

## Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning **04/01/23** , and ending **03/31/24**

62-0475748

### UNITED WAY OF GREATER KNOXVILLE, INC

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>32,052,329</u>
<b>Revenue</b>		
Contributions	<u>13,917,271</u>	
Program service revenue	<u>159,947</u>	
Investment income	<u>669,168</u>	
Capital gain / loss	<u>-300,407</u>	
Fundraising / Gaming:		
Gross revenue _____		
Direct expenses _____		
Net income	<u>110,441</u>	
Other income	<u>110,441</u>	
<b>Total revenue</b>		<u>14,556,420</u>
<b>Expenses</b>		
Program services	<u>14,439,011</u>	
Management and general	<u>2,311,945</u>	
Fundraising	<u>1,190,704</u>	
<b>Total expenses</b>		<u>17,941,660</u>
<b>Excess / (deficit)</b>		<u>-3,385,240</u>
Changes		<u>3,094,332</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>31,761,421</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>17,714,131</u>
Less:	
Unrealized gains	<u>3,094,332</u>
Donated services	<u>153,300</u>
Recoveries	
Other	<u>-89,921</u>
Plus:	
Investment expenses	
Other	
<b>Total revenue per return</b>	<u>14,556,420</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>18,005,039</u>
Less:	
Donated services	<u>153,300</u>
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	<u>89,921</u>
<b>Total expenses per return</b>	<u>17,941,660</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>34,996,082</u>	<u>34,167,195</u>	
Liabilities	<u>2,943,753</u>	<u>2,405,774</u>	
Net assets	<u>32,052,329</u>	<u>31,761,421</u>	<u>-290,908</u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date 02/15/25  
Failure to file penalty \_\_\_\_\_

Form **8879-TE**

### IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning 4/01, 2023, and ending 3/31, 20 24

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

# 2023

Department of the Treasury  
Internal Revenue Service

Name of filer

**UNITED WAY OF GREATER KNOXVILLE, INC**

EIN or SSN

**62-0475748**

Name and title of officer or person subject to tax **MATT RYERSON**

**PRESIDENT & CEO**

#### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>14,556,420</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

#### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize RODEFER MOSS & CO, PLLC to enter my PIN 75748 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 09/06/24

#### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62152129566

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature EMILEE RIEHN, CPA Date 09/06/24

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2023**

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

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2023 calendar year, or tax year beginning 04/01/23, and ending 03/31/24**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF GREATER KNOXVILLE, INC</b>		<b>D</b> Employer identification number <b>62-0475748</b>
	Doing business as		<b>E</b> Telephone number <b>865-523-9131</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>1301 HANNAH AVENUE</b>		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code <b>KNOXVILLE TN 37921</b>		<b>G</b> Gross receipts \$ <b>14,856,827</b>
<b>F</b> Name and address of principal officer: <b>MATT RYERSON 1301 HANNAH AVENUE KNOXVILLE TN 37921</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.UWGK.ORG</b>		<b>L</b> Year of formation: <b>1922</b> <b>M</b> State of legal domicile: <b>TN</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>UWGK UNITES PEOPLE AND RESOURCES TO STRENGTHEN COMMUNITIES AND SOLVE SYSTEMIC ISSUES</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>34</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>34</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>77</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>982</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: <b>10,185,739</b> Current Year: <b>13,917,271</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>220,646</b> <b>159,947</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>563,708</b> <b>368,761</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>111,518</b> <b>110,441</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>11,081,611</b> <b>14,556,420</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>8,465,949</b> <b>7,683,628</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>3,676,512</b> <b>4,871,899</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>1,190,704</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>2,943,220</b> <b>5,386,133</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>15,085,681</b> <b>17,941,660</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-4,004,070</b> <b>-3,385,240</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: <b>34,996,082</b> End of Year: <b>34,167,195</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,943,753</b> <b>2,405,774</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>32,052,329</b> <b>31,761,421</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>MATT RYERSON</b>	Date			
	Type or print name and title <b>PRESIDENT &amp; CEO</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>EMILEE RIEHN, CPA</b>	Preparer's signature <b>EMILEE RIEHN, CPA</b>	Date <b>09/06/24</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P02529566</b>
	Firm's name <b>RODEFER MOSS &amp; CO, PLLC</b>	Firm's EIN <b>62-1690032</b>	Firm's address <b>608 MABRY HOOD RD STE 300 KNOXVILLE, TN 37932</b>	Phone no. <b>865-583-0091</b>	

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**UWGK UNITES PEOPLE AND RESOURCES TO STRENGTHEN COMMUNITIES AND SOLVE SYSTEMIC ISSUES**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  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 \$ **4,342,237** including grants of \$ **2,230,356** ) (Revenue \$ )

**EDUCATION: WE BELIEVE ALL CHILDREN HAVE THE RIGHT TO A STRONG START SO THEY CAN BE SUCCESSFUL IN LIFE. UNITED WAY OF GREATER KNOXVILLE PROFESSIONALS, ALONG WITH PROMINENT COMMUNITY VOLUNTEERS HAVE IDENTIFIED AREAS IN WHICH SUPPORT IS NEEDED TO DEVELOP SUCCESS. THE EDUCATION GOALS WE HAVE SET WILL WORK TOWARD: HELPING CHILDREN BE READY TO ENTER SCHOOL, HELPING CHILDREN BE READY TO MOVE TO THE NEXT GRADE, AND MAKING SURE KIDS GRADUATE FROM HIGH SCHOOL AND ARE PREPARED FOR COLLEGE OR A VOCATION.**

4b (Code: ) (Expenses \$ **4,724,137** including grants of \$ **1,565,755** ) (Revenue \$ )

**ECONOMIC MOBILITY: AS MANY AS ONE-THIRD OF WORKING AMERICANS DO NOT EARN ENOUGH MONEY TO MEET THEIR BASIC NEEDS. UNITED WAY OF GREATER KNOXVILLE PROFESSIONALS, ALONG WITH PROMINENT COMMUNITY VOLUNTEERS, HAVE IDENTIFIED AREAS IN WHICH SUPPORT IS NEEDED TO DEVELOP SUCCESS. THE INCOME NEEDS GOALS WE HAVE SET WILL PROMOTE FINANCIAL STABILITY AND INDEPENDENCE BY HELPING: STABILIZE FAMILIES IN FINANCIAL DISTRESS AND ACHIEVE LONG-TERM FINANCIAL STABILITY.**

4c (Code: ) (Expenses \$ **3,452,415** including grants of \$ **3,107,495** ) (Revenue \$ )

**HEALTH: WE BELIEVE HEALTH ENCOMPASSES BODY AND MIND. UNITED WAY OF GREATER KNOXVILLE PROFESSIONALS, ALONG WITH PROMINENT COMMUNITY VOLUNTEERS HAVE IDENTIFIED AREAS IN WHICH SUPPORT IS NEEDED TO DEVELOP SUCCESS. THE HEALTH AND BASIC NEEDS GOALS WE HAVE SET WILL FOCUS ON: MATERNAL HEALTH AND WELL BEING, BASIC HEALTHCARE COVERAGE AND PREVENTION, AND HEALTHY YOUTH AND ADULTS.**

4d Other program services (Describe on Schedule O.)

