Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). 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. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print UNITED WAY OF THE OHIO VALLEY, INC 61-0435444 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 403 PARK PLAZA DRIVE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions OWENSBORO, KY 42301 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) UNITED WAY OF THE OHIO VALLEY, The books are in the care of ► 403 PARK PLAZA DR - OWENSBORO, KY 42301 Telephone No. ► 270-684-0668 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. MAY 15, 2023 ____, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ JUN $\hspace{0.5cm}$ 30 , $\hspace{0.5cm}$ 2022 ► X tax year beginning JUL 1, 2021 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За 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 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. 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

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

Form 8868 (Rev. 1-2022)

EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A I	For the	\pm 2021 calendar year, or tax year beginning $$ JUL $1,$ 2021 $$ and ϵ	ending J	<u>UN 30, 2022</u>		
В	Check if applicable	C Name of organization		D Employer identific	cation number	
	Addres					
L	Name change	Doing business as		61-04354	44	
	□ Initial □ return □ Final □ return/	Number and street (or P.O. box if mail is not delivered to street address) 403 PARK PLAZA DRIVE	E Telephone number 270-684-0668			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,727,829.		
	Ameno return	OWENSBORO, KY 42301	H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer. I AODA I I VINCI		for subordinates	? Yes X No	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
		empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. See instructions	
		e: NWW.UWOV.ORG		H(c) Group exemption		
		organization: X Corporation	L Year	of formation: 1966 N	1 State of legal domicile: KY	
_	1	Briefly describe the organization's mission or most significant activities: ${ t EVALU}$	JATE A	ND FUND IDEN	NTIFIED	
Governance		COMMUNITY NEEDS				
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	17	
		Number of independent voting members of the governing body (Part VI, line 1b)		4	17	
es &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	6	
ξ	6	Total number of volunteers (estimate if necessary)			250	
Activities &	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	······	7b	0.	
				Prior Year	Current Year	
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)		2,018,907.	1,704,640.	
Revenue	9	Program service revenue (Part VIII, line 2g)		33,023.	16,844.	
Re ev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,575.	376.	
_	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,057. 2,062,562.	1,768.	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,723,628. 1,058,639.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,335,710.	1,030,039.	
		Benefits paid to or for members (Part IX, column (A), line 4)		409,321.	347,744.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
Expenses	10a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 118, 22		0.	0.	
Ř	170			244,914.	229,213.	
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,989,945.	1,635,596.	
		Revenue less expenses. Subtract line 18 from line 12		72,617.	88,032.	
	19	nevertue less experises. Subtract line 16 from line 12		ginning of Current Year	End of Year	
ets c	20	Total assets (Part X, line 16)	- DC	2,199,399.	2,050,000.	
ASSE	21	Total liabilities (Part X, line 16)		1,014,303.	878,241.	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		1,185,096.	1,171,759.	
	art II	Signature Block				
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is	
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi		•	,	
Sig	n	Signature of officer		Date		
Her		PAULA YEVINCY, PRESIDENT & CEO				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN	
Paid	i	CARLA J. DOWELL, CPA		self-employ		
	parer	Firm's name RINEY HANCOCK CPAS PSC		Firm's EIN ▶	61-0920132	
Use	Only	Firm's address 400 BENTEE WES COURT				
		EVANSVILLE, IN 47715	Phone no.81	2-423-0300		
May	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No	

	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	,
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 1,332,173. including grants of \$ 1,058,639.) (Revenue \$ 16,844	<u>· •</u>)
	UNITED WAY PROVIDES FUNDING TO TAX-EXEMPT AGENCIES THROUGH OUT THE AREA. THE ENTITIES FUNDED INCLUDE THOSE LISTED IN SCHEDULE I. UNITED	
	WAY ALSO PASSES ON DONOR DESIGNATIONS TO OTHER 501(C)(3) AGENCIES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ► 1,332,173.	

			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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		,,,
	public office? If "Yes," complete Schedule C, Part I	3		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		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			ا
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2021) UNITED WAY OF THE OHIO VALLEY, INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	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			
	, ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			1
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			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3,7
	"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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	<u> </u>	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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	. ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	х	
				-

Form 990 (2021) UNITED WAY OF THE OHIO VALLEY, INC
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6		7.7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	_		37
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_		, v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country			
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	E-		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u> 5b		X
b c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		122
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
Va	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	oa		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD.		
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) Section 4047(-VII) non-everyth charitable truste. Is the everythin filing Form 400 in lieu of Form 10412	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

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			
	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			
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		7.7	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			\ _{3,7}
800	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.)		.,	
40-	Did the constitution have been been been been been as of the beautiful to the constitution of the constitu	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10h		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia	21	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	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	financ	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			
	UNITED WAY OF THE OHIO VALLEY, INC - 270-684-0668			
	403 PARK PLAZA DR. OWENSBORO. KY. 42301			

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, 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.

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

See the instructions for the order in which to list the persons above.

Check this box if neither the organization n (A)	(B)	Jiga	IIIZa		C)	iperi	Sal	(D)	(E)	(F)
Name and title	Average	(de	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)					n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trust		ee (ee	npen		1099-NEC)	1099-NEC)	and related
	below	dual t	utiona	_	Key employee	st cor	<u></u>	1000 1120)		organizations
	line)	Indivi	In stit utio nal tru stee	Officer	Key er	Highest compensated employee	Former			
(1) DAVID ROSS (THROUGH 7/2021)	40.00									
PRESIDENT & CEO				Х				55,519.	0.	11,522.
(2) PAULA YEVINCY (SINCE 12/2021)	40.00									
PRESIDENT & CEO				Х				981.	0.	0.
(3) JOE BERRY	1.00									
DIRECTOR		Х						0.	0.	0.
(4) TERRY WALKER	1.00									
CHAIR		Х		Х				0.	0.	0.
(5) GARY COMPTON	1.00									
TREASURER/SECRETARY		X		Х				0.	0.	0.
(6) DAVID BRISTOW	1.00									
DIRECTOR		X						0.	0.	0.
(7) KEITH CAIN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JONATHAN CARROLL	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) ANGELA HAMRIC WANINGER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MACK HOWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JEFF JOHNSON	1.00									
DIRECTOR	1	Х						0.	0.	0.
(12) JO SHAKE	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(13) MARSHA LOVERN	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(14) PATTY MILLAY	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(15) NICOLE WELDEN	1.00								•	•
DIRECTOR	1 00	X						0.	0.	0.
(16) KET WEST	1.00	.,								•
DIRECTOR (A.E.) GEGE DODINGON	1 00	X			_			0.	0.	0.
(17) CECE ROBINSON	1.00	7.7							_	•
DIRECTOR		Х		<u> </u>			<u> </u>	0.	0.	0.

