990

Return of Organization Exempt From Income Tax

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

2021 Open to Public

OMB No. 1545-0047

Department of the Treasury

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

For the 2021 calendar year, or tax year beginning Inspection and ending Check if applicable: C Name of organization UNITED WAY OF MUSKINGUM, PERRY D Employer identification number Address change AND MORGAN COUNTIES, INC. Doing business as Name change 31-4379456 Number and street (or P.O. box if mail is not delivered to street address Room/suite E Telephone number Initial return 526 PUTNAM AVENUE Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated ZANESVILLE OH 43701 Amended return 1,291,137 G Gross receipts \$ Name and address of principal officer: Application pending MEG DEEDRICK H(a) Is this a group return for subordinates? 526 PUTNAM AVENUE H(b) Are all subordinates included? ZANESVILLE OH 43701 If "No," attach a list. See instructions **X** 501(c)(3) 501(c) (Tax-exempt status:) (insert no.) 4947(a)(1) or 527 WWW.UNITEDWAYOFMPM.ORG Website: H(c) Group exemption number X Corporation Trust Association Form of organization: Year of formation: M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: UNITED WAY AGENCY Activities & Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 5 6 Total number of volunteers (estimate if necessary) 0 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11. 0 8 Contributions and grants (Part VIII, line 1h) **Current Year** 686,728 9 Program service revenue (Part VIII, line 2g) 850,422 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 10,905 37,322 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 588,452 403,393 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,286,085 1,291,137 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 321,384 282,596 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 243,269 16a Professional fundraising fees (Part IX, column (A), line 11e) 269,025 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 172,125 181,403 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 736,778 733,024 19 Revenue less expenses. Subtract line 18 from line 12 549,307 558,113 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 5,078,093 5,608,085 21 Total liabilities (Part X, line 26) 73,977 45,856 22 Net assets or fund balances. Subtract line 21 from line 20 004,116 5,562,229 Part II Signature Block Under penalties of perjury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here MEG DEEDRICK EXECUTIVE DI Type or print name and title Print/Type preparer's name Check PTIN Paid KENNETH B. PHILLIPS, CPA 05/23/22 self-employed P00448138 Preparer PHILLIPS WILSON, AGIN, 31-1389443 Firm's EIN Use Only 1100 BRANDYWINE BLVD BLDG G ZANESVILLE, OH 43701 740-453-9600 Phone no. May the IRS discuss this return with the preparer shown above? See instructions Yes For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)

Form 990 (2021) UNITED WAY OF	MUSKINGUM, PERRY	31-4379456	Page
Part III Statement of Program :	Service Accomplishments		rage
1 Briefly describe the organization's mission	ntains a response or note to any lin	e in this Part III	X
1 Briefly describe the organization's missio UNITED WAY AGENCY	n:		
O-1222 WAI AGENCI			
* 11.11.11.11.11.11.11.11.11.11.11.11.11.			
2 Did the organization undertake any signif	ficant program services during the year wh		
Drior Form 990 or 990-E72			
If "Yes," describe these new services on	Schedule O		Yes X No
3 Did the organization cease conducting of	r make significant changes in how it condu	and a second of	
If "Yes," describe these changes on Sche	edule O		Yes X No
4 Describe the organization's program serv	ice accomplishments for each of its three	largest program services, as measured by	
expenses. Section 501(c)(3) and 501(c)(4	4) organizations are required to report the	amount of grants and allocations to others,	
the total expenses, and revenue, if any, for	or each program service reported	amount of grants and allocations to others,	
	program service reported.		
4a (Code:) (Expenses \$	456,866 including grants of \$	282,596) (Revenue \$	
ANNUAL CAMPAIGN CONDUC	CIED IN FALL TO RAISE	CIIDDODT FOD	
ALLOCATIONS TO PARTICE	IPATING AGENCIES IN S	UBSECTIENT	
CALENDAR YEAR.		ODDEQUENT	
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* 1001100000000000000000000000000000000			
4b (Code:) (Expenses \$	including grants of \$		
N/A	g ricidanty grants or \$) (Revenue \$)