(Expenses \$ **1,920,222** including grants of \$ **780,022** ) (Revenue \$ **159,947** )

4e Total program service expenses **14,439,011**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> 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		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		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
c	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		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		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		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		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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	X	

**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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	55
1b	0

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	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	<b>2a</b>	<b>77</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<b>X</b>	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>X</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **TN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

**BLAKE VALENTINE**  
**KNOXVILLE**

**1301 HANNAH AVENUE**

**TN 37921**

**865-523-9131**



**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>MATT RYERSON</b> ..... <b>PRESIDENT &amp; CEO</b>	40.00 ..... 0.00	X		X				260,656	0	0
(2) <b>BLAKE VALENTINE</b> ..... <b>CFO</b>	40.00 ..... 40.00	X		X				135,771	0	0
(3) <b>JAIME BAGWELL</b> ..... <b>BOARD MEMBER</b>	0.00 ..... 0.00	X						0	0	0
(4) <b>TONY BENTON</b> ..... <b>BOARD MEMBER</b>	0.00 ..... 0.00	X						0	0	0
(5) <b>JOHN BILLINGS</b> ..... <b>BOARD MEMBER</b>	0.00 ..... 0.00	X						0	0	0
(6) <b>GABE BOLAS</b> ..... <b>BOARD MEMBER</b>	0.00 ..... 0.00	X						0	0	0
(7) <b>BRIAN BROOKS</b> ..... <b>DEI CHAIR</b>	0.00 ..... 0.00	X		X				0	0	0
(8) <b>SHANNA BROWNING</b> ..... <b>NOMINATIONS CHAIR</b>	0.00 ..... 0.00	X		X				0	0	0
(9) <b>ANNETTE LINDSTROM BRUN</b> ..... <b>BOARD MEMBER</b>	0.00 ..... 0.00	X						0	0	0
(10) <b>AMIE COHORST</b> ..... <b>SECRETARY</b>	0.00 ..... 0.00	X		X				0	0	0
(11) <b>ANGELA CONNER</b> ..... <b>BOARD MEMBER</b>	0.00 ..... 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>DASAN DIX</b>										
(12) BOARD MEMBER	0.00	X					0	0	0	
(13) <b>TOMMY DODSON</b>										
(13) CO-CHAIR - TIP	0.00	X		X			0	0	0	
(14) <b>DAVID FOUNTAIN</b>										
(14) BOARD MEMBER	0.00	X					0	0	0	
(15) <b>KEITH GRAY</b>										
(15) BOARD MEMBER	0.00	X					0	0	0	
(16) <b>ROBERT HILL</b>										
(16) CAMPAIGN CHAIR	0.00	X		X			0	0	0	
(17) <b>CLARENCE VAUGHN, III</b>										
(17) BOARD CHAIR	0.00	X		X			0	0	0	
(18) <b>JEREMY JENNINGS</b>										
(18) CO-CHAIR - TIP	0.00	X		X			0	0	0	
(19) <b>NADIM JUBRAN</b>										
(19) BOARD MEMBER	0.00	X					0	0	0	
<b>1b Subtotal</b>							<b>396,427</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>396,427</b>			

