

EXTENDED TO NOVEMBER 15, 2024

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)

2023

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section A-M containing organization name, EIN, address, and other identifying information.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances, listing various financial metrics.

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.

Signature block containing signatures and names of the officer and preparer.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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 \$ 620,394. including grants of \$ 620,394.) (Revenue \$ 120.) 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 \$ 355,036. including grants of \$) (Revenue \$ 40,935.) 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 975,430.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-21 detailing various organizational requirements and their status.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS requirements.

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 ID, Question Text, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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?

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) LORI JONES-PERKINS EXECUTIVE DIRECTOR	40.00			X				35,095.	0.	2,553.
(2) KELLY BRENNEMAN EXECUTIVE DIRECTOR	40.00			X				34,775.	0.	2,543.
(3) MARNE AUSEC DIRECTOR	1.00	X						0.	0.	0.
(4) BOB BOSS DIRECTOR	1.00	X						0.	0.	0.
(5) BRIAN BELL DIRECTOR	1.00	X						0.	0.	0.
(6) CASEY BRAYSHAW DIRECTOR	1.00	X						0.	0.	0.
(7) TODD HAWKINS DIRECTOR	1.00	X						0.	0.	0.
(8) ANDREA HAYES-CAUDILL DIRECTOR	1.00	X						0.	0.	0.
(9) BETHANY CELMAR PRESIDENT	1.00	X						0.	0.	0.
(10) DR. SUZANNE HELMING DIRECTOR	1.00	X						0.	0.	0.
(11) LISA LLOYD TREASURER	3.00	X		X				0.	0.	0.
(12) SAM FILKINS DIRECTOR	1.00	X						0.	0.	0.
(13) JAMES MCLAUGHLIN TREASURER	3.00	X		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)

(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			
(18) JASON SNIVELY DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								69,870.	0.	5,096.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								69,870.	0.	5,096.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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	1a	16,692.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	979,906.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,211.				
	h	Total. Add lines 1a-1f		996,598.				
Program Service Revenue			Business Code					
	2 a	RN REIMBURSEMENT	561000	40,935.	40,935.			
	b	GRANT ADMINISTRATIVE F	561000	120.	120.			
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		41,055.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		120,297.			120,297.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	6a				
			(ii) Personal	6b				
				6c				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	7a	3,211.			
			(ii) Other	7b	3,211.			
				7c	0.			
	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		8a	67,323.			
				8b	46,381.			
				20,942.			20,942.	
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19		9a					
			9b					
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances		10a					
			10b					
c	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		1,178,892.	41,055.	0.	141,239.		

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	620,394.	620,394.		
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	69,145.	27,658.	17,286.	24,201.
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	162,818.	128,885.	25,233.	8,700.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	30,903.	20,850.	5,668.	4,385.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	15,540.		15,540.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,022.		7,022.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,035.		2,035.	
12 Advertising and promotion				
13 Office expenses	3,653.	2,192.	183.	1,278.
14 Information technology	15,368.	7,684.	3,842.	3,842.
15 Royalties				
16 Occupancy	8,818.	4,408.	1,323.	3,087.
17 Travel	393.	354.		39.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,027.	3,305.	1,861.	1,861.
20 Interest	678.		678.	
21 Payments to affiliates	14,006.	7,003.		7,003.
22 Depreciation, depletion, and amortization	13,250.	10,202.	398.	2,650.
23 Insurance	3,147.		3,147.	
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	119,037.	119,037.		
b PRINTING AND PUBLICITY	16,386.	10,595.	820.	4,971.
c AGENCY TRAINING	4,124.	4,124.		
d DUES, SUBSCRIPTIONS, FE	4,028.	1,813.	403.	1,812.
e All other expenses	14,315.	6,926.	3,091.	4,298.
25 Total functional expenses. Add lines 1 through 24e	1,132,087.	975,430.	88,530.	68,127.
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	156,715.	1	232,798.
	2	Savings and temporary cash investments	160,630.	2	30,902.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	120,334.	4	158,207.
	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	3,179.	9	3,369.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 272,337.		
	b	Less: accumulated depreciation	10b 57,458.	10c	214,879.
	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	822,920.	15	796,923.
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,479,447.	16	1,437,078.	
Liabilities	17	Accounts payable and accrued expenses	14,324.	17	16,494.
	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	693,280.	25	610,904.
	26	Total liabilities. Add lines 17 through 25	707,604.	26	627,398.
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	732,710.	27	774,803.
	28	Net assets with donor restrictions	39,133.	28	34,877.
	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	771,843.	32	809,680.
33	Total liabilities and net assets/fund balances	1,479,447.	33	1,437,078.	

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	1,178,892.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,132,087.
3	Revenue less expenses. Subtract line 2 from line 1	3	46,805.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	771,843.
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	-8,968.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	809,680.

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		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

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

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

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.

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

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

Schedule D (Form 990) 2023

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 in 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?	3b	

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.	38,080.	145,780.
c Leasehold improvements				
d Equipment		44,127.	19,378.	24,749.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 214,879.

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, line 12, col. (B))		

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, line 13, col. (B))		

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	796,923.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	796,923.

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	579,660.
(3) DONOR DESIGNATIONS PAYABLE	21,292.
(4) FINANCE LEASE OBLIGATION	9,952.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	610,904.

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	1,187,871.
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	37,413.	
e	Add lines 2a through 2d	2e		37,413.
3	Subtract line 2e from line 1	3		1,150,458.
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	7,022.	
b	Other (Describe in Part XIII.)	4b	21,412.	
c	Add lines 4a and 4b	4c		28,434.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,178,892.

