBLIC, AS WELL AS
ASSISTED KNOX COUNTY RESIDENTS THROUGH PROGRAMS AND INITIATIVES
SUPPORTED BY UNITED WAY OF KNOX COUNTY. COMMUNITY VOLUNTEER
OPPORTUNITIES WERE PROVIDED TO 132 INDIVIDUALS. SAVED KNOX COUNTY
RESIDENTS \$10,989 IN PRESCRIPTION COSTS THROUGH THE FAMILYWISE
PRESCRIPTION DISCOUNT PROGRAM. PROVIDED TAX PREPARATION ASSISTANCE TO
454 INDIVIDUALS, WITH A REPORTED SAVINGS OF \$93,000 IN TAX PREPARER
FEES TO KNOX COUNTY RESIDENTS. COORDINATED A FREE BOOK PROGRAM FOR
CHILDREN BIRTH TO AGE 5 -IMAGINATION LIBRARY- MAILING OUT 25,092 BOOKS
TO AN AVERAGE OF 2,091 KNOX COUNTY CHILDREN EACH MONTH. SPONSORED A
POVERTY SIMULATION FOR 128 COMMUNITY MEMBERS. EDUCATED 585 4TH GRADE
STUDENTS FROM 10 KNOX COUNTY ELEMENTARY SCHOOLS IN THE IMPORTANCE OF
GOOD NUTRITION AND PHYSICAL ACTIVITY THROUGH THE 6 WEEKS CRUNCH OUT
PROGRAM. PROVIDED SCHOLARSHIPS TO 65 GIRLS TO PARTICIPATE IN A 20-WEEK
GIRLS EMPOWERMENT PROGRAM- RULING OUR EXPERIENCES THROUGHOUT 5 KNOX
COUNTY SCHOOLS.

FORM 990, PART VI, SECTION B, LINE 11B:

BEFORE SUBMISSION, THE TREASURER AND EXECUTIVE COMMITTEE REVIEW AND APPROVE
THE 990 DOCUMENT FOR CLARITY AND ACCURACY. THE BOARD OF DIRECTORS RECEIVED

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

Schedule O (Form 990) 2022

Name of the organization UNITED WAY OF KNOX COUNTY OHIO, INC.	Employer identification number 31-4411236
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THE FORM 990 DISCLOSURES AND FINANCIAL INFORMATION ELECTRONICALLY AND APPROVED THE SUBMISSION PROVIDED.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL STAFF, MEMBERS OF THE BOARD, AND COMMITTEE MEMBERS COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ORGANIZATION CONDUCTED MARKET SURVEYS, INCLUDING A SURVEY FROM UNITED WAY OF OHIO, AND CONSIDERED LOCAL MARKET DATA. THE EXECUTIVE DIRECTOR'S SALARY UPON HIRE WAS APPROVED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST AT PLACE OF BUSINESS AND ON WEBSITE.

FORM 990, PART VI, SEC C, LINE 17

FOR STATE REPORTING: THE STATE OF OHIO REQUIRES AN ONLINE CHARITABLE REGISTRATION BE COMPLETED RATHER THAN SUBMITTING A COPY OF THE 990 TO THE ATTORNEY GENERAL. THE NECESSARY ONLINE FILING REQUIREMENTS ARE COMPLETED IN A TIMELY MANNER.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ALLOWANCE FOR UNCOLLECTIBLE PLEDGES -6,054.