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

0

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	5,254,567				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,662,704				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			13,917,271			
	<b>Program Service Revenue</b>	<b>2a</b> MANAGEMENT FEES	Business Code	561000	140,570	140,570	
<b>b</b> PROGRAM FEE		Business Code	561000	19,377	19,377		
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				159,947			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		669,168			669,168	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents		(i) Real				
		<b>6a</b>		110,441			
		<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>	110,441				
	<b>d</b> Net rental income or (loss)			110,441		110,441	
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities				
		<b>7a</b>	(ii) Other				
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	300,407			
	<b>c</b> Gain or (loss)	<b>7c</b>	-300,407				
	<b>d</b> Net gain or (loss)			-300,407	-300,407		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
<b>8a</b>							
<b>b</b> Less: direct expenses		<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances							
	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			14,556,420	-140,460	0	779,609	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>7,683,628</b>	<b>7,683,628</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>396,427</b>	<b>202,968</b>	<b>125,363</b>	<b>68,096</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>3,552,804</b>	<b>1,819,017</b>	<b>1,123,508</b>	<b>610,279</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>339,269</b>	<b>173,704</b>	<b>107,287</b>	<b>58,278</b>
<b>9</b> Other employee benefits	<b>304,056</b>	<b>155,675</b>	<b>96,152</b>	<b>52,229</b>
<b>10</b> Payroll taxes	<b>279,343</b>	<b>143,022</b>	<b>88,337</b>	<b>47,984</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	<b>3,934,151</b>	<b>3,661,961</b>	<b>218,555</b>	<b>53,635</b>
<b>b</b> Legal	<b>38,024</b>		<b>38,024</b>	
<b>c</b> Accounting	<b>56,330</b>		<b>56,330</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	<b>89,921</b>		<b>89,921</b>	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>12,694</b>	<b>11,817</b>	<b>705</b>	<b>172</b>
<b>12</b> Advertising and promotion	<b>59,179</b>	<b>18,271</b>	<b>4,059</b>	<b>36,849</b>
<b>13</b> Office expenses	<b>169,136</b>	<b>68,720</b>	<b>54,491</b>	<b>45,925</b>
<b>14</b> Information technology	<b>384,332</b>	<b>185,762</b>	<b>113,351</b>	<b>85,219</b>
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>132,046</b>	<b>68,087</b>	<b>42,680</b>	<b>21,279</b>
<b>17</b> Travel	<b>23,516</b>	<b>13,700</b>	<b>4,553</b>	<b>5,263</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>160,831</b>	<b>71,734</b>	<b>37,282</b>	<b>51,815</b>
<b>20</b> Interest				
<b>21</b> Payments to affiliates	<b>99,563</b>	<b>45,017</b>	<b>38,053</b>	<b>16,493</b>
<b>22</b> Depreciation, depletion, and amortization	<b>160,888</b>	<b>76,272</b>	<b>56,462</b>	<b>28,154</b>
<b>23</b> Insurance	<b>64,095</b>	<b>38,931</b>	<b>16,792</b>	<b>8,372</b>
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> STIPENDS & GIFT CARDS	<b>1,427</b>	<b>725</b>	<b>40</b>	<b>662</b>
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>17,941,660</b>	<b>14,439,011</b>	<b>2,311,945</b>	<b>1,190,704</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	6,241	1	5,422
	2	Savings and temporary cash investments	4,376,410	2	4,889,971
	3	Pledges and grants receivable, net	2,725,463	3	4,034,707
	4	Accounts receivable, net	662,893	4	649,067
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	203,578	9	243,784
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,374,738		
	b	Less: accumulated depreciation	10b 1,798,170	10c	2,576,568
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	24,298,611	15	21,767,676
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	34,996,082	16	34,167,195	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	519,464	17	454,910
	18	Grants payable	1,704,568	18	1,679,275
	19	Deferred revenue	14,550	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	705,171	25	271,589
	26	<b>Total liabilities.</b> Add lines 17 through 25	2,943,753	26	2,405,774
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	29,404,644	27	29,034,609
	28	Net assets with donor restrictions	2,647,685	28	2,726,812
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	32,052,329	32	31,761,421	
33	<b>Total liabilities and net assets/fund balances</b>	34,996,082	33	34,167,195	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>14,556,420</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>17,941,660</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-3,385,240</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>32,052,329</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>3,094,332</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>31,761,421</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
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<b>X</b>	
<b>3b</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	<b>X</b>	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>DALE KEASLING</b>										
(12) BOARD MEMBER	0.00	X					0	0	0	
(21) <b>JIM LAPINSKA</b>										
(13) TREASURER & CHAIR-EL	0.00	X		X			0	0	0	
(22) <b>JEFF LEE</b>										
(14) MEDIA CONSULTANT	0.00	X					0	0	0	
(23) <b>TRACY LYASH</b>										
(15) BOARD MEMBER	0.00	X					0	0	0	
(24) <b>KAREN MASSEY</b>										
(16) BOARD MEMBER	0.00	X					0	0	0	
(25) <b>JOHN MCCULLEY</b>										
(17) BOARD MEMBER	0.00	X					0	0	0	
(26) <b>LAKENYA MIDDLEBROOK</b>										
(18) BOARD MEMBER	0.00	X					0	0	0	
(27) <b>BRANDON PARKS</b>										
(19) IMMEDIATE PAST CHAIR	0.00	X					0	0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) <b>CHRIS PARROTT</b>										
(12) BOARD MEMBER	0.00	X					0	0	0	
(29) <b>DONDE PLOWMAN</b>										
(13) BOARD MEMBER	0.00	X					0	0	0	
(30) <b>FRANK ROTHERMEL</b>										
(14) BOARD MEMBER	0.00	X					0	0	0	
(31) <b>JAVIETTE SAMUEL</b>										
(15) BOARD MEMBER	0.00	X					0	0	0	
(32) <b>TOMMY SCHMID</b>										
(16) BOARD MEMBER	0.00	X					0	0	0	
(33) <b>TODD SKELTON</b>										
(17) GENERAL COUNSEL	0.00	X		X			0	0	0	
(34) <b>LIZ STOWERS</b>										
(18) BOARD MEMBER	0.00	X					0	0	0	
(35) <b>TRACI TAYLOR</b>										
(19) OBI CHAIR	0.00	X		X			0	0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(36) <b>BETH WEISSFELD</b>										
(12) BOARD MEMBER	0.00	X					0	0	0	
(37) <b>ROBIN WILHOIT</b>										
(13) BOARD MEMBER	0.00	X					0	0	0	
(38) <b>TIM WIRTZ</b>										
(14) BAM CHAIR	0.00	X		X			0	0	0	
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization

**UNITED WAY OF GREATER KNOXVILLE, INC**

Employer identification number

**62-0475748**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  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: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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 university: .....
- 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.
  - a  **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.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,903,222	20,948,719	9,228,506	10,185,739	13,917,271	67,183,457
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	12,903,222	20,948,719	9,228,506	10,185,739	13,917,271	67,183,457
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						67,183,457

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4	12,903,222	20,948,719	9,228,506	10,185,739	13,917,271	67,183,457
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	168,783	173,463	443,196	662,465	779,609	2,227,516
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						69,410,973

**12** Gross receipts from related activities, etc. (see instructions) 12 689,443

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	96.79%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	<b>15</b>	97.43%
<b>16a 33 1/3% support test — 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test — 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test — 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test — 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 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**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>b</b>	A family member of a person described on line 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>			
<b>11b</b>			
<b>11c</b>			

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
<b>b</b>	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
<b>c</b>	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
<b>2a</b>			
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>2b</b>			
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	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? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>3a</b>			
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>			

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

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

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

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

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018 .....			
b From 2019 .....			
c From 2020 .....			
d From 2021 .....			
e From 2022 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 .....			
b Excess from 2020 .....			
c Excess from 2021 .....			
d Excess from 2022 .....			
e Excess from 2023 .....			