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Other program services (Describe on Sche	17 miles		
	dule O.)		
A STATE OF THE STA	dule O.) including grants of \$) (Revenue \$	1

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete schedule A			ŧ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	. 2	-	X
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b)	. 3		
	election in effect during the tax year? If "Yes," complete Schedule C. Part II	4		x
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues		1	21
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C. Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
7	"Yes," complete Schedule D, Part I	6	ļ	X
,	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
Ū	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
9		8		X
-	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 and it was a line of the custodian for amounts not listed in Part X; or provide and it was a line of the custodian for amounts not listed in Part X; or provide and it was a line of the custodian for amounts not listed in Part X; or provide and it was a line of the custodian for amounts not listed in Part X; or provide and it was a line of the custodian for amounts not listed in Part X; or provide and it was a line of the custodian for amounts not listed in Part X; or provide and it was a list of the custodian for amounts not listed in Part X; or provide and it was a list of the custodian for amounts not listed in Part X; or provide and it was a list of the custodian for a list of the custodian			
	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			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		_X_
	or in quasi endowments? If "Yes," complete Schedule D, Part V	İ		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		<u>X</u>
	VII, VIII, IX, or X, as applicable.			
а				
	complete Schedule D. Part VI	44	v	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a	X	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			**
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	X	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		<u>X</u>
14a	Did the organization have aggregate revenues as a supervised for the United States?	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
	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	146		X
15	and the organization report on Fart IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	-	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	bid the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a?			
20a	If "Yes," complete Schedule G, Part III	19		X
b	bid the diganization operate one or more hospital facilities? If "Yes " complete Schedule H	20a		X
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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.		_	
	Tes, Complete Scriedule I, Parts I and II	21	X	

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	s No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	. 22	+	X
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
21.2	employees? If "Yes," complete Schedule J	23		x
24a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	- 20		+**
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
h	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	bridge dry proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
·	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
d		24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	1	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	****		l
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a	-	X
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	If "Yes," complete Schedule L, Part I	256		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		^
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
172010	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L. Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			T
	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		1	
28	persons? If "Yes," complete Schedule L, Part III	27		X
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28b		X
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
33	complete Schedule N, Part II	32		X
•	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			200-200-201
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		_ <u>X</u> _
	or IV, and Part V, line 1			
35a	Did the organization have a controlled entity within the meaning of section 512/b)/1332	34		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X
	controlled entity within the meaning of section 512(b)(13)? If "Yes" complete Schedule P. Part V. line 3	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Pa	19? Note: All Form 990 filers are required to complete Schedule O. Int V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
	2011000010 0 Contained response of flote to any line in this Part V	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	<u></u>
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		x

28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u>nued)</u>			Yes	No
	Statements, filed for the calendar year ending with or within the year covered by this return		_			
k	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	2a	5	经营		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	irns?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	ıs.				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule					X
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other	<i>•</i> 0		3b		
	a financial account in a foreign country (such as a bank account, securities account, or other financial	author	ty over,			
b	If "Yes," enter the name of the foreign country ▶	ii accoi	int) ?	4a	1.50 E 10	X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial		to (FDAD)			
5a	was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			(A.1.5)		77
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactiff "Yes" to line 5a or 5b, did the organization file 5a or 5b.	ction?		5a		X
С	to the date of 5b, and the organization life Form 8886-1?					X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			5c		
	organization solicit any contributions that were not tax deductible as charitable contributions?			6-		v
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or		6a		X
	girls were not tax deductible?			66		
7	Organizations that may receive deductible contributions under section 170(c).	*****		6b		200
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for a	noods				
	and services provided to the payor?			7a	MERCHA!	
b	res, did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s		1.5		
	required to file Form 8282?			7c		
d	in res, indicate the number of Forms 8282 filed during the year	7.1				RW.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract'		7e		
f	and organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct2		7f		
g	if the organization received a contribution of qualified intellectual property, did the organization file For	m 889	as required?	7g		
h 8	in the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	2 Form 1009 C2	7h		
U	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the)			
9	sponsoring organization have excess business holdings at any time during the year?			8		
а	Sponsoring organizations maintaining donor advised funds.		and a binary a second a moon as a constant		100	Zing.
b	Did the sponsoring organization make any taxable distributions under section 4966?		** * *** * * * * * * * * * * * * * * * *	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b		
а	Initiation fees and capital contributions included on Part VIII, line 12	1				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	10b				
а	Gross income from members or shareholders	[
b	Gross income from other sources. (Do not net amounts due or paid to other sources	11a				
	against amounts due or received from the are	446				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		20.000		
b	If "Yes," enter the amount of tax-exempt interest received as accused during the	12b		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
а	Is the organization licensed to issue qualified health plans in more than one state?			120		
	Note: See the instructions for additional information the organization must report on Schedule O	* **** * ****		13a		VOICE!
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	13b				
С	Lines the amount of reserves on hand	13c		BUN 9		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0		14b		<u>~</u>
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera	tion or	*******************		_	
	excess parachute payment(s) during the year?			15		X
4.5	if res, see instructions and file Form 4720, Schedule N.					100
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome?	L and the control of	16		X
17	ii res, complete Form 4720, Schedule O.		s and third then then a can be			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.		THE STATE STATE STATE STATE AS NOT	Salar Life	368	

