Form 990

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

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

OMB No. 1640-0047 Open to Public Inspection

Department of the Treasury Internal Rovenue Service

A For the 2023 calendar year, or tax year beginning and onding B Check if D Employer Identification number C Name of organization Address Ichange UNITED WAY OF KNOX COUNTY OHIO, INC. | Hivna | charigo 31-4411236 Doing business as initial roturn Number and street (or P.O. box if mail is not delivered to street address) Room/sulte E Telephone number 305 EAST HIGH STREET 740-397-5721 letmin aton City or town, state or province, country, and ZIP or foreign postal code 1,228,484. G Gross receiple \$ Amended MOUNT VERNON, OH 43050 H(a) is this a group return F Name and address of principal officer; BRIAN BELL for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No 1 Tax-exempt status: X 501(0)(3) 501(c) (527 (Insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Websites WWW.UWAYKNOX.ORG H(o) Group exemption number K Form of organization; X Corporation Trust Association 1 Other L Year of formation: 1951 M State of logal domicile: OH Part | Summary Briefly describe the organization's mission or most significant activities: UNITED WAY OF KNOX COUNTY Governance ASSESSES THE NEEDS OF KNOX COUNTY AND STRATEGICALLY INVESTS DONOR 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) 17 17 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990 T, Part I, line 11 Prior Year **Current Year** 996,598. 8 Contributions and grants (Part VIII, line 1h) 1,120,251. Program service revenue (Part VIII, line 2g) 8,143. 41,055. -137,532. 120,297. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 39,864. 20.942. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,030,726. 1,178,892. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 742,157. 13 Grante and similar amounts paid (Part IX, column (A), lines 1-3) 620,394. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 246,868, 262,866. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundralsing expenses (Part IX, column (D), line 26) 235,175. 248,827. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,224,200. 1 132 087 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) -193,474. 46,805. 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 1,479,447. 1,437,078. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 707,604. 627,398. 771,843. Net assets or fund balances. Subtract line 21 from line 20 809,680. Part I) | 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. Signature of pincer Date Sign

BRIAN BELL, PRESIDENT Here Type or print name and title. Print/Type preparer's name Preparer's signature ER employed P01251902 J. ADEN HARDESTY, CP10/02/24 J. ADEN HARDESTY, CPA Pald WILSON, SHANNON & SNOW, INC. Firm's EIN 31-0829879 Preparer Firm's name Firm's address 10 WEST LOCUST STREET Use Only Phone no. 740-345-6611 NEWARK, OH 43055 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Form 990 (2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			***************************************
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	·	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? f "Yes," complete Schedule D, Part V	10	No. 15. Ex	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.	ikaii	VALUE A	NA SEE
а	3 Too, Solidate D,			
	Part VI	11a	X	
b				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
C	• • • • • • • • • • • • • • • • • • • •			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
е	Tody complete concedure By Lark	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, 1 , 0	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,.
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		٦,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٠,,
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		٠,,	1
	domestic government on Part IX, column (A), line 17 // "Yes " complete Schedule I, Parts I and II	21	ΙX	I

Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
24.5	Schedule J	23		_X_
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	-	24a	į	х
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	275		
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ĺ
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	14.51.52	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			100
	instructions for applicable filing thresholds, conditions, and exceptions):	VARIAS	Challen	000000
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			77
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? if "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		х
20	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		<u> </u>
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	 		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	L	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Ь—	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ऻ	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		3.7	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
<u> </u>				
	Check if Scriedule O contains a response or note to any line in this Part V		1	AL.
4 ~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 18	1999	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Ltd Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C	- 100 100	Travelli Travelli	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1 100		
·	(gambling) winnings to prize winners?	10		
33200	4 12-21-23		990	(2023)

			V	NI-
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	15.5	Yes	No
20	filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
3a	Did the approximation become and that the contract of the cont	3a		X
	K IIVan II ban II die die Engel 000 T fan Ibitan and annual in an	3b		
		ວນ		
4a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		х
h	If "Yes," enter the name of the foreign country	4a	1800	71 N
IJ	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50	When the averagination a mark to a multiplication of the state of the	5a	30,000	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
Ud		6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Oa		
.,	ware not toy dody stilled	6b		
7	Organizations that may receive deductible contributions under section 170(c).	UD	4800	10.00
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	RESIDENCE REPORT OF THE PROPERTY OF THE PROPER	7b		~~~~~
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	/15		\vdash
Ŭ	to file Form 8282?	7c		ĺ
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		W. S.	484
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		\square
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		\vdash
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8838	Valle:	giália.
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	MAR	MAN	6,555
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b				
	amounts due or received from them.)	NAM:	WHE.	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	122.47	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	l same	1 (20)(2)	LUBUE
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	135/35/13	42.55.54
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand	10.1111	4,5,154	v
14a		14a	-	X
b 45		14b		\vdash
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		Х
	excess parachute payment(s) during the year?	15	1(4.54)	
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10	-	Х
, U	If "Yes," complete Form 4720, Schedule O.	16	14434	
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	H		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	12.22	3,5	104.00