Form **990** (2021)

Section A. Officers, Directors, Trus		PIOA	ees,			ynes	si C		,			(F)	
(A)	(B) Average			Pos	C) ition	1		(D)	(E)			(F)	
Name and title	hours per		not c	heck	more	than		Reportable compensation	Reportable compensation		l .	stimate nount (
	week					or/trus		from	from related		aii	other	Ji
	(list any	ctor						the	organization		com	pensa	tion
	hours for	r dire				ted		organization	(W-2/1099-MIS	SC/	fr	om the	е
	related	stee c	ruste			bensa		(W-2/1099-MISC/	1099-NEC)		ı -	anizati	
	organizations below	nal tru	io nal t		ploye	t com		1099-NEC)			l	d relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	SIIS
(18) TOBY HALL	1.00	<u> </u>	=	0	×	Ξ 0	ш.						
CHAIR ELECT		x						0.		0.			0.
(19) JERRY MORRIS	1.00												
EX OFFICIO		Х						0.		0.			0.
		1											
		<u> </u>				_							
		1											
						-							
		1											
						\vdash							
		1											
		1											
1b Subtotal								56,500.		0.	1	1,52	22.
c Total from continuation sheets to Part VI							▶	0.		0.			0.
d Total (add lines 1b and 1c)		<u></u>					<u> </u>	56,500.		0.	1	1,52	<u> 22.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	9			•
compensation from the organization												V	0
O Did the conscionation that you form an officer	Post Association and			1				l t				Yes	No
3 Did the organization list any former officer,	•	-	•		•		_		•				Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su											3		
and related organizations greater than \$150	•							•	•		4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	•				•			· ·			5		Х
Section B. Independent Contractors	proto Corrodan	0 0 1	0, 00	, 10, 1	0010	.011							
1 Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	oensa	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)				_				(B)			((_
Name and business	address	N	INC	<u> </u>			_	Description of s	ervices		Compe	nsation	<u> </u>
							\dashv						
							\dashv						
					_								
	<u> </u>												
2 Total number of independent contractors (ii		ot lir	nited	d to		_	ted	above) who received mo	ore than				
\$100,000 of compensation from the organization	zation >)						990 (

Total revenue Pelated or exempt function func			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
The following developed by the following develop			-	,	(A)			
1 a Federated campaigns 1a 24,007. b Membership dues 1b c Fundraising events 1c d d d d d d d d d					Total revenue			
1 a Federated campaigns						tunction revenue	business revenue	sections 512 - 514
b Membership dues c Fundraising events to Fundraising events (ii) Cherrost to Fundraising events (iii) Cherrost to Fundraising events (iii) Cherrost to Fundraising events (iii) Cherrost (iiii) Cherrost (iiiii) Cherrost (iiiiii) Cherrost (iiiiii) Cherrost (iiiiiiii) Cherrost (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Sυ	1 :	Federated campaigns 1a	24.007.				
Business Code	ant			22,00,0	-			
Business Code	S S				-			
Business Code	ffs,				-			
Business Code	ig ig			150 713	-			
Business Code	Sir		_	430,743.	-			
Business Code	utic	1		220 800				
Business Code				, 449, 090 •	-			
Business Code	ont				1 704 640			
2 a ADMINISTRATIVE FEES	OB		I Total. Add lines 1a-1f	1	1,704,040.			
Be grade b c c d d d d d d d d			ADMINITAND ANTITE FFFC		16 011	16 011		
g Total. Add lines 2a2f	<u>c</u>	_		813219	10,844.	10,844.		
g Total. Add lines 2a2f	er v	ŀ)					
g Total. Add lines 2a2f	n S en	•	;					
g Total. Add lines 2a2f	ran 3ev	(J					
g Total. Add lines 2a2f	P.O.B	•						
Solution	- ۵	1						
other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses 6 b c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b C Gain or (loss) 7 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8 b 4 , 201. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See	\rightarrow	9			16,844.			
4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents (bb (c) Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses (c) Gain or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses (l) Securities (ii) Other 7 a Gross amount from fundraising events (not including \$		3	•					
For the part IV, line 18 To be Less: direct expenses C Royalties (i) Real (ii) Personal (ii) Personal (iii) Personal (iii) Personal (iv) Real (iv) (i			other similar amounts)	>	376.			376.
(i) Real (ii) Personal (iii) Pe		4	Income from investment of tax-exempt bond p	proceeds				
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 c Gain or (loss) 7 d Net gain or (loss) 6 c (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b 7 c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See		5						
b Less: rental expenses 6b 6c 7 Rental income or (loss) 6c 7 Gross amount from sales of assets other than inventory 8 Less: cost or other basis and sales expenses 7b 7c			(i) Real	(ii) Personal				
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) 7 a Gross income from fundraising events (ii) Other 7 a (ii) Securities (ii) Other 7 a (iii) Other 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		6 a	Gross rents 6a					
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7 d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See		ŀ	Less: rental expenses 6b					
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See		(Rental income or (loss) 6c					
assets other than inventory b Less: cost or other basis and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See		(Net rental income or (loss)	>				
b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See		7 a	Gross amount from sales of (i) Securities	(ii) Other				
and sales expenses C Gain or (loss) Net gain or (loss) B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 B Less: direct expenses C Net income or (loss) from fundraising events P A Gross income from gaming activities. See			assets other than inventory 7a					
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See		ı	Less: cost or other basis					
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See	e		and sales expenses 7b					
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See	ē							
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See	Be			>				
including \$ of contributions reported on line 1c). See Part IV, line 18 8a								
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See	퉏		including \$ of					
Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See			contributions reported on line 1c). See					
b Less: direct expenses			Part IV, line 18	5,179.				
c Net income or (loss) from fundraising events 9 78. 9 a Gross income from gaming activities. See		ŀ						
9 a Gross income from gaming activities. See				>	978.			978.
Part IV, line 19 9a			• • •	a				
b Less: direct expenses 9b		ı						
c Net income or (loss) from gaming activities				>				
10 a Gross sales of inventory, less returns								
and allowances 10a			• ·	а				
b Less: cost of goods sold 10b					1			
c Net income or (loss) from sales of inventory			J	1				
Business Code	$\overline{}$							
	Sno	11 :	OTHER		790.			790.
	neo				1 7 7 7 1			, , , , , , , , , , , , , , , , , , ,
11 a OTHER b	əlla							
d All other revenue	Sce							
e Total. Add lines 11a-11d	Σ				790.			
						16.844.	0 -	2,144.