**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Area with horizontal dotted lines for supplemental information.

**Schedule B  
(Form 990)**

**Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2023**

Name of the organization

Employer identification number

**UNITED WAY OF GREATER KNOXVILLE, INC**

**62-0475748**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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 that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

**UNITED WAY OF GREATER KNOXVILLE, INC**

Employer identification number

**62-0475748**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	..... ..... .....	\$ 460,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	..... ..... .....	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	..... ..... .....	\$ 590,000	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	..... ..... .....	\$ 320,636	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2023

Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER KNOXVILLE, INC

Employer identification number

62-0475748

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

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

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

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	8,033,158	8,446,074	8,053,830	5,897,511	6,226,644
<b>b</b> Contributions .....					39,301
<b>c</b> Net investment earnings, gains, and losses .....	1,278,974	-391,051	416,452	2,177,486	-344,339
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....	24,084	21,865	24,208	21,167	24,095
<b>g</b> End of year balance .....	9,288,048	8,033,158	8,446,074	8,053,830	5,897,511

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **97.81** %
  - b** Permanent endowment **2.19** %
  - c** Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes      | No       |
|---|----------|----------|
| <b>(i)</b> Unrelated organizations? .....   |          | <b>X</b> |
| <b>(ii)</b> Related organizations? .....  | <b>X</b> |          |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>X</b> |          |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		1,890,570		1,890,570
<b>b</b> Buildings .....		1,404,461	1,024,594	379,867
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....		1,079,707	773,576	306,131
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				2,576,568

**Part VII Investments – Other Securities**

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

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

**Part VIII Investments – Program Related**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) <b>INVESTMENTS - ENDOWMENT</b>	<b>9,288,048</b>
(2) <b>FIRST HORIZON</b>	<b>6,275,842</b>
(3) <b>TRUST COMPANY INVESTMENT</b>	<b>6,203,786</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>21,767,676</b>

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>FOR SPECIFIC ORGANIZATIONS</b>	<b>271,589</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>271,589</b>

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>17,714,131</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>3,094,332</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>153,300</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>-89,921</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>3,157,711</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>14,556,420</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>14,556,420</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>18,005,039</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>153,300</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>153,300</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>17,851,739</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	<b>89,921</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	<b>89,921</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>17,941,660</b>

**Part XIII Supplemental Information**

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

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**INVESTMENT FEES - INCLUDED IN 990 PART IX, LN 11F** \$ **-89,921**

**PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER**

**INVESTMENT FEES - INCLUDED IN 990 PART IX, LN 11F** \$ **89,921**





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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**Attach to Form 990.**  
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OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF GREATER KNOXVILLE, INC**

Employer identification number

**62-0475748**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	A 1 LEARNING CONNECT 8915 FAME ISLAND BLVD KNOXVILLE TN 37923	27-2109144	3	45,653				SPECIFIC PROGRAMS
(2)	A STEP AHEAD FOUNDATION 4660 OLD BROADWAY ST. KNOXVILLE TN 37918	81-1822497	3	9,300				SPECIFIC PROGRAMS
(3)	AMERICAN RED CROSS 6921 MIDDLEBROOK PIKE KNOXVILLE TN 37909	62-0475688	3	96,700				SPECIFIC PROGRAMS
(4)	BATTLEFIELD FARMS 3624 BOYDS BRIDGE PIKE KNOXVILLE TN 37931	87-4576470		17,248				SPECIFIC PROGRAMS
(5)	BIG BROTHERS BIG SISTERS 119 WEST SUMMIT HILL DRIVE KNOXVILLE TN 37902	62-0842531	3	121,500				SPECIFIC PROGRAMS
(6)	BOY SCOUTS OF AMERICA 1333 OLD WEISGARBER ROAD KNOXVILLE TN 37909	62-0476811	3	5,850				SPECIFIC PROGRAMS
(7)	BOYS AND GIRLS CLUBS OF THE TENNESS 220 CARRICK STREET KNOXVILLE TN 37921	62-0475743	3	521,250				SPECIFIC PROGRAMS
(8)	CARSON-NEWMAN COLLEGE 1646 RUSSELL AVENUE JEFFERSON CITY TN 37760	62-0479189	3	7,800				SPECIFIC PROGRAMS
(9)	CASA OF EAST TENNESSEE, INC. 2250 SOUTHERLAND AVENUE KNOXVILLE TN 37919	62-1278520	3	57,172				SPECIFIC PROGRAMS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **87**
- 3 Enter total number of other organizations listed in the line 1 table **6**

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CATHOLIC CHARITIES OF EAST TENNESSEE 3009 LAKE BROOK BOULEVARD KNOXVILLE TN 37909	62-1377551	3	148,800				SPECIFIC PROGRAMS
(2)	CENTRO HISPANO DE EAST TENNESSEE 2455 SUTHERLAND AVENUE KNOXVILLE TN 37919	20-3415545	3	193,773				SPECIFIC PROGRAMS
(3)	CHILDHELP TENNESSEE 2505 KINGSTON PIKE KNOXVILLE TN 37919	95-2884608	3	174,106				SPECIFIC PROGRAMS
(4)	CLINCH POWELL RESOURCE CONSERVATION P.O. BOX 379 RUTLEDGE RUTLEDGE TN 37861	62-1396815	3	11,000				SPECIFIC PROGRAMS
(5)	COMMUNITY COALITION AGAINST HUMAN T 1110 KENESAW AVENUE KNOXVILLE TN 37919	46-3395643	3	146,400				SPECIFIC PROGRAMS
(6)	CONTACT CARE LINE PO BOX 4641 OAK RIDGE TN 37831	62-0912261	3	9,768				SPECIFIC PROGRAMS
(7)	DOUGLAS-CHEROKEE ECONOMIC AUTHORITY 1429 MAPLE AVENUE JEFFERSON CITY TN 37760	62-0752586	3	10,775				SPECIFIC PROGRAMS
(8)	DRUMS UP GUNS DOWN 2527 MARTIN LUTHER KING JR AVE KNOXVILLE TN 37914	38-4100606	3	12,498				SPECIFIC PROGRAMS
(9)	EAST TENNESSEE CHILDREN'S HOSPITAL 2018 CLINCH AVENUE KNOXVILLE TN 37916	62-6002604	3	152,420				SPECIFIC PROGRAMS