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
Sec	tion A. Governing Body and Management			
-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17		19413	444
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	'
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	, ,	<u> </u>	
	This decitor is requeste information about policies not required by the internal revenue odde.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	100000	Valla)	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent		40.5	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	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?	16a	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100 mg		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
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)	availa	ble
	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	d finan	cial	
	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			

Form 990 (2023)

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 (A)	(B)	(B) (C)						(D)	(E)	(F)	
Name and title			Position do not check more than one				nne	Reportable	Reportable	Estimated	
	hours per	box	that check more than one to unless person is both an icer and a director/trustee)				an	compensation	compensation	amount of	
	week	├	cer an	o a o	recto	1711108	iee}	from	from related	other 	
	(list any hours for	or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the	
	related	900	ige Stee			sated		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	trustee (al trus		yee	ad E		1099-NEC)	1000,120,	and related	
	below	Individual t	Institutional trustee	ia.	Key emplayee	est co	E E	,		organizations	
	line)	혈	Insti	Officer	Keyı	Highest compensated employee	Former				
(1) LORI JONES-PERKINS	40.00										
EXECUTIVE DIRECTOR		<u> </u>		X				35,095.	0.	2,553.	
(2) KELLY BRENNEMAN	40.00						ļ				
EXECUTIVE DIRECTOR		<u> </u>	ļ	Х	L		<u> </u>	34,775.	0.	2,543.	
(3) MARNE AUSEC	1.00]									
DIRECTOR		X				<u> </u>		0.	0.	0.	
(4) BOB BOSS	1.00	1									
DIRECTOR		X				ļ	<u> </u>	0.	0.	0.	
(5) BRIAN BELL	1.00										
DIRECTOR		Х	<u> </u>	ļ	<u> </u>	<u> </u>		0.	0.	0.	
(6) CASEY BRAYSHAW	1.00										
DIRECTOR		X	<u> </u>	L	L	ļ		0.	0.	0.	
(7) TODD HAWKINS	1.00										
DIRECTOR		X	<u> </u>		<u> </u>	<u> </u>	<u> </u>	0.	0.	0.	
(8) ANDREA HAYES-CAUDILL	1.00	1						_	_	_	
DIRECTOR		Х					<u> </u>	0.	0.	0.	
(9) BETHANY CELMAR	1.00			ļ	1						
PRESIDENT		Х				<u> </u>	oxdot	0.	0.	0.	
(10) DR. SUZANNE HELMING	1.00										
DIRECTOR		X				<u> </u>	ļ	0.	0.	0.	
(11) LISA LLOYD	3.00							_		_	
TREASURER		Х	_	Х			ļ	0.	0.	0.	
(12) SAM FILKINS	1.00	1							_		
DIRECTOR		X			<u> </u>	<u> </u>		0.	0.	0.	
(13) JAMES MCLAUGHLIN	3.00	.						_	_	_	
TREASURER		X	<u> </u>	Х		ļ	<u> </u>	0.	0.	0.	
(14) RENEE MCDANIEL	1.00										
DIRECTOR		X	<u> </u>	<u> </u>	ļ	<u> </u>	<u> </u>	0.	0.	0.	
(15) ADAM RIDENBAUGH	1.00	 								_	
DIRECTOR		X	<u> </u>	ļ	ļ	 		0.	0.	0.	
(16) CYNTHIA CUNNINGHAM	1.00	ا			1		1				
DIRECTOR	4	X	<u> </u>	<u> </u>			1	0.	0.	0.	
(17) MARCY RINEHART	1.00	١			Į						
DIRECTOR		X	L	<u> </u>	<u> </u>		<u>L.</u>	0.	0.	50rm 990 (2022	