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).

<u> Jecii</u>	on 501(c)(3) and 501(c)(4) organizations must comp. Check if Schedule O contains a response			ipiete column (A).	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			garraran arquarrara	
	and domestic governments. See Part IV, line 21	1,058,639.	1,058,639.		
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	61,945.	44,599.	12,390.	4,956.
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	202,160.	77,428.	75,221.	49,511.
8	Pension plan accruals and contributions (include	-		-	
	section 401(k) and 403(b) employer contributions)	9,534.	3,311.	3,721.	2,502.
9	Other employee benefits	9,534. 55,725.	3,311. 25,181.	3,721. 18,774.	11,770.
10	Payroll taxes	18,380.	8,400.	6,144.	2,502. 11,770. 3,836.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	6,545.		6,545.	
С	Accounting	13,978.		13,978.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch O.)	57,068.	24,678.	18,052.	14,338.
12	Advertising and promotion	8,056.	2,330.	125.	14,338. 5,601.
13	Office expenses	22,224.	10,156.	7,429.	4,639.
14	Information technology	9,107.	4,162.	3,044.	1,901.
15	Royalties				
16	Occupancy	6,825.	3,119.	2,282.	1,424. 1,800.
17	Travel	7,201.	3,601.	1,800.	1,800.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,227.	4,114.	2,057.	2,056.
20	Interest	2=	40		
21	Payments to affiliates	25,502.	12,751.	6,376.	6,375.
22	Depreciation, depletion, and amortization	10,686.	4,884.	3,572.	2,230.
23	Insurance	6,853.	3,132.	2,291.	1,430.
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 0.)	26 401	26 401		
а	2-1-1 SERVICE	36,481.	36,481.		2 022
b	AWARDS & RECOGNITION	5,864.	2,932.	1 205	2,932. 926.
С	MISCELLANEOUS	4,596.	2,275.	1,395.	926.
d					
	All other expenses	1 62F F0 <i>6</i>	1 220 172	105 106	110 227
25	Total functional expenses. Add lines 1 through 24e	1,635,596.	1,332,173.	185,196.	118,227.
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)				5 000 (0004)

Form 990 (2021)
Part X Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			198,402.	1	174,725.
	2	Savings and temporary cash investments			537,340.	2	481,178.
	3	Pledges and grants receivable, net			702,907.	3	710,267.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	ons sons (as defined				
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		238,924.			
		basis. Complete Part VI of Schedule D	444				
	b	Less: accumulated depreciation	126,451.	10c	148,248.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	624 200	14	F2F F02		
	15	Other assets. See Part IV, line 11		634,299.	15	535,582.	
	16	Total assets. Add lines 1 through 15 (must ed		2,199,399.	16	2,050,000.	
	17	Accounts payable and accrued expenses		10,125. 900,066.	17	5,587.	
	18	Grants payable	104,112.	18	822,845. 49,809.		
	19	Deferred revenue	104,112.	19	49,009.		
	20	Tax-exempt bond liabilities		20			
	21 22	Escrow or custodial account liability. Complet				21	
Liabilities	22	Loans and other payables to any current or for trustee, key employee, creator or founder, sub-					
pi ii		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unr	-	: F		23	
	24	Unsecured notes and loans payable to unrela		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D	-	· 1		25	
	26	Total liabilities. Add lines 17 through 25			1,014,303.	26	878,241.
		Organizations that follow FASB ASC 958, c					
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			497,665.	27	623,784.
Bal	28	Net assets with donor restrictions			687,431.	28	547,975.
pu		Organizations that do not follow FASB ASC					
F		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	nt fund		30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Rei	32	Total net assets or fund balances	L	1,185,096.	32	1,171,759.	
	33	Total liabilities and net assets/fund balances			2,199,399.	33	2,050,000.

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,723,628. Total revenue (must equal Part VIII, column (A), line 12) 1 1,635,596. Total expenses (must equal Part IX, column (A), line 25) 2 2 88,032. Revenue less expenses. Subtract line 2 from line 1 3 3 1,185,096. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) -101,369. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 1,171,759. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b 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: X Separate basis Consolidated basis 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, Х review, or compilation of its financial statements and selection of an independent accountant? **2**c 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 Single Audit

Act and OMB Circular A-133?