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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	EAST TENNESSEE KIDNEY FOUNDATION P.O. BOX 22072 KNOXVILLE TN 37933	27-2119742	3	33,370				SPECIFIC PROGRAMS
(2)	EMERALD CHARTER SCHOOLS 1718 NORTH CENTRAL STREET KNOXVILLE TN 37917	46-4687417	3	140,000				SPECIFIC PROGRAMS
(3)	EMERALD YOUTH FOUNDATION 1718 NORTH CENTRAL STREET KNOXVILLE TN 37917	62-1474791	3	180,000				SPECIFIC PROGRAMS
(4)	EPILEPSY FOUNDATION OF EAST TENNESS 1715 E MAGNOLIA AVE KNOXVILLE TN 37917	58-1328013	3	40,675				SPECIFIC PROGRAMS
(5)	FAMILY PROMISE OF KNOXVILLE P.O. BOX 10184 KNOXVILLE TN 37939	56-2734770	3	79,050				SPECIFIC PROGRAMS
(6)	FOSTERING HOPE TN 637 CHAPEL POINT LN KNOXVILLE TN 37934	46-3225638	3	15,000				SPECIFIC PROGRAMS
(7)	FREE INDEED INT'L. MINISTRIES 4101 HOLSTON DRIVE KNOXVILLE TN 37801	82-4948026	3	12,498				SPECIFIC PROGRAMS
(8)	FREE MEDICAL CLINIC 6207 CHAPMAN HIGHWAY KNOXVILLE TN 37920	68-0604388	3	10,000				SPECIFIC PROGRAMS
(9)	FREEDOM VILLAGE OF HOPE 2184 NORTH RIDGE DRIVE JEFFERSON CITY TN 37760	38-4100606	3	55,415				SPECIFIC PROGRAMS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FRIENDS OF LITERACY, INC. 101 EAST FIFTH AVENUE KNOXVILLE TN 37917	58-1984690	3	79,820				SPECIFIC PROGRAMS
(2)	FRIENDS OF TENNESSEE BABIES PO BOX 544 ALCOA TN 37701	62-1637324	3	7,000				SPECIFIC PROGRAMS
(3)	FRIENDS OF THE KNOX COUNTY PUBLIC L 500 WEST CHURCH AVENUE KNOXVILLE TN 37902	23-7208195	3	81,500				SPECIFIC PROGRAMS
(4)	FUN WITH FRIENDS HELPING HANDS / BE PO BOX 70789 KNOXVILLE TN 37914	85-4010529	3	12,498				SPECIFIC PROGRAMS
(5)	GENNISI CHARITABLE BIRTH SERVICES. 8617 SUNBURST LANE KNOXVILLE TN 37938	87-0999702		16,573				SPECIFIC PROGRAMS
(6)	GIRL TALK, INC. 318 NORTH GAY STREET, SUITE 101 KNOXVILLE TN 37917	26-0187833	3	193,750				SPECIFIC PROGRAMS
(7)	GIRLS INCORPORATED OF TENNESSEE VAL P. O. BOX 7040 OAK RIDGE TN 37831	59-1743795	3	67,500				SPECIFIC PROGRAMS
(8)	GROW PARTNERSHIP TENNESSEE 3020 MARTIN LUTHER KING JR AVE KNOXVILLE TN 37914	46-4719355	3	43,000				SPECIFIC PROGRAMS
(9)	HABITAT FOR HUMANITY 118 MABRY HOOD RD., SUITE 400 KNOXVILLE TN 37922	62-1772291	3	6,800				SPECIFIC PROGRAMS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HELPING MAMAS, INC. 301 S GALLAHER VIEW RD., SUITE 120 KNOXVILLE TN 37919	47-1381339	3	37,600				SPECIFIC PROGRAMS
(2)	INTERFAITH HEALTH CLINIC 315 GILL AVENUE KNOXVILLE TN 37917	58-1947641	3	152,520				SPECIFIC PROGRAMS
(3)	JEFFERSON RURAL CLINIC 1413 RUSSELL AVENUE JEFFERSON CITY TN 37760	20-1932232	3	9,650				SPECIFIC PROGRAMS
(4)	JUSTICE KNOX PO BOX 14619 KNOXVILLE TN 37914	81-1705290	3	10,000				SPECIFIC PROGRAMS
(5)	KARATE FIVE ASSOCIATION, INC. 8503 SUNRISE ROAD CORRYTON TN 37914	62-1867963	3	10,000				SPECIFIC PROGRAMS
(6)	KNOX COUNTY RESCUE 512 CHILHOWEE DRIVE NE KNOXVILLE TN 37924	62-6047246	3	79,050				SPECIFIC PROGRAMS
(7)	KNOX COUNTY SCHOOLS/PTA CLOTHING CE 1000 NORTH CENTRAL AVENUE KNOXVILLE TN 37917	62-6007979	3	46,500				SPECIFIC PROGRAMS
(8)	KNOX EDUCATION FOUNDATION 912 S. GAY STREET, SUITE L-210 KNOXVILLE TN 37902	62-1865303	3	57,600				SPECIFIC PROGRAMS
(9)	KNOX HOUSING PARTNERSHIP, INC. 109 WINONA STREET KNOXVILLE TN 37922	62-1465760		18,900				SPECIFIC PROGRAMS

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	KNOXVILLE ACADEMY OF MEDICINE FOUND 115 SUBURBAN ROAD KNOXVILLE TN 37923	62-1458199	3	109,740				SPECIFIC PROGRAMS
(2)	KNOXVILLE AREA URBAN LEAGUE 1514 EAST FIFTH AVENUE KNOXVILLE TN 37917	62-0797293	3	184,800				SPECIFIC PROGRAMS
(3)	KNOXVILLE COLLEGE 901 KNOXVILLE COLLEGE DRIVE KNOXVILLE TN 37923	62-0475689		12,998				SPECIFIC PROGRAMS
(4)	KNOXVILLE FAMILY JUSTICE CENTER 400 HARRIET TUBMAN STREET KNOXVILLE TN 37915	30-0342598	3	62,939				SPECIFIC PROGRAMS
(5)	KNOXVILLE INTERNATIONALS NETWORK PO BOX 31052 KNOXVILLE TN 37930	46-5652857	3	13,049				SPECIFIC PROGRAMS
(6)	KNOXVILLE LEADERSHIP FOUNDATION 901 E SUMMITT HILL DR, SUITE 300 KNOXVILLE TN 37915	62-1574495	3	176,300				SPECIFIC PROGRAMS
(7)	KNOXVILLE-KNOX COUNTY CAC PO BOX 51650 KNOXVILLE TN 37950	23-7432847	3	305,925				SPECIFIC PROGRAMS
(8)	LEGAL AID OF EAST TENNESSEE 502 SOUTH GAY STREET KNOXVILLE TN 37902	58-9132803	3	137,300				SPECIFIC PROGRAMS
(9)	MCNABB CENTER, INC. 200 TECH CENTER DRIVE KNOXVILLE TN 37912	62-0548914	3	497,972				SPECIFIC PROGRAMS

