FOR TAX YEAR 2022

MONROE COUNTY UNITED WAY FUND INC

BURKHALTER GROUP 1500 W BROADWAY AVE MARYVILLE, TN 37801 (865)984-4080

BURKHALTER GROUP

1500 W BROADWAY AVE MARYVILLE, TN 37801

Phone: (865)984-4080 | Fax:

September 28, 2023

MONROE COUNTY UNITED WAY FUND INC PO BOX 722 SWEETWATER, TN 37874

MONROE COUNTY UNITED WAY FUND INC:

Enclosed is the 2022 federal return for a tax-exempt organization, prepared for MONROE COUNTY UNITED WAY FUND INC from the information provided. The return was e-filed with the IRS and was accepted on September 28, 2023.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (865)984-4080.

Sincerely,

Ted A Burkhalter Jr BURKHALTER GROUP

	Acknowledgement and General Information for Entities That File Returns Electronically	2022				
Name(s) as shown on return	NITED WAY FUND INC	Employer Identification Number				
Name(s) as shown on return Employer Identification Number MONROE COUNTY UNITED WAY FUND INC **-***3635 Entity address						
	DU DO, IT WILL DELAY THE PROCESSING OF THE RET	UKIN.				

	Acknowledgement and General Information for Entities That File Returns Electronically	2022
Name(s) as shown on return	NITED WAY FIIND INC	Employer Identification Number
MONROE COUNTY U Entity address PO BOX 722 SWEETWATER, TH Thank you for par 1. X 2022 8868 The electronic fill 2. X 8868-01 an electronic sign The submission I PLEASE	NITED WAY FUND INC N 37874 ticipating in IRS e-file. -01	Employer Identification Number **-***3635 lectronically. al Identification Number (PIN) as ther or generate a PIN signature.

Form C	990
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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)
--	-----------------------------------

2022

Department of the Treasury Do not enter social security numbers on this form as					as it may be	e made pub	lic.		Open to Public		
Interr	nal R	evenu	e Service	Go to w	Go to www.irs.gov/Form990 for instructions and the latest information.						
Α	For	the	2022 calend	alendar year, or tax year beginning , 2022, and ending							
в	Cheo	ck if ap	oplicable:	C Name of organization MC	NROE COUNTY UNITED WAY FUN	D INC	oyer identification number				
	Addr	ress ch	hange	Doing business as						23-7433635	
	Nam	ie chai	nge	Number and street (or P.O. bo	ox if mail is not delivered to street address)		Room/suite	E	E Telephone number		
	Initia	l retur	'n	PO BOX 722						(423)337-7690	
	Fina	l returr	n/terminated	City or town, state or province	, country, and ZIP or foreign postal code			G	Gross	s receipts	
Π	Ame	nded i	return	SWEETWATER, TM	1 37874				\$	226,470	
Ē	Appl	icatior	pending	F Name and address of principa			H(a) Is this a group	return f	or subordinates? Yes X No	
) Are all subc			
1	Tax-	exem	ot status: X	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 5	27	`			t. See instructions	
		site:	N/A				H(c) Group exen			
				Corporation Trust Ass	sociation Other L	Year of formati				al domicile: TN	
	nrt		Summar					in Oldie	or log		
				•	ion or most significant activities: WE H			TETNO	FITT	DS AND SUPPORTING	
			•	-	PORTUNITY AND CREATE LASTIN						
e			-		INSURE A GOOD LIFE FOR ALL						
ano				N, AND FINANCIAL		DI FUNDI	NG PROGR	CAMS IN		FOCUS IN REALIN,	
Governance						more then 25		ossota			
Š					discontinued its operations or disposed of i				2		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				а а					3	15	
Activities &					s of the governing body (Part VI, line 1b)				4	15	
iviti					n calendar year 2022 (Part V, line 2a) .				5	2	
Act				er of volunteers (estimate if					6		
					Part VIII, column (C), line 12			-	7a	0	
		b	Net unrelate	ed business taxable income	e from Form 990-T, Part I, line 11				7b	0	
		8         Contributions and grants (Part VIII, line 1h)         Prior Year           283,03								Current Year	
									)35	204,771	
Jue			-		e 2g)					0	
Revenue	1				A), lines 3, 4, and 7d)					(4,721)	
Å	1			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						8,035	
	-				(must equal Part VIII, column (A), line 12)			280,6	523	208,085	
	1				IX, column (A), lines 1-3)			117,5	573	100,329	
	1			d to or for members (Part I)						0	
		15	Salaries, oth	er compensation, employee	e benefits (Part IX, column (A), lines 5-10)			54,1	.23	56,974	
ses	-	16a	Professional	I fundraising fees (Part IX,	column (A), line 11e)					5,393	
Expenses		b	Total fundrai	ising expenses (Part IX, co	lumn (D), line 25)	20,985					
Щ		17	Other expen	ses (Part IX, column (A), li	nes 11a-11d, 11f-24e)			29,0	)16	24,052	
		18	Total expense	ses. Add lines 13-17 (must	equal Part IX, column (A), line 25)			200,7	12	186,748	
		19	Revenue les	s expenses. Subtract line	18 from line 12			79,9	911	21,337	
5	ŝ						Beginning	g of Current	Year	End of Year	
<u>Net Assets or</u>	alan	20	Total assets	(Part X, line 16)				320,2	291	314,744	
Ass	d Ba	21	Total liabilitie	es (Part X, line 26)				8,5	547	4,014	
Pet 1	Ĩ I	22	Net assets of	or fund balances. Subtract	line 21 from line 20			311,7	44	310,730	
Pa	rt		Signatu	re Block							
					rn, including accompanying schedules and statements icer) is based on all information of which preparer has		of my knowledg	e and belief, i	it is		
			CAYL	EN MATOY							
Sig	In	F	Signature of offic						Dat	e	
He			C'AYT.	EN MATOY, MANAGER							
		F	Type or print nar	-	-						
				eparer's name	Preparer's signature	Date		Check	if	PTIN	
Pai	d		Ted A E	Burkhalter Jr		09-28-20	23	self-employ		P00552853	