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

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

Form **990** (2021)

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization UNITED WAY OF THE OHIO VALLEY, 61-0435444 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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

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

Sec	ction A. Public Support		·	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1504941.	1558757.	1665248.	3778225.	1704640.	10211811.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1504941.	1558757.	1665248.	3778225.	1704640.	10211811.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						209,500.
	Public support. Subtract line 5 from line 4.						10002311.
			# N = 2 / 2	() == (=	/ N 2222	() 222/	
	ndar year (or fiscal year beginning in)	(a) 2017 1504941.	(b) 2018 1558757.	(c) 2019 1665248.	(d) 2020 3778225.	(e) 2021	(f) Total 10211811.
	Amounts from line 4	1304941.	1556757.	1003240.	3110223.	1704040.	10211011.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	28,542.	22,179.	41,333.	3,197.	376.	95,627.
•	and income from similar sources	20,342.	22,119.	41,333.	3,191.	370.	93,027
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						10307438.
	Gross receipts from related activities,	etc (see instructio	nns)			12	371,821.
	First 5 years. If the Form 990 is for th						0.2,022
	organization, check this box and stop	-		•			
Sec	ction C. Computation of Publi						<u>, </u>
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, o	column (f))		14	97.04 %
	Public support percentage from 2020					15	97.09 %
	33 1/3% support test - 2021. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			> □
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		>
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, ched	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	>
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶□

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	·				16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	>
k	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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}	9c		
	10a		
	10b		

	State A (10111 350) 2021 3111 3111 31 1111 3111 3111 3111 3	_ 010011	- 10	age o
Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
202	<u>detail in</u> Part VI. ction B. Type I Supporting Organizations	11c		
366	Cition B. Type i Supporting Organizations		V	
_			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	, , ,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among to	he 1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ictions).		
b	Sompleto Solom			
C		//coo instruction	o)	
2	Activities Test. Answer lines 2a and 2b below.	(see mstruction	Yes	No
– a			100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

	All other Type III non-functionally integrated supporting organizations mu	ist complete s	sections A through E.	
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net	short-term capital gain	1		
2 Rec	overies of prior-year distributions	2		
3 Othe	er gross income (see instructions)	3		
4 Add	l lines 1 through 3.	4		
5 Dep	reciation and depletion	5		
6 Port	tion of operating expenses paid or incurred for production or			
colle	ection of gross income or for management, conservation, or			
mair	ntenance of property held for production of income (see instructions)	6		
7 Othe	er expenses (see instructions)	7		
8 Adjı	usted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B	3 - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Agg	regate fair market value of all non-exempt-use assets (see			
instr	ructions for short tax year or assets held for part of year):			
a Ave	rage monthly value of securities	1a		
b Ave	rage monthly cash balances	1b		
c Fair	market value of other non-exempt-use assets	1c		
d Tota	al (add lines 1a, 1b, and 1c)	1d		
e Disc	count claimed for blockage or other factors			
	olain in detail in Part VI):			
	uisition indebtedness applicable to non-exempt-use assets	2		
3 Sub	stract line 2 from line 1d.	3		
	h deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	instructions).	4		
	value of non-exempt-use assets (subtract line 4 from line 3)	5		
	tiply line 5 by 0.035.	6		
	overies of prior-year distributions	7		
	imum Asset Amount (add line 7 to line 6)	8		
	- Distributable Amount			Current Year
1 Adju	usted net income for prior year (from Section A, line 8, column A)	1		
	er 0.85 of line 1.	2		
	imum asset amount for prior year (from Section B, line 8, column A)	3		
	er greater of line 2 or line 3.	4		
	ome tax imposed in prior year	5		
	tributable Amount. Subtract line 5 from line 4, unless subject to			
	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations _{(contini}	ued)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	-	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

358,989. 262,809.	152,840. 56,660.
262,809.	56,660

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

INC

OMB No. 1545-0047

61-0435444

2021

Name of the organization Employer identification number

UNITED WAY OF THE OHIO VALLEY,

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

UNITED WAY OF THE OHIO VALLEY, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BIG RIVERS ELECTRIC CORPORATION 201 3RD STREET HENDERSON, KY 42420	\$ 60,841.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BOARDWALK PIPELINE PARTNERS LP 610 W. 2ND ST. OWENSBORO, KY 42301	\$	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CITY OF OWENSBORO 101 E. 4TH ST. OWENSBORO, KY 42303	\$ 339,787.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4 KIMBERLY CLARK CORP 601 INNOVATIVE WAY OWENSBORO, KY 42301	* 44,192.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	OWENSBORO HEALTH 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303	\$ 49,878.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	OWENSBORO MUNICIPAL UTILITIES 2070 TAMARACK ROAD OWENSBORO, KY 42301	\$ 67,018.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)

UNITED WAY OF THE OHIO VALLEY, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SOUTHERN STAR CENTRAL GAS PIPELINE 4700 STATE ROUTE 56 OWENSBORO, KY 42301	\$114,750.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SWEDISH MATCH CO 1121 INDUSTRIAL DRIVE OWENSBORO, KY 42301	\$\$55,876.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	US BANK 700 FREDERICA ST OWENSBORO, KY 42301	\$140,106.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4 US SMALL BUSINESS ADMINSTRATION PPP LOAN FORGIVENESS WASHINGTON , DC 20416	\$ 85,800.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

UNITED WAY OF THE OHIO VALLEY, INC

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - - - \$				

han \$1,000 for the year		
v gift is held		
v gift is held		
v gift is held		
nsferee		
v gift is held		
Relationship of transferor to transferee		
nsferee		
v gift is held		
nsferee		
nsferee v gift is held		
nsferee		
nsferee v gift is held		