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(1)	MENTAL HEALTH ASSOCIATION 9050 EXECUTIVE PARK DRIVE KNOXVILLE TN 37923	62-0642878	3	140,200				SPECIFIC PROGRAMS
(2)	METROPOLITAN DRUG COMMISSION P.O. BOX 53375 KNOXVILLE TN 37950	58-1704454	3	10,000				SPECIFIC PROGRAMS
(3)	MISCELLANEOUS GRANTS < \$5,000			69,680				SPECIFIC PROGRAMS
(4)	MY DAUGHTERS JOURNEY, INC. PO BOX 3127 KNOXVILLE TN 37917	56-2576598		21,000				SPECIFIC PROGRAMS
(5)	NET'S NEST SHELTER 5817 STONELEIGH ROAD KNOXVILLE TN 37927	85-2651802	3	12,498				SPECIFIC PROGRAMS
(6)	NEW DIRECTIONS HEALTH CARE SOLUTION 3615 MARTIN LUTHER KING, JR. AVE KNOXVILLE TN 37914	86-3439633	3	10,000				SPECIFIC PROGRAMS
(7)	NEXT STEP INITIATIVE 611 CITICO STREET KNOXVILLE NV 89193-2003	32-0651324	3	20,000				SPECIFIC PROGRAMS
(8)	OLIVE TREE EARLY LEANING CENTER 5311 MCKAMEY RD KNOXVILLE TN 37921	92-0565554	3	58,109				SPECIFIC PROGRAMS
(9)	REAL TALK MENTORING, INC. 8630 ABRAHAM LN KNOXVILLE TN 37931	83-4663313	3	12,498				SPECIFIC PROGRAMS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	RESTORATION HOUSE 2205VILLAGE PLACE WAY KNOXVILLE TN 37923	20-5775672	3	24,500				SPECIFIC PROGRAMS
(2)	ROYAL YOUTH DANCE ENSEMBLE 3607 WESTERN AVE KNOXVILLE TN 37901	84-4334476	3	12,498				SPECIFIC PROGRAMS
(3)	SAFE HARBOR CHILD ADVOCACY CENTER PO BOX 4536 SEVIERVILLE TN 37864	20-3408131	3	12,075				SPECIFIC PROGRAMS
(4)	SAFESPACE, INC. 636 MIDDLE CREEK ROAD SEVIERVILLE TN 37862	58-1537647	3	8,500				SPECIFIC PROGRAMS
(5)	SALVATION ARMY 409 NORTH BROADWAY KNOXVILLE TN 37917	58-0660607	3	206,033				SPECIFIC PROGRAMS
(6)	SECOND HARVEST FOOD BANK 136 HARVEST LANE MARYVILLE TN 37801	58-1450139	3	316,200				SPECIFIC PROGRAMS
(7)	SEED INC. 1617 DANDRIDGE AVENUE KNOXVILLE TN 37915	26-4436303	3	140,000				SPECIFIC PROGRAMS
(8)	SENIOR CITIZENS HOME ASSISTANCE SER 215 BEARDEN PLACE KNOXVILLE TN 37917	62-0809589	3	133,500				SPECIFIC PROGRAMS
(9)	SENIOR CITIZENS OF JEFFERSON COUNTY 931 INDUSTRIAL PARK ROAD DANDRIDGE TN 37725	62-0977824	3	7,200				SPECIFIC PROGRAMS

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



**SCHEDULE I  
(Form 990)**

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY OF GREATER KNOXVILLE, INC**

Employer identification number

**62-0475748**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SHANGRI-LA THERAPEUTIC ACADMEY OF R 11800 HIGHWAY 11 E LENOIR CITY TN 37772	62-1330640	3	49,000				SPECIFIC PROGRAMS
(2)	SHORA FOUNDATION 2425 MARTIN LUTHER KING JR AVE KNOXVILLE TN 37921	26-0907375	3	10,000				SPECIFIC PROGRAMS
(3)	SOAR YOUTH MINISTRIES 1317 CONNECTICUT AVE. KNOXVILLE TN 37921	62-1714010	3	10,000				SPECIFIC PROGRAMS
(4)	SOLIDARITY DEVELOPMENT LIGHT ASSOC PO BOX 6291 KNOXVILLE TN 37914	27-1023386	3	6,000				SPECIFIC PROGRAMS
(5)	SOUTHEASTERN HOUSING FOUNDATION 318 N. GAY STREET, SUITE 210 KNOXVILLE TN 37917	27-0266088	3	46,500				SPECIFIC PROGRAMS
(6)	STEPS HOUSE, INC 712 BOGGS AVE KNOXVILLE TN 37920	58-2074038	3	10,000				SPECIFIC PROGRAMS
(7)	STUDENT BASIC NEEDS COALITION 266 BROOKE VALLEY BLVD KNOXVILLE TN 37922	84-3785072	3	8,000				SPECIFIC PROGRAMS
(8)	SUSANNAH'S HOUSE, INC. 3617 BLOW DRIVE KNOXVILLE TN 37920	27-4157610	3	138,200				SPECIFIC PROGRAMS
(9)	THE CHANGE CENTER 203 HARRIET TUBMAN KNOXVILLE TN 37915	38-3991050	3	12,498				SPECIFIC PROGRAMS

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

**SCHEDULE I  
(Form 990)**

**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.**  
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OMB No. 1545-0047

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**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY OF GREATER KNOXVILLE, INC**

Employer identification number

**62-0475748**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE CHILDRENS CENTER OF KNOXVILLE, 301 FRANK STREET KNOXVILLE TN 37919	62-0965816	3	10,000				SPECIFIC PROGRAMS
(2)	THE FLORENCE CRITTENTON AGENCY, INC 1531 DICK LONAS ROAD KNOXVILLE TN 37909	62-6044288	3	124,000				SPECIFIC PROGRAMS
(3)	THE JOY OF MUSIC YOUTH MUSIC SCHOOL 1209 EUCLID AVENUE KNOXVILLE TN 37915	31-1776315		35,000				SPECIFIC PROGRAMS
(4)	THE MEND HOUSE 308 KNOX ROAD KNOXVILLE TN 37918	83-2068444	3	82,498				SPECIFIC PROGRAMS
(5)	TN ACHIEVES PO BOX 2723 KNOXVILLE TN 37901	27-4673873	3	10,000				SPECIFIC PROGRAMS
(6)	TWO BIKES 118 SOUTH CENTRAL ST KNOXVILLE TN 37902	85-3640295	3	8,000				SPECIFIC PROGRAMS
(7)	UUNIK ACADEMY, INC. PO BOX 5872 KNOXVILLE TN 37928	20-0537113	3	12,498				SPECIFIC PROGRAMS
(8)	VOLUNTEER MINISTRY CENTER, INC. 511 NORTH BROADWAY KNOXVILLE TN 37917	62-1338748	3	172,050				SPECIFIC PROGRAMS
(9)	WESLEY HOUSE COMMUNITY CENTER, INC. 923 DAMERON AVENUE NW KNOXVILLE TN 37921	59-1766786	3	123,000				SPECIFIC PROGRAMS