332007 12-21-23

Form 990 (2023)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	ı Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			- (0)			(D)	(E)		(F)
Name and title	Average	(do			itior more) than c	ne	Reportable	Reportable		Estimated
	hours per	box	unles	ss pei	rson i	s both	an	compensation	compensation		amount of
	week (list any			440		7,000		from	from related		other
	hours for	lirect						the organization	organizations (W-2/1099-MISC		ompensation from the
	related	96 Or (stee			satec		(W-2/1099-MISC/	1099-NEC)		organization
	organizations	truste	al trus		ag.	mper		1099-NEC)	1000 (11.0)	I	and related
	below	Individual trustee or director	Institutional trustee	<i>1</i> 8	Кеу етріоуве	est or	Jer.	·		0	organizations
	line)	iği	Insti	Officer	Key	Highest compensated employee	Former				
(18) JASON SNIVELY 1.00											
DIRECTOR	ļ	X					<u> </u>	0.	(0.	0.
		-			İ						
			<u> </u>		<u> </u>	₩	<u> </u>				
		-									
E		-	┡		┡		ļ				
		1									
	 		-		1	-					
	 	1									
Live Landing Control of Control o		\vdash	\vdash		\vdash	-					
		1									
the state of the s	1		┢		\vdash	╁					
		1									
The state of the s					\vdash					_	
		1					ĺ				
W. A.			\vdash							_	
		1		ı							
1b Subtotal				1		<u> </u>		69,870.		0.	5,096.
c Total from continuation sheets to Part V	II. Section A				• • • • • •		•	0.		0.	0.
d Total (add lines 1b and 1c)								69,870.		0.	5,096.
2 Total number of individuals (including but								eceived more than \$100	,000 of reportable		
compensation from the organization											0
											Yes No
3 Did the organization list any former office	, director, trust	ee,	key (emp	loye	e, o	r hig	hest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for	such individual				, , , , , ,					🗀	3 X
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	and	oth	ner compensation from t	he organization		
and related organizations greater than \$15	0,000? If "Yes	, " cc	ompl	ete (Sch	edule	e J f	for such individual	• • • • • • • • • • • • • • • • • • • •	<u> </u>	4 X
5 Did any person listed on line 1a receive or					-			_			
rendered to the organization? If "Yes." con	nplete Schedul	e J	for s	uch.	pers	son	,	***************************************		!	5 X
Section B. Independent Contractors											
1 Complete this table for your five highest or	•								•	nsatior	n from
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	ithir		rear.		40)
(A) Name and busines	e addrese	'nT.	ON	Сi				(B) Description of s	eanvices	Con	(C) npensation
Transcaria Sacrico	3 4441000	1//	OIA					Docomption of	001 91000		-porroution
	·····										
								·//			
2 Total number of independent contractors	(including but r	ot li	mite	d to	tho	se lis	sted	above) who received m	ore than		
\$100,000 of compensation from the organ	ization					0				stis jävilii	
											000

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		
र्घ र	1 a	Federated campaigns1a	16,692.						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b							
S, G	С	Fundraising events1c							
뚩	d	Related organizations1d							
iš,	е	Government grants (contributions) 1e							
rior S	f	All other contributions, gifts, grants, and							
ig #			79,906.						
育	g	Noncash contributions included in lines 1a-1f 1g \$	3,211.	Vincence of their					
<u>0</u> 8	h	Total. Add lines 1a-1f		996,598.					
ļ			Business Code	40.005	40.00				
8			561000	40,935.	40,935.				
e Z	b	GRANT ADMINISTRATIVE F	561000	120.	120.				
Program Service Revenue	С								
<u> </u>	d								
ğΠ	e				*				
<u> </u>		All other program service revenue		/1 OFF					
		Total. Add lines 2a-2f		41,055.	10 12 4 4 4 4 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1		1225 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	3	Investment income (including dividends, interest		120,297.			120 207		
		other similar amounts)		120,291.			120,297.		
	4	Income from investment of tax-exempt bond pro							
	5	Royalties(i) Real	(ii) Personal						
	6 -		(II) I GISOTIAI						
A CONTRACTOR OF THE PARTY OF TH		Gross rents 6a 6b							
		Less: rental expenses 6b Rental income or (loss) 6c							
		Net rental income or (loss)					4/44/444444444444		
		Gross amount from sales of (i) Securities	(ii) Other				WERE THE STREET		
	ı a	assets other than inventory 7a 3,211.	(11) 017701						
	h	Less: cost or other basis							
<u>o</u>	~	and sales expenses 7b 3,211.							
her Revenue	0	Gain or (loss) 7c 0.							
é		Net gain or (loss)		0.					
le le		Gross income from fundraising events (not							
튑	-	including \$ of							
- 1		contributions reported on line 1c). See							
			67,323.						
i	b		46,381.						
				20,942.			20,942.		
	9 a	Gross income from gaming activities. See							
		Part IV, line 19 9a							
		Less: direct expenses 9b							
1	C	Net income or (loss) from gaming activities							
	10 a	a Gross sales of inventory, less returns							
		and allowances10a							
		Less: cost of goods sold10b				· Bas Astropada Astro			
		Net income or (loss) from sales of inventory			.				
<u>v</u>		<u> </u>	Business Code						
99 ei	11 a								
<u>a</u>	İ								
Miscellaneous Revenue	C				1		-		
ž	(d All other revenue			Anne Viejeleje Enderbegrand der		STREET, ALTONOM		
		Total, Add lines 11a-11d		1 170 000	/1 AEE	A STATE OF THE STA	1/1/220		
	12	Total revenue. See instructions		1,178,892.	41,055.	0.	141,239.		