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

Inspection

Name of the organization

UNITED WAY OF THE OHIO VALLEY,

Employer identification number 61-0435444

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius	or Accounts. Complete if the	
		(a) Donor advised	d 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 v	writing that the assets hel	ld in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be u	used only	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose o	conferring	
	impermissible private benefit?				No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area	
	Protection of natural habitat		Preservation of	a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o		
	day of the tax year.			Held at the End of the Tax	Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a	,			
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization during the tax	
	year ▶				
4	Number of states where property subject to conservation eas	ement is located			
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspecti	ion, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing cons	ervation easements during the year	
	—				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservat	ion easements during the year	
	> \$				
8	Does each conservation easement reported on line 2(d) above				,
	and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization reports conservation	on easements in its reven	ue and expense	statement and	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	ents that describes the	
Da	organization's accounting for conservation easements.	Aut Historiaal Tus		han Oineilan Aasada	
Pa	ct III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		asures, or Oti	ner Similar Assets.	
10			unua atatamant ar	ad halanaa ahaat warka	
ıa	If the organization elected, as permitted under FASB ASC 958				
	of art, historical treasures, or other similar assets held for pub			•	
L	service, provide in Part XIII the text of the footnote to its finan				
b	If the organization elected, as permitted under FASB ASC 958	•			
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in iurth	erance 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 trea	,		gain, provide	
_	the following amounts required to be reported under FASB AS			Δ.	
a	Revenue included on Form 990, Part VIII, line 1				
h					

					•
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XIII	
Pai	T V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10.
		(a) Current year	(b) Prior year	(c) Two years back	
1a	Beginning of year balance				
b	Contributions				
	Net investment earnings, gains, and losses				
d	Grants or scholarships				
е	Other expenditures for facilities and programs				
_	. •				
	Administrative expenses				
_	End of year balance				
2	Provide the estimated percentage of the curr	ent vear end halance	line 1a column (s	a)) held as:	

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

(a) Cost or other

basis (investment)

(b) Cost or other

basis (other)

215,257.

23,667.

(c) Accumulated

depreciation

82,142.

8,534.

to be sold to raise funds rather than to be maintained as part of the organization's collection?

UNITED WAY OF THE OHIO VALLEY, INC

Loan or exchange program

Other

148,248. Schedule D (Form 990) 2021

Yes No

3a(i)

3a(ii)

(d) Book value

133,115

e Other

Schedule D (Form 990) 2021

h

Part IV

П

collection items (check all that apply):

a Board designated or quasi-endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

Land, Buildings, and Equipment.

Description of property

1a Land

b Buildings Leasehold improvements

d Equipment

Describe in Part XIII the intended uses of the organization's endowment funds.

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

b Permanent endowment Term endowment

Preservation for future generations

reported an amount on Form 990, Part X, line 21.

If "Yes," explain the arrangement in Part XIII and complete the following table:

Public exhibition

Scholarly research

Scriedule D					OI	11111	OHIO	v иппи 1 ,
Part VII	Investr	nents -	Other Securi	ties.				

	Complete if the organization answered "Yes" (Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	f-year market value
(1) Fi	nancial derivatives			<u> </u>
	losely held equity interests			
(3) O				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Par	t 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-o	of-vear market value
14		(2) DOOK VAIGO	(5) Montos of Valuation, Goot of Glu-C	, sai market value
(1)				
(2)				
(3)				
(4)				
(5				
(6)				
(7				
(8				
(9	(Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Par	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
	D-11			
(1)		RPETUAL TRUST		530,579
(1) (2)	1.00DIIID TIITIDEGE	RPETUAL TRUST		530,579
	ACCRUED INTEREST	RPETUAL TRUST		530,579 2,351
(2	ACCRUED INTEREST PREPAID EXPENSES	RPETUAL TRUST		530,579 2,351
(2)	ACCRUED INTEREST PREPAID EXPENSES	RPETUAL TRUST		530,579 2,351
(2) (3) (4) (5)	ACCRUED INTEREST PREPAID EXPENSES	RPETUAL TRUST		530,579 2,351
(2)	ACCRUED INTEREST PREPAID EXPENSES	RPETUAL TRUST		530,579
(2 (3 (4) (5) (6)	ACCRUED INTEREST PREPAID EXPENSES	RPETUAL TRUST		530,579 2,351
(2) (3) (4) (5) (6)	ACCRUED INTEREST PREPAID EXPENSES	RPETUAL TRUST		530,579
(2 (3 (4) (5 (6) (7) (8) (9)	ACCRUED INTEREST PREPAID EXPENSES Column (b) must equal Form 990, Part X, col. (B) line			530,579
(2 (3 (4) (5 (6) (7) (8) (9)	ACCRUED INTEREST PREPAID EXPENSES Column (b) must equal Form 990, Part X, col. (B) line	15.)		530,579 2,351 2,652
(2 (3 (4 (5 (6 (7 (8) (9) Total	ACCRUED INTEREST PREPAID EXPENSES (Column (b) must equal Form 990, Part X, col. (B) line TX Other Liabilities.	15.)		530,579 2,351 2,652
(2 (3 (4) (5 (6) (7) (8) (9)	ACCRUED INTEREST PREPAID EXPENSES (Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	15.)		530,579 2,351 2,652 535,582
(2 (3 (4) (5 (6) (7) (8) (9) Total. Par	ACCRUED INTEREST PREPAID EXPENSES Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	15.)		530,579 2,351 2,652 535,582
(2 (3 (4 (5 (6 (7 (8 (9) Totala Par	ACCRUED INTEREST PREPAID EXPENSES (Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	15.)		530,579 2,351 2,652 535,582
(2 (3 (4) (5 (6) (7 (8) (9) Total. Par 1.	ACCRUED INTEREST PREPAID EXPENSES (Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	15.)		530,579 2,351 2,652 535,582
(2 (3) (4) (5) (6) (7) (8) (9) Totall Par 1. (1) (2) (3) (4)	ACCRUED INTEREST PREPAID EXPENSES (Column (b) must equal Form 990, Part X, col. (B) line t X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	15.)		530,579 2,351 2,652 535,582
(2 (3 (4 (5 (6 (7 (8 (9) Totala Par 1. (1 (2 (3) (4 (5)	ACCRUED INTEREST PREPAID EXPENSES (Column (b) must equal Form 990, Part X, col. (B) line (X) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	15.)		530,579 2,351 2,652 535,582
(2 (3 (4 (5 (6 (9 Total. Par 1. (1 (2 (3) (4 (5) (6) (6) (7 (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	ACCRUED INTEREST PREPAID EXPENSES (Column (b) must equal Form 990, Part X, col. (B) line (X) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	15.)		530,579 2,351 2,652 535,582
(2 (3 (4 (5 (6 (7 (8 (9) (7) (1) (1) (2 (3) (4 (5) (6) (6) (7) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	ACCRUED INTEREST PREPAID EXPENSES (Column (b) must equal Form 990, Part X, col. (B) line (X) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	15.)		530,579 2,351 2,652 535,582
(2 (3 (4 (5 (6 (7 (8 (9) Total (1) (2) (3 (4 (5 (6 (6 (7 (7 (8) (7 (8) (8) (8) (8) (8) (8) (8) (8) (8) (8)	ACCRUED INTEREST PREPAID EXPENSES (Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	15.)		530,579 2,351 2,652 535,582
(2 (3 (4 (5 (6 (7 (8 (9) Total. Par 1. (1) (2) (3) (4) (5) (6) (6) (7 (7) (8) (9) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	ACCRUED INTEREST PREPAID EXPENSES (Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	. 15.)	11e or 11f. See Form 990, Part X, line 25.	530,579 2,351 2,652 535,582