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

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF GREATER KNOXVILLE, INC**

Employer identification number

**62-0475748**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	YOKE YOUTH MINISTRIES PO BOX 3492 KNOXVILLE TN 37927	58-1380597	3	6,000				SPECIFIC PROGRAMS
(2)	YOUNG MEN'S CRISTIAN ASSOCIATION 616 JESSAMINE STREET KNOXVILLE TN 37917	62-0475700	3	405,000				SPECIFIC PROGRAMS
(3)	YOUNG WOMEN'S CHRISTIAN ASSOCIATION 420 WEST CLINCH AVENUE SW KNOXVILLE TN 37902	62-0475701	3	439,090				SPECIFIC PROGRAMS
(4)	YOUTH OUTREACH IN SCIENCE TECH PO BOX 52851 KNOXVILLE TN 37950	82-2469972	3	12,498				SPECIFIC PROGRAMS
(5)								
(6)								
(7)								
(8)								
(9)								

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



**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

**UNITED WAY OF GREATER KNOXVILLE, INC**

Employer identification number

**62-0475748**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |  |           |  |          |
|--|-----------|--|----------|
| <b>a</b> Receive a severance payment or change-of-control payment? .....                           | <b>4a</b> |  | <b>X</b> |
| <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? ..... | <b>4b</b> |  | <b>X</b> |
| <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....    | <b>4c</b> |  | <b>X</b> |
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |  |           |  |          |
|--|-----------|--|----------|
| <b>a</b> The organization? .....         | <b>5a</b> |  | <b>X</b> |
| <b>b</b> Any related organization? ..... | <b>5b</b> |  | <b>X</b> |
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |  |           |  |          |
|--|-----------|--|----------|
| <b>a</b> The organization? .....         | <b>6a</b> |  | <b>X</b> |
| <b>b</b> Any related organization? ..... | <b>6b</b> |  | <b>X</b> |
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MATT RYERSON PRESIDENT & CEO	(i)	260,656	0	0	0	0	260,656	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF GREATER KNOXVILLE, INC**

Employer identification number

**62-0475748**

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS**

**ENGAGING YOUTH - NONPROFIT CAPACITY BUILDING THROUGH DIRECT GRANTS,  
TRAINING, AND CONSULTING**

**ANNUAL CAMPAIGN**

**MOBILIZATION OF VOLUNTEERS**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**A COPY OF THE FORM 990 WILL BE PROVIDED TO THE OPERATING COMMITTEE AND WILL  
BE MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS FOR FULL REVIEW PRIOR TO  
FILING.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

**CONFLICTS ARE RECORDED AND MAINTAINED BY THE YEAR.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

**1. ANNUAL CEO SELF-EVALUATION USING CRITERIA PRE-DETERMINED/APPROVED BY  
EXECUTIVE COMMITTEE.**

**2. PERSONAL INTERVIEW WITH CURRENT AND IMMEDIATE PAST BOARD CHAIRS.**

**3. DISCUSSION RECOMMENDATION AND APPROVAL IN EXECUTIVE SESSION OF EXECUTIVE  
COMMITTEE.**

**4. SUPPORTIVE MATERIALS - WRITTEN COMMITTEE ACTIONS GIVE TO CEO AND CFO FOR  
FILING COMPARABLE DATA FROM UWA AND COMMUNITY USED DURING EXECUTIVE  
PROCESS.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**

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

Schedule O (Form 990) 2023



Name of the organization

Employer identification number

UNITED WAY OF GREATER KNOXVILLE, INC

62-0475748

COMPENSATION PROCESS FOR OFFICERS ALIGNS WITH ORGANIZATION-WIDE PROCESS FOR ALL STAFF ROLES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

INVESTMENT FEES - INCLUDED IN 990 PART IX, LN 11F \$ -89,921

INVESTMENT FEES - INCLUDED IN 990 PART IX, LN 11F \$ 89,921

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

**62-0475748**

**UNITED WAY OF GREATER KNOXVILLE, INC**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNITED WAY OF LOUDON COUNTY 1301 HANNAH AVENUE 23-7212307 KNOXVILLE TN 37921	CHARITABLE	TN	501C3	7	N/A		X
(2) ROANE COUNTY UNITED WAY PO BOX 317 23-7337273 HARRIMAN TN 37778	CHARITABLE	TN	3	7	N/A		X
(3) .....							
(4) .....							
(5) .....							

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

**c** Gift, grant, or capital contribution from related organization(s)

**d** Loans or loan guarantees to or for related organization(s)

**e** Loans or loan guarantees by related organization(s)

**f** Dividends from related organization(s)

**g** Sale of assets to related organization(s)

**h** Purchase of assets from related organization(s)

**i** Exchange of assets with related organization(s)

**j** Lease of facilities, equipment, or other assets to related organization(s)

**k** Lease of facilities, equipment, or other assets from related organization(s)

**l** Performance of services or membership or fundraising solicitations for related organization(s)

**m** Performance of services or membership or fundraising solicitations by related organization(s)

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**o** Sharing of paid employees with related organization(s)

**p** Reimbursement paid to related organization(s) for expenses

**q** Reimbursement paid by related organization(s) for expenses

**r** Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>	X	
<b>1m</b>		X
<b>1n</b>	X	
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>	X	
<b>1r</b>		X
<b>1s</b>		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ROANE COUNTY UNITED WAY	L	12,000	COST
(2)	UNITED WAY OF LOUDON COUNTY	L	12,000	COST
(3)	ROANE COUNTY UNITED WAY	Q	64,550	COST
(4)	UNITED WAY OF LOUDON COUNTY	Q	50,900	COST
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													

**Part VII**

**Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

**SCHEDULE R - ADDITIONAL INFORMATION**

**UNITED WAY OF GREATER KNOXVILLE, INC. ("UWVK") HAS THE FOLLOWING RELATED ACTIVITIES WITH UNITED WAY OF LOUDON COUNTY, INC. ("UWLC"):**