	Check if Schedule O contains a respons				<u>,,,,,</u>
	not include amounts reported on lines 6b, 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,	60 145	27 650	17 200	24 201
_	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				
7	persons described in section 4958(c)(3)(B)	162,818.	128,885.	25,233.	8,700.
7	Other salaries and wages Pension plan accruals and contributions (include	102,010.	120,000.		0,700
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10		30,903.	20,850.	5,668.	4,385.
11	Payroli taxes Fees for services (nonemployees):	30,3031	20,0301	3,000.	#,505
a	Management				
b					,
c	LegalAccounting	15,540.		15,540.	
d		23,0201		10,0101	
e					
f	Investment management fees	7,022.		7,022.	
g		. ,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
v	column (A), amount, list line 11g expenses on Sch 0.)	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.	1,278, 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.)	44000	440.000		
а	AGENCY PROGRAMS	119,037.	119,037.	0.00	
b	<u></u>	16,386.	10,595.	820.	4,971
C		4,124.	4,124.	100	4 040
	DUES, SUBSCRIPTIONS, FE	4,028.	1,813.	403.	1,812
	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 if following SOP 98-2 (ASC 958-720)				Form 990 (202)

		Check if Schedule O contains a response or note	ιυ any	memuns⊬aπX			
					(A) Beginning of year		(B) End of year
	1			,,	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 f					
- 1		trustee, key employee, creator or founder, substa		Motors			
	_	controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualific		alivi			
		under section 4958(f)(1)), and persons described		6			
3	7	Notes and loans receivable, net			******	7	***************************************
Assets	8	Inventories for sale or use		***************************************	2 1 0	8	2 262
۱`	9			***************************************	3,179.	9	3,369
	10a	Land, buildings, and equipment: cost or other	.	070 227			
		basis. Complete Part VI of Schedule D		57,458.	215 660	-5000	014 070
		Less: accumulated depreciation			215,669.	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 1				13	············
	14	Intangible assets	822,920.	14	706 000		
	15	Other assets. See Part IV, line 11			1,479,447.	15	796,923 1,437,078
┪	16 17	Total assets. Add lines 1 through 15 (must equal			14,324.	16	16,494
١	18	Accounts payable and accrued expenses		17	10,434		
	19	Grants payable	-	18			
	20	Deferred revenue		19 20			
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete P		CO-leadala D		1	*******
	22	Loans and other payables to any current or former		***************************************		21	
Liabilities	22	trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				22	Designed the Control of the Control
ן ב	23	Secured mortgages and notes payable to unrelat	•			23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					**************************************
		parties, and other liabilities not included on lines				1	
		of Schedule D	·		693,280.	25	610,904
	26	Total liabilities. Add lines 17 through 25			707,604.		627,398
		Organizations that follow FASB ASC 958, chec					
s		and complete lines 27, 28, 32, and 33.					
32	27	Net assets without donor restrictions		732,710.	27	774,803	
Da	28	Net assets with donor restrictions	39,133.	28	34,877		
2		Organizations that do not follow FASB ASC 95					
ב		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds			29		
Net Assets of Fund balances	30	Paid in or capital surplus, or land, building, or equ				30	
Š.	31	Retained earnings, endowment, accumulated inc				31	
Ę	32	Total net assets or fund balances			771,843.	32	809,680
-	33	—			1,479,447.	33	1,437,078

review, or compilation of its financial statements and selection of an independent accountant?

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2023)

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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 Open to Public Inspection

Name of the organization

TINTTED WAY OF KNOX COUNTY OHTO TNC Employer identification number 31-4411236

Par	t 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.	Sompleto ir tito						
	(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 fu	ınde						
Ŭ	are the organization's property, subject to the organization's exclusive legal control?							
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used							
J	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confi							
	impermissible private benefit?							
Pai	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part							
1	Purpose(s) of conservation easements held by the organization (check all that apply).	17, 4110 1.						
•		storically important land area						
		ertified historic structure						
	Preservation of open space	stilled Historic structure						
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	consequation encoment on the last						
_	day of the tax year.	Held at the End of the Tax Year						
а	Total number of conservation easements							
b	Total acreage restricted by conservation easements	1 6						
	Number of a second to the seco							
ď	Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c acquired after July 25, 2006, and not	20						
~	on a historic structure listed in the National Register	2d						
3								
•	year	armedian daring the text						
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 conserva-							
		5 ,						
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 2d above satisfy the requirements of section 170(h)(4)(l	3)(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 stat							
	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.							
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	^r 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 be	palance sheet works						
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	rance 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	nce sheet works of						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheras	nce 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 gai	n, provide						
	the following amounts required to be reported under FASB ASC 958 relating to these items:							
а	Revenue included on Form 990, Part VIII, line 1	\$						
<u>b</u>	Assets included in Form 990, Part X							