Schedule D	(Form 990) 2021	UNITED	WAY	OF	THE	OHIO	VALLEY	, INC	61-
Part XI	Reconciliation of	Revenue	per Au	dited	l Finar	ncial Sta	atements '	With Reve	enue per Return

1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) a Add lines 2a through 2d 2e — 97, 168. 3 1,138,267. 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 6 585,361. c Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I line 12). Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Deprite if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Deprite if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Deprite if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Deprite if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Deprite if the organization answered "Yes" on Form 990, Part IV, line 25. Deprite if the organization answered "Yes" on Form 990, Part IV, line 25. Deprite if the organization answered "Yes" on Form 990, Part IV, line 25. Deprite if the organization answered "Yes" on Form 990, Part IV, line 25. Deprite if the organization answered "Yes" on Form 990, Part IV, line 25. Deprite if the organization answered "Yes" on Form 990, Part IV, line 25. Deprite if the organization answered "Yes" on Form 990, Part IV, line 25. Deprite if the organization answered "Yes" on Form 990, Part IV, line 25		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1			
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (loses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2a from line 1 4 Amounts included on Form 1990, Part VIII, line 7b b Other (Describe in Part XIII) 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part IV, line 12). Total expenses and loses per audited financial statements 7 Total expenses and loses per audited financial statements 8 De Prior year adjustments c Other (Describe in Part XIII) 2 Total expenses and loses per audited financial statements 7 Total expenses and loses per audited financial statements 8 De Prior year adjustments 2 De John 1 1 1,054,436. 2 Total expenses and loses of facilities 2 De John 1 2 John	1	Table as a series and other as an added fine selector and			1	1.041.099.
a Net unrealized gains (losses) on investments 2a						
b Donated services and use of facilities c Recoveries of prior year grants 2 2 2 2 3 4 - 97,168. d Other (Describe in Part XIII) 2 2 3 - 97,168. e Add lines 2a through 2d 2 2 - 97,168. 3 Subtract line 2e from line 1 3 1,138,267. 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 4b 585,361. c Add lines 4a and 4b 5 5 1,723,628. 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 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 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 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 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 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 With Expenses per Return. Complete if the organization of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization of Expenses per Audited Financial Statements With Expenses per Return. 2		•	2a			
Complete of prior year grants 2c 2d -97,168. 2e -97,168. 2e -97,168. 2e -97,168. 3 1,138,267. 3 20 2d -97,168. 3 1,138,267. 3 20 2d -97,168. 3 1,138,267. 3 20 2d -97,168. 3 1,138,267. 3 2d -97,168. 3 2d	b					
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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 X, LINE 2: UNITED WAY IS EXEMPT FROM INCOME TAXES AS A NONPROFIT CORPORATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. UNITED WAY BELIEVES THAT IT HAS SUPPORT FOR ANY TAX POSITIONS TAKEN AND, AS SUCH, DOES NOT HAVE ANY		rt XIII Supplemental Information.			3	1,033,330.
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PART X, LINE 2: UNITED WAY IS EXEMPT FROM INCOME TAXES AS A NONPROFIT CORPORATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. UNITED WAY BELIEVES THAT IT HAS SUPPORT FOR ANY TAX POSITIONS TAKEN AND, AS SUCH, DOES NOT HAVE ANY					, , , ,	τ, πιο Σ, τ αι τ λι,
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	T T T T	SEDENTIA ENV. DOCTETONS EVILE ADD MAEDIAL ES	n.			(TINE)
UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.	UN	CERTAIN TAX POSITIONS THAT ARE MATERIAL TO	THE F.	LNANCIAL ST	A'I'EI	MENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:		OM YT ITNE ON _ OMUED ANTHOMENMO.				
FART XI, DINE ZD - OTHER ADOUGHENTS.	D 7\ 1	VI VI' DINE ZD - CIHEK WEGGERENIS'				
UNREALIZED GAIN ON PERPETUAL TRUST101 369	PA					
U1,509•						-101 369
FUNDRAISING EXPENSES NETTED WITH REVENUES ON FORM 990 4,201.		REALIZED GAIN ON PERPETUAL TRUST				-101,369.
	UN	REALIZED GAIN ON PERPETUAL TRUST	FORM (990		
TOTAL TO SCHEDULE D, PART XI, LINE 2D -97,168.	UN	REALIZED GAIN ON PERPETUAL TRUST	FORM S	990		-101,369. 4,201.