- **UWVK PROVIDES ALL ADMINISTRATIVE FUNCTIONS AND MANAGEMENT OF THE OPERATIONS OF UWLC**
- **BOTH ORGANIZATIONS ARE LOCATED IN AND OPERATED FROM THE SAME FACILITY IN KNOXVILLE, TENNESSEE.**
- **UWVK PAYS THE SALARY, PAYROLL TAXES, RETIREMENT, AND OTHER EMPLOYEE BENEFITS FOR UWLC'S EXECUTIVE DIRECTOR AND THE EXPENSES ARE THEN REIMBURSED TO UWVK ON A MONTHLY BASIS BY UWLC**

**UNITED WAY OF GREATER KNOXVILLE, INC. ("UWVK") HAS THE FOLLOWING RELATED ACTIVITIES WITH ROANE COUNTY UNITED WAY, INC. ("RCUW"):**

- **UWVK PROVIDES ADMINISTRATIVE FUNCTIONS AND MANAGEMENT OF THE OPERATIONS OF RCUW**
- **UWVK PAYS THE SALARY, PAYROLL TAXES, RETIREMENT, AND OTHER EMPLOYEE BENEFITS FOR RCUW'S EXECUTIVE DIRECTOR AND THE EXPENSES ARE THEN REIMBURSED TO UWVK ON A MONTHLY BASIS BY RCUW**

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2022 &amp; 2023</b>
For calendar year 2023, or tax year beginning <b>04/01/23</b> , ending <b>03/31/24</b>		

Name **UNITED WAY OF GREATER KNOXVILLE, INC** Taxpayer Identification Number **62-0475748**

		2022	2023	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	8,316,170	8,662,704	346,534
	2. Membership dues and assessments			
	3. Government contributions and grants	1,869,569	5,254,567	3,384,998
	4. Program service revenue	220,646	159,947	-60,699
	5. Investment income	550,947	669,168	118,221
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	12,761	-300,407	-313,168
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	111,518	110,441	-1,077
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>11,081,611</b>	<b>14,556,420</b>	<b>3,474,809</b>
<b>Expenses</b>	13. Grants and similar amounts paid	8,465,949	7,683,628	-782,321
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	356,949	396,427	39,478
	16. Salaries, other compensation, and employee benefits	3,319,563	4,475,472	1,155,909
	17. Professional fundraising fees			
	18. Other professional fees	1,457,057	4,131,120	2,674,063
	19. Occupancy, rent, utilities, and maintenance	418,749	132,046	-286,703
	20. Depreciation and Depletion	142,926	160,888	17,962
	21. Other expenses	924,488	962,079	37,591
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>15,085,681</b>	<b>17,941,660</b>	<b>2,855,979</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-4,004,070</b>	<b>-3,385,240</b>	<b>618,830</b>
<b>Other Information</b>	24. Total exempt revenue	11,081,611	14,556,420	3,474,809
	25. Total unrelated revenue			
	26. Total excludable revenue	895,872	639,149	-256,723
	27. Total assets	34,996,082	34,167,195	-828,887
	28. Total liabilities	2,943,753	2,405,774	-537,979
	29. Retained earnings	32,052,329	31,761,421	-290,908
	30. Number of voting members of governing body	37	34	
	31. Number of independent voting members of governing body	37	34	
	32. Number of employees	56	77	
	33. Number of volunteers	279	982	

Form <b>990</b>	<b>Tax Return History</b>	<b>2023</b>
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Name <b>UNITED WAY OF GREATER KNOXVILLE, INC</b>	Employer Identification Number <b>62-0475748</b>
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	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	12,903,222	20,948,719	9,228,506	10,185,739	13,917,271	
Membership dues						
Program service revenue	97,326	89,419	121,254	220,646	159,947	
Capital gain or loss	95,861	186,416	379,619	12,761	-300,407	
Investment income	62,487	67,167	336,347	550,947	669,168	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	106,296	106,296	107,700	111,518	110,441	
<b>Total revenue</b>	<b>13,265,192</b>	<b>21,398,017</b>	<b>10,173,426</b>	<b>11,081,611</b>	<b>14,556,420</b>	
Grants and similar amounts paid	5,313,281	7,625,201	9,345,602	8,465,949	7,683,628	
Benefits paid to or for members						
Compensation of officers, etc.	417,317	170,217	315,699	356,949	396,427	
Other compensation	1,284,845	1,384,220	2,190,942	3,319,563	4,475,472	
Professional fees	220,842	97,018	637,237	1,457,057	4,131,120	
Occupancy costs	48,531	45,241	74,017	418,749	132,046	
Depreciation and depletion	69,280	75,580	94,742	142,926	160,888	
Other expenses	815,565	727,001	1,128,179	924,488	962,079	
<b>Total expenses</b>	<b>8,169,661</b>	<b>10,124,478</b>	<b>13,786,418</b>	<b>15,085,681</b>	<b>17,941,660</b>	
<b>Excess or (Deficit)</b>	<b>5,095,531</b>	<b>11,273,539</b>	<b>-3,612,992</b>	<b>-4,004,070</b>	<b>-3,385,240</b>	
<b>Total exempt revenue</b>	<b>13,265,192</b>	<b>21,398,017</b>	<b>10,173,426</b>	<b>11,081,611</b>	<b>14,556,420</b>	
Total unrelated revenue						
Total excludable revenue	361,970	449,298	944,920	895,872	639,149	
Total Assets	31,644,680	44,119,213	44,188,764	34,996,082	34,167,195	
Total Liabilities	3,252,205	2,502,032	6,356,335	2,943,753	2,405,774	
Net Fund Balances	28,392,475	41,617,181	37,832,429	32,052,329	31,761,421	



**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 144,594				14	
TOTAL	<u>\$ 144,594</u>					

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDEND INCOME	\$ 524,574				14	
TOTAL	<u>\$ 524,574</u>					

**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
OTHER FEES	\$ 12,694	\$ 11,817	\$ 705	\$ 172
TOTAL	<u>\$ 12,694</u>	<u>\$ 11,817</u>	<u>\$ 705</u>	<u>\$ 172</u>

## Federal Statements

### Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
GOVERNMENT GRANTS OR CONTRIBUTIONS	\$ 5,254,567
OTHER	8,662,704
TOTAL	<u>\$ 13,917,271</u>

### Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
INTEREST INCOME	\$ 144,594
DIVIDEND INCOME	524,574
RENTAL INCOME	110,441
TOTAL	<u>\$ 779,609</u>

### Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
MANAGEMENT FEES	\$ 140,570
PROGRAM FEE	19,377
TOTAL	<u>\$ 159,947</u>