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

Schedule D (Form 990) 2023

	till Organizations Maintaining C	WAY OF KNO	X COU	NTY OF	HIO, INC			141123		age 2
									nued)	~~~~~~~~~
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that r	nake sig	gnificant use of i	ts		
	collection items (check all that apply).									
a										
b	Scholarly research	€	• [(Jther						
c	Preservation for future generations	11								
	Provide a description of the organization's co							art XIII.		
5	During the year, did the organization solicit of							г	_	٦
Dav	to be sold to raise funds rather than to be ma							Yes		No
Га	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	gerrierris Comple rt Y lino 21	ite if the c	organization	answered "Y	es" on F	orm 990, Part IV	/, line 9, or		
			-11 5					***************************************		
ıa	Is the organization an agent, trustee, custodi									٦.,
	on Form 990, Part X?							Yes		_ No
D	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ible:				Amour		
	Designation halous						 	Amour		
C	Beginning balance									
	Additions during the year									
e	Distributions during the year									
7	Ending balance									7
	Did the organization include an amount on F		•				ty?	Yes	<u> </u>	∐ No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete it									
1 41	Endownient i dias Complete ii	(a) Current year	ī	rior year	(c) Two years	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<i>d</i>) Three years ba	ıck (e) Foi	ur unnro	hook
4	Danimina of complete	(a) Ourrent year	(0) -	iloi yeai	(C) TWO years	Daux	(a) Third years be	ick (e) For	ii yoals	<u>vack</u>
1a	Beginning of year balance							_		
D	Contributions		-			-				
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities					ļ				
_	and programs		 	·····						
f	Administrative expenses									
g	End of year balance		L		1					
2	Provide the estimated percentage of the cur	•		, column (a))) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	<u>,</u> %								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are held ar	nd administere	d for th	е		<u> </u>	
	organization by:								Yes	No
	(i) Unrelated organizations?								1	<u> </u>
										
b	If "Yes" on line 3a(ii), are the related organization							<u>3b</u>		<u>. </u>
4	Describe in Part XIII the intended uses of the		owment f	unds.						
Pai	t VI Land, Buildings, and Equipm		0 D 1 II							
	Complete if the organization answere				- 1		1			
	Description of property	(a) Cost or			t or other		ccumulated	(d) Bo	ok valu	le
		basis (invest	ment)		(other)	de	preciation			
1a	Land	1			4,350.	BANKAK			4,3	
b	Buildings			18	3,860.		38,080.	14	5,7	80.
c	Leasehold improvements	1								
	Equipment	1		4	4,127.		19,378.	2	4,7	<u>49.</u>
	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	agual Form 990. Part	X. line 10	o. column	(B))			21	.4, 8	<u> 79.</u>

Schedule D (Form 990) 2023

Schednie n	(Form 990) 2023	CTAT
Day VIII	Invantments	OthorC

Part V	II Investments - Other Securities			
(-) Dooo	Complete if the organization answered "Yes"			
	ription of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	roi-year market value
	cial derivatives			
(2) Close (3) Other	ely held equity interests			
(A)				_
(B)				
(C)	***************************************			
(D)				
(E)				
(F)				
(G)				
(H)	***************************************			
	l. (b) must equal Form 990, Part X, line 12, col. (B))			
Part V	III Investments - Program Related.			
	Complete if the organization answered "Yes"	•		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)	3400000			
(2)	· · · · · · · · · · · · · · · · · · ·			
(3)				,
(4)				
(5)				
(6) (7)				
(8)				-
(9)				
	l. (b) must equal Form 990, Part X, line 13, col. (B))			
Part I				
	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) F	BENEFICIAL INTEREST IN AS	SETS- FOUNDAT:	ION	796,923.
(2)		<u> </u>		
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	1 (1) 1 15 000 D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 (0))		796,923.
Part X	olumn (b) must equal Form 990, Part X, line 15, co Other Liabilities	l. (B))		130,323.
T GITT	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		1,00,11,11,000,10,11,000,11,000,11,000,11,000	(b) Book value
	Federal income taxes			(.,, ===,, ==,, ==,
	ALLOCATIONS PAYABLE	***************************************		579,660.
	ONOR DESIGNATIONS PAYABLE	E		21,292.
	FINANCE LEASE OBLIGATION			9,952.
(5)	A STATE OF THE STA		and the state of t	, = =
(6)			\$ 100 miles 100	
(7)				
(8)				
(9)				
Total. (C	olumn (b) must equal Form 990, Part X, line 25, co	ol. (B))		610,904.
	lity for uncertain tax positions. In Part XIII, provide			
orga	nization's liability for uncertain tax positions under	r EASB ASC 740, Check h	ere if the text of the footnote has been or	ovided in Part XIII

Schedule D (Form 990) 2023

AUDITED FINANCIAL STATEMENTS AND AS CONTRIBUTION REVENUE

Schedule D (Form 990) 2023 UNITED WAY OF KNOX COUNTY OHIO, INC. 31-44 Part XIII Supplemental Information (continued)	111236 Page 5
FORM 990	2,604.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	21,412.
	-1-p-3-A
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 RECORDER) 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 I	LIABILITY
ON GAAP AUDITED FINANCIAL STATEMENTS AND AS EXPENSE ON FORM	
990	2,604.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	21,412.
Market and the second of the s	

SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

UNITED	WAY OF KNOX COUNTY	OHIO,	INC.	31-4411	236
	Complete if the organization answer	red "Yes" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this par Indicate whether the organization rais Mail solicitations Internet and email solicitations In-person solicitatio	sed funds through any of the followin e Solicita's f Solicita' g Special or oral agreement with any individual Part VII) or entity in connection with pi	tion of non-g tion of gover fundraising (including of rofessional f	overnment grants rnment grants events fficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundralser 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			
				- Miles	

					1
				-1	
, , , , , , , , , , , , , , , , , , , ,					
Total 3 List all states in which the organizati or licensing.	ion is registered or licensed to solicit		s or has been notified	I I it is exempt from re	<u>I</u> gistration
Of Hoof Barg,					
				FURNOSINO	
	- .			,	

LHA 332081 09-13-23

15351002 798073 89352

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

Schedule G (Form 990) 2023

(Form 990) 2023	UNITED	WAY C	F KNOX	COUNTY	OHIO,	INC.	31-	4411236	Page 2
Fundraising Events	Complete if t	he organiz	ation answere	d "Yes" on Fo	orm 990, Pai	1 IV, line 18, or	reported	more than \$15,	000
of fundraising event contr	ibutions and g	ross incom	ne on Form 990	DEZ, lines 1 a	ınd 6b.List (events with gro	ss receipt	s greater than :	\$5,000.
		(a)	Event #1	(b) Ev	ent #2	(c) Other e	vents	(d) Total e	vonte
		POWER	R OF THE	G		NON	E	` ′	
		PURSI	E DINNEF	≀				(add col. (a)	_
									11

an l			(event type)		(event type)			(total number)		col. (c	:))	
Revenue	1	Gross receipts	67,323.		***************************************					67	,32	3.
	2	Less: Contributions			·							
	3	Gross income (line 1 minus line 2)	67,323.							67	,32	3.
	4	Cash prizes	100.								10	0.
	5	Noncash prizes	12,479.							12	,47	9.
benses	6	Rent/facility costs	12,324.							12	, 32	4.
Direct Expenses	7	Food and beverages	15,423.							15	, 42	:3.
ä	8	Entertainment									79	5.
	9	Other direct expenses	5,260.	<u> </u>							, 26	
	10	Direct expense summary. Add lines 4 through	9 in column (d)		*********			***********			,38	
		Net income summary. Subtract line 10 from lin	ne 3, column (d)		**********			22.122.442.24.171441214414144		20	,94	.2.
Pa	rt l	II Gaming. Complete if the organization a	answered "Yes" on Form	1 990,	Part IV, line	19, or r	repor	ted more than				
		\$15,000 on Form 990-EZ, line 6a.										
		·		(b)	Pull tabs/ins	tant			(d) To	otal gam	nina (a	add
9			(a) Bingo		o/progressive		(0	c) Other gaming) throug		
Revenue				۱Ť					1			(7,
Be	_											
\dashv	_1	Gross revenue								<u></u>		
						į						
တွ	2	Cash prizes										
Se												
bel	3	Noncash prizes										
ΔĬ												
Direct Expenses	4	Rent/facility costs										
	F.	Other direct expenses										
\dashv		other target experies and a second	Yes %	1	Yes	%	 	Yes %	4336			
	_	Valuntaan lahan		H		70						
1	6	Volunteer labor	No No	<u> </u>	No		L <u>L</u>	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	En	ter the state(s) in which the organization condu	cts gaming activities:									
		the organization licensed to conduct gaming ac		states		***************************************				Yes		No
		No," explain:			***************************************							
.,	••	. col acibatani										
	_			-								
40		any of the executable of ending the second	valend augment of the		الاستان والمامية	h a . å - · · ·] v) _k , .
		ere any of the organization's gaming licenses re				ne tax)	year?		∟	Yes	L	No
b	IT "	Yes," explain:										
	•									************************		
	_							***************************************				
22204	2 0	3-13-23					,	Sch	edule G	(Form	990)	2023

33

Sch	edule G (Form 990) 2023 UNITED WAY OF KNOX COUNTY OHIO, INC. 31-4	411236	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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:		
	" · ·	10-	67
	The organization's facility	13a	<u>%</u>
	o An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
158	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
	of "Yes," enter name and address of the third party:		
,	on tes, enter hame and address of the tilita party.		
	Manage		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	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
ı	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 \$		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lings 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11 m, m100 0,	00, 100,
	Tob, 100, 10, and 17 b, as applicable. Also provide any additional miorniation. See instructions.		
			
			<u> </u>
	And the second s		·····
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Schedule G (Form 990)	UNITED	MAY OF	' KNOX	COUNTY	OHIO,	INC.	31-4411236	Page 4
Schedule G (Form 990) Part IV Supplemental	Information _{(conti}	nued)						

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SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

Attach to Form 990.