Schedule D (Form 990) 2021 UNITED WAY OF THE OHIO VALLEY, INC	61-0435444 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DONOR DESIGNATIONS NETTED WITH REVENUES ON AUDITED	
FINANCIAL STATEMENTS	585,361.
I IMMCIAL SIMILATIO	303,301.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES EXPENSES NETTED WITH REVENUES ON FOR	M
990	4,201.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DONOR DESIGNATIONS NETTED WITH REVENUES IN AUDITED	
FINANCIAL STATEMENTS	585,361.
I IMMCIAL SIMILATIO	303,301.

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

Open to Public Inspection

Name of the organization UNITED WA	Y OF THE	OHIO VALLEY	, INC				Employer identification number $61-0435444$
Part I General Information on Grants a			•				
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's prepart II Grants and Other Assistance to recipient that received more than	stance? ocedures for monit Domestic Organia	oring the use of grant	funds in the United	States. omplete if the organic			X Yes No
(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 416 WEST THIRD STREET, SUITE 1-B OWENSBORO, KY 42301	53-0196605	501(C)(3)	21,000.	0.			COMMUNITY BENEFIT ALLOCATIONS & DONOR DESIGNATIONS
AUDUBON AREA COMMUNITY SERVICES 1650 W. 2ND ST., DRAWER #107 OWENSBORO, KY 42301	23-7364935	501(C)(3)	80,638.	0.			COMMUNITY BENEFIT ALLOCATIONS & DONOR DESIGNATIONS
BOULWARE MISSION 609 WING AVENUE OWENSBORO, KY 42303	61-0486968	501(C)(3)	78,250.	0.			COMMUNITY BENEFIT ALLOCATIONS & DONOR DESIGNATIONS
CHASTITY GIBSON MEMORIAL CHAR TR 130 N MORGAN MORGANFIELD, KY 42437	61-1253674	501(C)(3)	7,500.	0.			COMMUNITY BENEFIT ALLOCATIONS & DONOR DESIGNATIONS
CLIFF HAGAN BOYS & GIRLS CLUB 3415 BUCKLAND SQ OWENSBORO, KY 42301	61-0663746	501(C)(3)	77,000.	0.			COMMUNITY BENEFIT ALLOCATIONS & DONOR DESIGNATIONS
COMMUNITY DENTAL CLINIC 2811 NEW HARTFORD RD STE A OWENSBORO, KY 42303	26-2343126	501(C)(3)	9,967.	0.			COMMUNITY BENEFIT ALLOCATIONS & DONOR DESIGNATIONS

Enter total number of other organizations listed in the line 1 table

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

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(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 non-cash assistance	(h) Purpose of grant or assistance
DAVIESS CO SENIOR SERVICES							COMMUNITY BENEFIT
1650 W. 2ND ST., DRAWER #101							ALLOCATIONS & DONOR
OWENSBORO, KY 42301	31-1044915	501(C)(3)	14,713.	0.			DESIGNATIONS
,			,				
FAMILY RESOURCE YOUTH SERVICE							COMMUNITY BENEFIT
CENTERS - 510 S. MART ST -							ALLOCATIONS & DONOR
MORGANFIELD, KY 42437	31-1585496	501(C)(3)	12,000.	0.			DESIGNATIONS
GIRLS, INC.							COMMUNITY BENEFIT
2130 EAST 19TH ST. #G							ALLOCATIONS & DONOR
OWENSBORO, KY 42303	61-0706477	501(C)(3)	85,000.	0.			DESIGNATIONS
GREEN RIVER DISTRICT HEALTH							COMMUNITY BENEFIT
DEPARTMENT - 1600 BRECKENRIDGE				_			ALLOCATIONS & DONOR
STREET - OWENSBORO, KY 42303	61-1010686	501(C)(3)	15,000.	0.			DESIGNATIONS
HANCOCK SENIORS CENTERS							COMMUNITY BENEFIT
315 RIDEWAY DRIVE							ALLOCATIONS & DONOR
HAWESVILLE, KY 42348	61-6000807	501 (C) (3)	5,301.	0.			DESIGNATIONS & DONOR
HAWESVILLE, RI 42340	01-000007	301(0/(3/	3,301.	0.			DESIGNATIONS
HELP OFFICE OF OWENSBORO							COMMUNITY BENEFIT
1316 W 4TH ST							ALLOCATIONS & DONOR
OWENSBORO, KY 42301	61-0724292	501(C)(3)	25,000.	0.			DESIGNATIONS
-							
HENDERSON COUNTY CHAMBER OF							COMMUNITY BENEFIT
COMMERCE - 114 N MAIN ST -							ALLOCATIONS & DONOR
HENDERSON, KY 42420	61-0463069	501(C)(3)	19,250.	0.			DESIGNATIONS
HOSPICE OF WESTERN KY							COMMUNITY BENEFIT
3419 WATHENS CROSSING							ALLOCATIONS & DONOR
OWENSBORO, KY 42301	31-1010160	501(C)(3)	20,642.	0.			DESIGNATIONS
IMAGINATION LIBRARY OF DAVIESS							COMMUNITY BENEFIT
COUNTY - PO BOX 23024 - OWENSBORO,	00 0050044	501/61/21	2= 2=				ALLOCATIONS & DONOR
KY 42304	88-0953841	pnT(G)(3)	37,850.	0.			DESIGNATIONS