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	1,150,034.
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	46,381.	
e	Add lines 2a through 2d	2e		46,381.
3	Subtract line 2e from line 1	3		1,103,653.
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	7,022.	
b	Other (Describe in Part XIII.)	4b	21,412.	
c	Add lines 4a and 4b	4c		28,434.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,132,087.

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	46,381.
ALLOWANCE FOR UNCOLLECTIBLE PLEDGES	-8,968.
LOSS ON DISPOSAL OF ASSET	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	37,413.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS TO PARTNER AGENCIES RECORDED AS LIABILITY ON GAAP AFS AND AS CONTRIBUTION REVENUE ON FORM 990	18,808.
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 2,604.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 21,412.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 46,381.

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 18,808.

DONOR DESIGNATIONS TO OTHER UNITED WAYS RECORDED AS REDUCTION IN LIABILITY

ON GAAP AUDITED FINANCIAL STATEMENTS AND AS EXPENSE ON FORM

990 2,604.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 21,412.

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
		POWER OF THE PURSE DINNER (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	67,323.		67,323.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	67,323.		67,323.
Direct Expenses	4	Cash prizes	100.		100.
	5	Noncash prizes	12,479.		12,479.
	6	Rent/facility costs	12,324.		12,324.
	7	Food and beverages	15,423.		15,423.
	8	Entertainment	795.		795.
	9	Other direct expenses	5,260.		5,260.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			46,381.
	11	Net income summary. Subtract line 10 from line 3, column (d)			20,942.

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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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
2023
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)	10,000.	0.			BLOOD SERVICES/DISASTER SERVICES
HOSPICE OF NORTH CENTRAL OHIO, INC. - 1050 DAUCH DRIVE - ASHLAND, OH 44805	34-1491502	501(C)(3)	14,000.	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)	69,000.	0.			PROGRAM CARE MANAGEMENT/ STRENGTHENING FAMILIES
SCIENCE PLAY-SPACE INITIATIVE, INC. - 227 SOUTH MAIN STREET - MOUNT VERNON, OH 43050	45-4592640	501(C)(3)	7,000.	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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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)	32,000.	0.			KNOX OUT TOBACCO PROGRAM/ ORAL HYGIENE/ SENIOR WELLNESS
NEW DIRECTIONS: DOMESTIC ABUSE SHELTER OF KNOX COUNTY, INC. - PO BOX 453 - MOUNT VERNON, OH 43050	31-1058476	501(C)(3)	79,000.	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)	134,468.	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)	15,000.	0.			WOMEN'S REPRODUCTIVE HEALTH SCREENINGS
INTERCHURCH SOCIAL SERVICES OF KNOX COUNTY - 306 W. GAMBLER STREET - MOUNT VERNON, OH 43050	31-0798044	501(C)(3)	53,600.	0.			FINANCIAL AID
BOY SCOUTS OF AMERICA- MUSKINGUM VALLEY COUNCIL - 734 MOOREHEAD AVENUE - ZANESVILLE, OH 43701	31-4421379	501(C)(3)	14,000.	0.			BOY SCOUTS/CUB SCOUTS
CENTERBURG SENIOR SERVICES 119 S PRESTON ST ROOM 112 CENTERBURG, OH 43011	11-3685070	501(C)(3)	6,000.	0.			HEALTH AND WELLNESS PROGRAM
SALVATION ARMY 206 E OHIO AVE MOUNT VERNON, OH 43050	22-2406433	501(C)(3)	37,000.	0.			YOUTH PROGRAMS/ EMERGENCY SERVICES
KNOX COUNTY FOUNDATION 101 E GAMBLER ST MOUNT VERNON, OH 43050	31-1768219	501(C)(3)	15,000.	0.			JOB FINDING ASSISTANCE; TRANSPORT/MED CENTRAL

Schedule I (Form 990)

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
HOPE NOW FURNITURE P.O. BOX 627 MOUNT VERNON, OH 43050	26-4636287	501(C)(3)	13,750.	0.			STOCK THE SHELVES DRIVE
HABITAT FOR HUMANITY 13246 WOOSTER ROAD MOUNT VERNON, OH 43050	31-1216750	501(C)(3)	10,000.	0.			PATHWAY TO HOME OWNERSHIP PROGRAM
ADVOCATES FOR FAMILIES OF KNOX COUNTY - 116 E HIGH STREET - MOUNT VERNON, OH 43050	34-1499271	501(C)(3)	10,000.	0.			CASA PROGRAM

UNITED WAY OF KNOX COUNTY OHIO, INC.

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

2023

Open to Public
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 113 INDIVIDUALS. SAVED KNOX COUNTY
RESIDENTS \$19,793 IN PRESCRIPTION COSTS THROUGH THE FAMILYWISE
PRESCRIPTION DISCOUNT PROGRAM. PROVIDED TAX PREPARATION ASSISTANCE TO
551 INDIVIDUALS, WITH A REPORTED SAVINGS OF \$110,200 IN TAX PREPARER
FEES TO KNOX COUNTY RESIDENTS. COORDINATED A FREE BOOK PROGRAM FOR
CHILDREN BIRTH TO AGE 5 -IMAGINATION LIBRARY- MAILING OUT 27,038 BOOKS
TO AN AVERAGE OF 2,253 KNOX COUNTY CHILDREN EACH MONTH. FACILITATED A
POVERTY SIMULATION FOR 27 COMMUNITY MEMBERS. EDUCATED 540 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 90 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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

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	-8,968.
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**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. UNITED WAY OF KNOX COUNTY OHIO, INC.	Taxpayer identification number (TIN) 31-4411236
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 305 EAST HIGH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MOUNT VERNON, OH 43050	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **DEE HOEFLICH**
305 EAST HIGH STREET - MOUNT VERNON, OH 43050
 Telephone No. **740-397-5721** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2024)