Form 990 (2021) UNITED WAY OF MUSKINGUM, PERRY 31-4379456 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Page 6 response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 13 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. Enter the number of voting members included on line 1a, above, who are independent 13 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? X 8a Each committee with authority to act on behalf of the governing body? b X 8b 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 \mathbf{x} Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ▶ OH
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.
200000	

State the name, address, and telephone number of the person who possesses the organization's books and records **>** UNITED WAY

ZANESVILLE

526 PUTNAM AVENUE

OH 43701

740-454-6872

Form 990 (2021) \	JNITED	WAY	OF	MUSKINGUM	DEDDV
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31-4379456

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

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

- 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, 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.

									or, anobior, or tradice.	
(A) Name and title	(B) Average hours per week (list any hours for related Organizations below	bo	x, unl ficer a	Pos check ess pe	erson i	than of the highest compensated employee	an ee)	(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
	dotted line)	6	stee			nsated				
(1) MIKE BENNETT										
BOARD	1.00	x						0	0	0
(2) CHERYL BOLEY								<u> </u>		0
BOARD	1.00	x								
(3) MARC CARPENTER	0.00							0	0	0
BOARD	1.00	x						0	0	
(4) KELLEY DASPIT								U	0	0
BOARD	1.00	x						0	0	0
(5) MEG DEEDRICK									U	0
EXECUTIVE DI	40.00	x								
(6) JARED DOSCH		-						0	0	0
BOARD	1.00 0.00	x						0	0	0
(7) MEGAN DURST										
BOARD	1.00 0.00	х						0	o	0
(8) NANCY EVANGELIST										
BOARD	1.00	х						0		
(9) ERIC HOLSKY					\neg		+	0	0	0
BOARD	1.00	x						0	0	0
(10) CAROL HOWDYSHELL								1	0	0
BOARD	1.00	x						o	0	0
(11) NOELLE JARRETT	4 00			T						
BOARD	1.00	x						0	0	0

	1	1010	,,,,,,	Cy L	-inp	loyee	55, a	ild righest Compensated	d Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	ix, unli ficer a	Pos check ess pe	erson	than c is both Highest compensated employee	n an	(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
(12) LYNN MERCER										
BOARD	1.00									
(13) DAVE STEWART	0.00	X			_			0	0	
	1.00									
BOARD	0.00	X						0	0	(
(14) LEAH VENSIL	1.00									
BOARD	0.00	x						0		
,									0	(
1b Subtotal						.)	•			
c Total from continuation shee d Total (add lines 1b and 1c)						. }	-			
Total number of individuals (included a separable company stars from the separable company sta	cluding but not lin	nited	to th	nose	liste	ed ab	ove)	who received more than \$	\$100,000 of	
 Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line 	rmer officer, dire complete Sched	ctor,	trust	tee, l	key i	empl	oyee	e, or highest compensated	om the	Yes No
individual 5 Did any person listed on line 1a for services rendered to the org	zations greater to a receive or accru anization? If "Ye	han S ue co	\$150 mpe	,000 ensat	? If	"Yes, from	" COI	mplete Schedule J for such	7	4 X
Section B. Independent Contractor	S									J A
Complete this table for your five compensation from the organization.	e nignest compe ation. Report coi	nsate mper	ed ind Isatio	depe	ende or the	nt co	ntrad enda	ctors that received more the	an \$100,000 of	
Name and b	(A) usiness address							Description	B) n of services	(C) Compensation
								Joonpao	1101 0011003	Compensation
		-						-		
Total number of independent co	intractors (includ	ina h	ut no	at lim	nited	to th	000	listed above) wh-		
received more than \$100,000 of	compensation f	rom t	he o	rgan	izati	ion >		noted above) willo	0	