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(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 non-cash assistance	(h) Purpose of grant or assistance
LINCOLN HERITAGE BOY SCOUTS 12001 SYCAMORE STATION PLACE LOUISVILLE, KY 40201	61-0445839	501(C)(3)	6,500.	0.			COMMUNITY BENEFIT ALLOCATIONS & DONOR DESIGNATIONS
MCLEAN COUNTY MEALS ON WHEELS PO BOX 344 CALHOUN, KY 42327	61-6000726	501(C)(3)	6,442.	0.			COMMUNITY BENEFIT ALLOCATIONS & DONOR DESIGNATIONS
MENTOR KIDS KENTUCKY 2815 VEACH ROAD OWENSBORO, KY 42303	61-1222299	501(C)(3)	32,000.	0.			COMMUNITY BENEFIT ALLOCATIONS & DONOR DESIGNATIONS
NEBLETT CENTER 801 W 5TH STREET OWENSBORO, KY 42031	61-0523292	501(C)(3)	82,000.	0.			COMMUNITY BENEFIT ALLOCATIONS & DONOR DESIGNATIONS
NEW BEGINNINGS 1716 SCHERM ROAD OWENSBORO, KY 42301	61-1142453	501(C)(3)	23,826.	0.			COMMUNITY BENEFIT ALLOCATIONS & DONOR DESIGNATIONS
OASIS 2510 E. 19TH STREET OWENSBORO, KY 42303	61-0995748	501(C)(3)	70,600.	0.			COMMUNITY BENEFIT ALLOCATIONS & DONOR DESIGNATIONS
OHIO COUNTY FOOD PANTRY 2368 STATE ROUTE 1414 HARTFORD, KY 42347	31-1534029	501(C)(3)	7,015.	0.			COMMUNITY BENEFIT ALLOCATIONS & DONOR DESIGNATIONS
OHIO COUNTY HOSPICE 1211 MAIN STREET HARTFORD, KY 42347	31-1131099	501(C)(3)	7,300.	0.			COMMUNITY BENEFIT ALLOCATIONS & DONOR DESIGNATIONS
OHIO COUNTY SENIOR SERVICES - MEALS ON WHEELS - 2320 STATE ROUTE 69 N - HARTFORD, KY 42347	61-6000805	501(C)(3)	12,750.	0.			COMMUNITY BENEFIT ALLOCATIONS & DONOR DESIGNATIONS

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(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 non-cash assistance	(h) Purpose of grant or assistance
OPPORTUNITY CENTER							COMMUNITY BENEFIT
3560 NEW HARTFORD RD							ALLOCATIONS & DONOR
OWENSBORO, KY 42303	61-0539889	501(C)(3)	12,358.	0.			DESIGNATIONS
OWENSBORO FAMILY YMCA							COMMUNITY BENEFIT
900 KENTUCKY PARKWAY							ALLOCATIONS & DONOR
OWENSBORO, KY 42301	61-0561344	501(C)(3)	24,757.	0.			DESIGNATIONS
OWENSBORO PUBLIC SCHOOLS							COMMUNITY BENEFIT
450 GRIFFITH AVE							ALLOCATIONS & DONOR
OWENSBORO, KY 42301	61-6001339	501(C)(3)	16,320.	0.			DESIGNATIONS
SALVATION ARMY							COMMUNITY BENEFIT
215 EWING ROAD							ALLOCATIONS & DONOR
OWENSBORO, KY 42301	58-0660607	501(C)(3)	49,697.	0.			DESIGNATIONS
SOCIETY OF ST. VINCENT DE PAUL							COMMUNITY BENEFIT
200 E. 18TH STREET							ALLOCATIONS & DONOR
OWENSBORO, KY 42303	80-0538128	501(C)(3)	24,000.	0.			DESIGNATIONS
ST. BENEDICT SHELTER FOR MEN							COMMUNITY BENEFIT
1001 W 7TH ST							ALLOCATIONS & DONOR
OWENSBORO, KY 42301	53-0196617	501(C)(3)	15,444.	0.			DESIGNATIONS
THELMA B JOHNSON EARLY LEARNING							COMMUNITY BENEFIT
CENTER - 631 NORTH GREEN STREET -							ALLOCATIONS & DONOR
HENDERSON, KY 42420	61-6001295	501(C)(3)	8,300.	0.			DESIGNATIONS
UNION CO. HAPPY PACK							COMMUNITY BENEFIT
5010 US HWY 60W							ALLOCATIONS & DONOR
MORGANFIELD, KY 42437	27-0525187	501(C)(3)	12,500.	0.			DESIGNATIONS
UNION CO. SENIOR SERVICES							COMMUNITY BENEFIT
225 N. RICHARDS LANE							ALLOCATIONS & DONOR
MORGANFIELD, KY 42437	61-6000887	501(C)(3)	8,000.	0.			DESIGNATIONS

Part III can be duplicated if additional space is needed.	[433]		488	()) () () ()	
(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 req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
UNITED WAY HAS AN ALLOCATION COMMI	TTEE THAT	PERFORMS	ON-SITE RE	VIEWS AND	
VISITS OF MEMBER AGENCIES TO VERIF	Y FUNDS A	RE BEING U	JSED FOR PU	RPOSE	
INTENDED. THIS COMMITTEE REGULARLY	Y REPORTS	TO THE BO	DARD OF DIR	ECTORS.	
EACH AGENCY MUST HAVE A 501(C)(3)	LETTER ON	FILE WITH	H UNITED WA	Y IN ORDER	
TO RECEIVE FUNDING.					

SCHEDULE 0 (Form 990)

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY OF THE OHIO VALLEY, INC

Employer identification number 61-0435444

FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PROVIDED TO THE PRESIDENT/CEO AND BOARD OF DIRECTORS FOR REVIEW
AND APPROVAL BEFORE SIGNING AND FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
AT LEAST ANNUALLY VOLUNTEERS AND BOARD MEMBERS MUST COMPLETE AND SIGN A
CONFLICT OF INTEREST FORM STATING ALL AGENCIES WITH WHICH THEY ARE
AFFILIATED. THESE ARE THEN REVIEWED BY THE BOARD.
FORM 990, PART VI, SECTION B, LINE 15:
AT LEAST ANNUALLY THE BOARD REVIEWS ALL COMPENSATION AND DOCUMENTS CHANGES
IN COMPENSATION IN THE CORPORATE MINUTES.
FORM 990, PART VI, SECTION C, LINE 19:
ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS ARE MADE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
UNREALIZED GAIN ON PERPETUAL TRUST -101,369.
FORM 990, PART XII, LINE 2C:
THE ORGANIZATION HAS NOT CHANGED ITS PROCESS FOR OVERSIGHT OF AUDIT OR
SELECTION OF AUDITORS.