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OMB No. 1545-0047

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

Employer identification number 31-4411236

UNITED WA	UNITED WAY OF KNOX COUNTY	COUNTY OHIO	o, INC.				31-4411236
Part I General Information on Grants and Assistance	nd Assistance						The state of the s
1 Does the organization maintain records to substantiate the amount of the	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	CA X
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use	stance? ycedures for monit	toring the use of grant f	of grant funds in the United States.	States.			
िल्ल	Domestic Organi 35,000. Part II can	zations and Domestic be duplicated if addition	Governments. Conal space is neede	complete if the orgased.	inization answered "Y	es" on Form 990, Part	IV, line 21, for any
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-CENTAL OHIO CHAPTER - 300 NORTH MULBERRY STREET - MOUNT VERNON. OH 43050	53-0196605	501(0)(3)	10,000	o			BLOOD SERVICES/DISASTER SERVICES
HOSPICE OF NORTH CENTRAL OHIO, INC 1050 DAUCH DRIVE - ASHLAND, OH 44805	34-1491502	501(0)(3)	14,000.	0			GRIEF GROUPS
YMCA OF MOUNT VERNON 103 NORTH MAIN STREET MOUNT VERNON, OH 43050	31-4379595	501(0)(3)	45,000.	.0			COMMUNITY WELLNESS PROGRAM/CAPITAL CAMPAIGN
THE WINTER SANCTUARY, INC. PO BOX 421 MOUNT VERNON, OH 43050	27-5429251	501(0)(3)	.000,28	0			HOMELESS SHELTER SERVICES AND CLIENT ADVOCACY
THE FREEDOM CENTER 106 B. GAMBIER STREET MOUNT VERNON, OH 43050	31-0963263	501(C)(3)	.000,69	0			PROGRAM CARE MANAGEMENT/ STRENGTHENING FAMILIES

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table ٥ų

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

Schedule I (Form 990) 2023

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501(C)(3)

45-4592640

SCIENCE PLAY-SPACE INITIATIVE, INC. - 227 SOUTH MAIN STREET -

MOUNT VERNON, OH 43050

MOUNT VERNON, OH 43050

COMMUNITY SCIENCE PLAY INTERACTIVE (SPI SPOT) Page 1

er Assistance to Domestic Organizations and Domestic Govern	Schedul	le I (Form 990)	UNITED	WAY	OF	KNOX	UNITED WAY OF KNOX COUNTY OHIO, INC.	OHIO,	, INC.				
	Part II	tion o	f Grants and Othe	er ⊅	istan	se to Don	omestic Organiz	zations and	I Domestic Govern	ments	Schedule I (Form 9	90), Part	≘

(a) Name and address of (b) EIN (c) IRC section organization or government (a) Amount of (b) EIN (c) IRC section (cash grant noncash valuation no ganization or government (b) EIN (c) IRC section (d) Amount of (f) Method of (n) Method of (n) Method of (d) Amount of (e) Amount of (f) Method of (f)	(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 non-cash assistance	(h) Purpose of grant or assistance
H H			6	•			KNOX OUT TOBACCO PROGRAM/ ORAL HYGIENE/ SENIOR
MOUNT VERNON, OH 43050	26-0829216	501(C)(3)	32,000.	>			Edodarra area
NEW DIRECTIONS: DOMESTIC ABUSE							ADVOCACY AND SUFFORT FOR SURVIVORS OF INTIMATE
SHELTER OF KNOX COUNTY, INC PO							
BOX 453 - MOUNT VERNON, OH 43050	31-1058476	501(C)(3)	79,000.	0.			SEXUAL VIOLENCE/ COACHING
							HEAD START AND EARLY HEAD
KNOX COUNTY HEADSTART, INC.							START FROGRAMS/ CHILD AND PAMILY HEALTH AND
и, он 4305(31-0724689	501(C)(3)	134,468.	.0			WELLNESS PROMOTION/
KNO-HO-CO- ASHLAND COMMUNITY ACTION COMMISSION - 1250							
VERNONVIEW DRIVE - MOUNT VERNON,				¢			WOMEN'S REPRODUCTIVE
ОН 43050	31~0720520	501(C)(3)	15,000.	0			HEALTH SCREENINGS
INTERCHURCH SOCIAL SERVICES OF KNOX COUNTY - 306 W. GAMBIER STREET - MOUNT VERNON, OH 43050	31-0798044	501(C)(3)	53,600.	• 0			FINANCIAL ALD
UTS OF AMERICA- 1	0 7 7 6	(C C C	c			ROV SCOTTIS/OTHS
AVENUE - ZANESVILLE, OH 43/UL	31-44213/9	20I(C)(3)	*000 *5T	>		**************************************	ממס /מדסססם
CENTERBURG SENIOR SERVICES 119 S PRESTON ST ROOM 112 CENTERBURG, OH 43011	11-3685070	501(C)(3)	.000,8	°o			HEALTH AND WELLINESS PROGRAM
SALVATION ABMY							YOUTH PROGRAMS / EMERGENCY
MOUNT VERNON, OH 43050	22-2406433	501(C)(3)	37,000.	• 0			SERVICES
KNOX COUNTY FOUNDATION 101 E GAMBIER ST MOUNT VERNON, OH 43050	31-1768219	501(C)(3)	15,000.	°			JOB FINDING ASSISTANCE; TRANSPORT/MED CENTRAL
							Schedule I (Form 990)