May the IRS discuss this return with the preparer shown above? See instructions

BURKHALTER GROUP

1500 W BROADWAY AVE

MARYVILLE TN 37801

Firm's name

Use Only Firm's address

Preparer

EEA

Yes

865-984-4080

. . . . . . .

Firm's EIN

Phone no.

. . . . .

. . . . . . . . .

Form	990 (2022) MONROE COUNTY UNITED WAY FUND INC	23-7433635	Page <b>2</b>
Par	rt 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:		
	WE HELP PEOPLE BY RAISING FUNDS AND SUPPORTING PROGRAMS THAT PROVIDE OPPORTUN	ITY AND CRE	ATE
	LASTING CHANGE IN OUR COMMUNITY. UNITED WAY OF MONROE COUNTY FIGHTS TO ENSUR	E A GOOD LI	FE FOR
	ALL BY FUNDING PROGRAMS THAT FOCUS IN HEALTH, EDUCATION, AND FINANCIAL STABIL		
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		
5	services?	🗌 Yes 🛛	No
	If "Yes," describe these changes on Schedule O.	🗋 163 🖉	
4		by	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured average $Social = 504(a)(4)$ and $504(a)(4)$ exceptions are required to repeat the amount of grants and all eactions to att	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	iers,	
	the total expenses, and revenue, if any, for each program service reported.		
		<b>^</b>	
4a	(Code:) (Expenses \$135,298 including grants of \$) (Revenue	-	,771)
	CONTRIBUTIONS TO OTHER "NOT-FOR-PROFIT" AGENCIES EXEMPT UNDER IRS 501(C)(3).		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
		•	
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue	\$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses     135,298		

Forn	1 990 (2022) MONROE COUNTY UNITED WAY FUND INC 23-7433	535	F	Page 3
Pa	rt 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	1	х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
~	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		x
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
U	complete Schedule D. Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
Ŭ	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	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	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	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	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	116		v
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		x
15	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	15		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			-
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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.	19		x
20 a	· · · · · · · · · · · · · · · · · · ·	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form	990 (2022) MONROE COUNTY UNITED WAY FUND INC 23-743	3635	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)		1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		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 or any of these persons? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV.	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	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		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
~~	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	-		
25-		34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		
27	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	27		
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			
Dar	19? Note: All Form 990 filers are required to complete Schedule O	38	X	L
Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	
1 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	162	No
1a b		0		
b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	v	
		1c	X	(2022)

Form	990 (2022) MONROE COUNTY UNITED WAY FUND INC 23-7433	535	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	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 returm 2a 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," 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			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any 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?	17		
	If "Yes," complete Form 6069.			