Part VIII Statement of Revenue
Check if Schedule O contain

-		CHECK	11 301	ledule O con	tains	a respo	onse or not	te to any line in th	is Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants	된 1	a Federated cam	paigns	3	1a				ENGLISH WARREN		
Gra		b Membership du	ıes		1b						
ţş,	A	c Fundraising even	ents		1c						
5	a	d Related organiz	zations		1d						
ns,	E	e Government grants (c	contributio	ons)	1e						
ıtio,	e e	f All other contributions and similar amounts r	s, gifts, gr	ants,	45		0E0 400				
ip	Ě	g Noncash contributions	s included	d in	1f		850,422				
onti.	ğ	lines 1a-1f			1g	\$					
<u>ŏ</u>	ā	h Total. Add lines	s 1a-1	f			>	850,422			
							Business Cod	e			
Se	2	a			ene e energia						
eZ	e le										
Program Service	ven	С									····
gra	8 (d									
P	'	e _ ::::::::::::::::::::::::::::::::::::									
		f All other progra									
		g Total. Add lines	2a-21)				
	3				ls, inte	rest, and					The state of the s
	١.	other similar am						1,688			1,688
	4	Income from inv				• 0.000000	s				
	5	Royalties			·····		<u></u>				
				(i) Real		(ii)	Personal				
		Gross rents	6a								
		Less: rental expenses	6b								
		Rental inc. or (loss) 6c Net rental income or (loss)									
	7a	Gross amount from	01 (1	(i) Securities		T ,,	N 29				
		sales of assets	70		634	(1	i) Other				
Ф	h	other than inventory Less: cost or other	7a		034						
nue	~	basis and sales exps.	7b								
SeVe		Gain or (loss)	7c	35	634		***				
Other Revenue	1	Net gain or (loss						35,634	25 624		
Ĕ		Gross income from			· · · · · · · · · · · · · · · · · · ·	********		35,634	35,634		
_		(not including \$	riandia	ionig events							
		of contributions rep	orted o	n line							
		1c). See Part IV, lir			8a						
	b	Less: direct expe			8b						
		Net income or (le		om fundraising e	vents		>				
		Gross income from							KENNESKINESSII (
		activities. See Pa	art IV,	line 19	9a						
	b	Less: direct expe	enses		9b						
		Net income or (lo			ities						
	10a	Gross sales of in									
		returns and allow	vances		10a						
	b	Less: cost of goo	ods sol	d	10b						
		Net income or (lo			ntory						
2							Business Code				
Revenue	11a	UNREALIZED	GAIN	ON BEN. INT	ER			387,444			387,444
en (en	b	MISCELLANEC	OUS II	NCOME				12,590			12,590
Rej	С	ADMINISTRAT						3,359			3,359
Ē	d	All other revenue	a								
		Total. Add lines						403,393			
_	12	Total revenue. S	See ins	tructions	<u></u>			1,291,137	35,634	0	405,081