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Page 1

	Schedule I (Form 990), Part II.)
OHIO, INC.	d Domestic Governments (
UNITED WAY OF KNOX COUNTY OHIO, INC.	lestic Organizations and I
OF KNOX	Other Assistance to Domest
TITED WAY	and Other Ass
) i (Form 990) UNI	Continuation of Grants a
Schedule	Part II

(a) Name and address of (b) EIN (c) IRC section organization or government of assistance appraisal, other)	(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 non-cash assistance	(h) Purpose of grant or assistance
HOPE NOW FURNITURE P.O. BOX 627 MOUNT VERNON, OH 43050	26-4636287	S01(C)(3)	13,750.	.0			STOCK THE SHELVES DRIVE
HABITAT FOR HUMANITY 13246 WOOSTER ROAD MOUNT VERNON, OH 43050	31-1216750	S01(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	S01(C)(3)	10,000.	0			CASA PROGRAM
							•
							Schedule I (Form 990)

Schedule I (Form 990) 2023 (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PROGRAMS/ CHILD AND FAMILY HEALTH AND WELLNESS PROMOTION/ PARENTS SUPPORT OF INTIMATE PARTNER VIOLENCE AND SEXUAL VIOLENCE/ COACHING BOYS INTO MEN (H) PURPOSE OF GRANT OR ASSISTANCE: ADVOCACY AND SUPPORT FOR SURVIVORS PURPOSE OF GRANT OR ASSISTANCE: HEAD START AND EARLY HEAD START (d) Amount of non-cash assistance NEW DIRECTIONS: DOMESTIC ABUSE SHELTER OF KNOX COUNTY, INC. NAME OF ORGANIZATION OR GOVERNMENT: KNOX COUNTY HEADSTART (c) Amount of cash grant (b) Number of recipients NAME OF ORGANIZATION OR GOVERNMENT: LINE 1, COLUMN (H): (a) Type of grant or assistance PART II, 332102 11-01-23 Part IV (\mathbf{H})

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Schedule I (Form 990)	UNITED	WAY	OF	KNOX	COUNTY	OHIO,	INC.	31-4411236 Page 2
Schedule I (Form 990) Part IV Supplemental I	Information						·	
INITIATIVE								
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Schedule I (Form 990)

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.

2023
Open to Public

OMB No. 1545-0047

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 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 FAMILYWIZE 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 PROVIDED SCHOLARSHIPS TO 90 GIRLS TO PARTICIPATE IN A 20-WEEK PROGRAM. 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

UNITED WAY OF KNOX COUNTY OHIO, INC.	Employer identification number 31–4411236
THE FORM 990 DISCLOSURES AND FINANCIAL INFORMATION ELECTRO	NICALLY AND
APPROVED THE SUBMISSION PROVIDED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL STAFF, MEMBERS OF THE BOARD, AND COMMITTEE MEMBERS COM	PLETE AN ANNUAL
CONFLICT OF INTEREST STATEMENT.	***************************************
FORM 990, PART VI, SECTION B, LINE 15A:	
THE ORGANIZATION CONDUCTED MARKET SURVEYS, INCLUDING A SUR	VEY FROM UNITED
WAY OF OHIO, AND CONSIDERED LOCAL MARKET DATA. THE EXECUT	IVE DIRECTOR'S
SALARY UPON HIRE WAS APPROVED BY THE EXECUTIVE COMMITTEE.	·
	110000000000000000000000000000000000000
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 REQUIREM	ENTS ARE
COMPLETED IN A TIMELY MANNER.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	300millions
	0.060
ALLOWANCE FOR UNCOLLECTIBLE PLEDGES	-8,968.
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Form **8868** (Rev. January 2024)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

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 Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Print UNITED WAY OF KNOX COUNTY OHIO, INC. 31-4411236 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 305 EAST HIGH STREET return, See instructions. 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 Application Is For Return Code Code Form 990 or Form 990-EZ Form 4720 (other than individual) 01 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF Form 6069 04 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 80 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 . 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. 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: X calendar year 20 23 or _____, 20 _____, and ending ___ tax year beginning 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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

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, c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

any nonrefundable credits. See instructions.

Form 8868 (Rev. 1-2024)