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, (A) Total expenses (B) Program service (D) Fundraising 8b, 9b, and 10b of Part VIII. Management and expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 282,596 282,596 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 215,475 77,342 84,416 53,717 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 35,399 12,706 13,868 8,825 Payroll taxes 18,151 6,515 7,111 4,525 Fees for services (nonemployees): Management b Legal С Accounting 97,314 50,433 46,152 729 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 5,217 876 876 3,465 Office expenses 13 Information technology 14 15 Royalties Occupancy 16 3,615 1,298 901 1,416 17 100 36 39 25 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 1,732 622 678 432 20 Payments to affiliates 21 12,221 12,221 Depreciation, depletion, and amortization 22 2,437 875 955 607 23 Insurance Other expenses. Itemize expenses not covered 24 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.) REPAIRS BUILDING a 15,509 5,567 6,076 3,866 CARES ACT b 10,000 10,000 MISCELLANEOUS C 5,966 1,115 3,988 863 SMALL EQUIPMENT d 5,494 1,972 2,152 1,370 e All other expenses 21,798 4,913 10,434 6,451 25 Total functional expenses. Add lines 1 through 24e 733,024 456,866 190,382 85,776 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 following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

-		Check if Schedule O contains a response or not	e to any line in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	,		
	2	Savings and temporary cash investments	981,627		1,060,421		
	3	r leages and grants receivable, net			113,821		171,024
	4	Total Contractor, Hot		4	1/1,025		
	5	Loans and other receivables from any current or forme		Loads I			
		trustee, key employee, creator or founder, substantial of	contributor, or	35%			
		controlled entity or family member of any of these pers	ons			5	
	6	Loans and other receivables from other disqualified per	rsons (as defin	ned		3	
sts		under section 4958(f)(1)), and persons described in sec	ction 4958(c)(3	B)(B)		6	
Assets	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use					
	9	Prenaid evnences and deferred shares		The second in the control of the second in southern to the	3,041	8	4 600
	10a	Land, buildings, and equipment: cost or other	7	************	3,041	9	4,682
- 1		basis. Complete Part VI of Schedule D	102	64 212			
	b	Less: accumulated depreciation		64,212	1 010		
	11	Investments—nublicly traded as autities			4,946		2,510
	12	Investments other cognition See Ded IV III 44				11	
	13	Investments—program-related. See Part IV, line 11	* * * * * * * * * * * * * * * * * * * *			12	
	14	Intangible assets		13			
	15	Other coasts Car D. J. B. J. P. J. J.			2 074 650	14	
	16	Total assets. Add lines 1 through 15 (must equal line 3	· · · · · · · · · · · · · · · · · · ·		3,974,658	15	4,369,448
	17	Accounts payable and accrued expenses		5,078,093		5,608,085	
	18	Grants payable		73,977	17	45,856	
	19				8	18	
	20	Deferred revenue Tax-exempt bond liabilities	**********			19	
- 1	21	Tax exempt bond nabilities				20	
	22	Escrow or custodial account liability. Complete Part IV of	of Schedule D	*******		21	
Liabilities		Loans and other payables to any current or former office	er, director,				
ē		trustee, key employee, creator or founder, substantial co	ontributor, or 3	55%			
Ë.	23	controlled entity or family member of any of these perso	ns	*************		22	
- 1	23 24	Secured mortgages and notes payable to unrelated third	d parties			23	
		Unsecured notes and loans payable to unrelated third pa	arties			24	
1	23	Other liabilities (including federal income tax, payables t	o related third				
		parties, and other liabilities not included on lines 17-24).	Complete Par	rt X			
1.	20	of Schedule D Total liabilities. Add lines 17 through 25		25			
- 1	26				73,977	26	45,856
ဖွ		Organizations that follow FASB ASC 958, check here	e ► [X]				
2		and complete lines 27, 28, 32, and 33.					
ala		Net assets without donor restrictions			1,118,061	27	1,288,730
9 4		Net assets with donor restrictions			3,886,055	28	4,273,499
Ĕ		Organizations that do not follow FASB ASC 958, che					
<u>.</u>		and complete lines 29 through 33.					
S 2		Capital stock or trust principal, or current funds			29		
sel	30	Paid-in or capital surplus, or land, building, or equipment	fund			30	
As	31	Retained earnings, endowment, accumulated income, or	other funds			31	
Net Assets or Fund Balances	52	lotal net assets or fund balances			5,004,116	32	5,562,229
3	33	Total liabilities and net assets/fund balances			5,078,093	33	5,608,085
					3,0,0,093	33	<u></u>

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