Forr	m 990 (2022) MONROE COUNTY UNITED WAY FUND INC 23-743	3635	F	age 6				
Pa	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 in Schedule O. See instruct	tions.						
	Check if Schedule O contains a response or note to any line in this Part VI			х				
See	ction A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	5						
	If there are material differences in voting rights among members of the governing body, or							
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain on Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
	any other officer, director, trustee, or key employee?	2		х				
3	Did the organization delegate control over management duties customarily performed by or under the direct							
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х				
6	Did the organization have members or stockholders?	6		х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint							
	one or more members of the governing body?	7a	x					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
	stockholders, or persons other than the governing body?	7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following:							
а	The governing body?	8a	x					
b	Each committee with authority to act on behalf of the governing body?	8b	x					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at							
800	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x				
	CION D. I ONCIES (This Section D requests information about policies not required by the internal Revenue Code.)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	x				
	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?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a		x				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
с	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		х				
14	Did the organization have a written document retention and destruction policy?	14		х				
15	Did the process for determining compensation of the following persons include a review and approval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	x	L				
b	Other officers or key employees of the organization	15b	x					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
	with a taxable entity during the year?	16a		x				
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	401						
Sec	organization's exempt status with respect to such arrangements?	16b	1					
3ec 17	List the states with which a copy of this Form 990 is required to be filed Tennessee							
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 V Upon request Other ( <i>explain on Schedule O</i> )							
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.							
	CAYLEN MATOY (423)337-7690, PO BOX 722, SWEETWATER, TN 37874							

Form 990 (202	22) MONROE COUNTY UNITED WAY FUND INC	23-7433635	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII	<u> </u>	🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated En	nployees	
<b>1a</b> Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with c tax year.	r within the	
	f the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardles . Enter -0- in columns (D), (E), and (F) if no compensation was paid.	s of amount of	
<ul> <li>List all of</li> </ul>	f the organization's current key employees, if any. See the instructions for definition of "key employee.'	1	
<ul> <li>List the c</li> </ul>	organization's five <b>current</b> highest compensated employees (other than an officer, director, trustee, or k	(ey employee)	
who received	reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NE	C) of more than	
\$100,000 from	n 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 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 site     (B) Average (B) (B) (B) (B) (B) (B) (B) (B) (B) (B)			(C)							
Name and tile     Average (b) of officed work a description per very (b) over (b) operations bound for operations bound for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operations for operation	(A)	(B)					(D)	(F)	(F)	
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Image: Solution of the second secon			livid. direc	tituti	y em	ploy	rmer	1099-NEC)	1099-NEC)	related organizations
Image: Solution of the second secon			ual tr	onal	ploy	ee on				
Intervention         Intervention<		below	uster	trust	ee	npen				
Image: state		dotted line)		ee		sate				
DIRECTOR         X         X         X         36,724         0         0           OPFICE MANAGER         25.00         X         10,209         0         0           OFFICE MANAGER         X         10,209         0         0         0           OFFICE MANAGER         X         0         0         0         0         0           DIRECTOR         X         0         0         0         0         0         0           DIRECTOR         1.00         X         0         0         0         0         0           DIRECTOR         1.00         X         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0						a				
DIRECTOR         X         X         X         36,724         0         0           OPFICE MANAGER         25.00         X         10,209         0         0           OFFICE MANAGER         X         10,209         0         0         0           OFFICE MANAGER         X         0         0         0         0         0           DIRECTOR         X         0         0         0         0         0         0           DIRECTOR         1.00         X         0         0         0         0         0           DIRECTOR         1.00         X         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0										
(2) STACY MCWILLIAMS       25.00       X       10,209       0       0         (3) MEGAN PATE       1.00       X       0       0       0         (4) SHERNI MCCRARY       1.00       X       0       0       0         DIRECTOR       X       0       0       0       0       0         DIRECTOR       1.00       X       0       0       0       0       0         DIRECTOR       1.00       X       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td< td=""><td>(1) CAYLEN MATOY</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(1) CAYLEN MATOY	40.00								
OFFICE MANAGER         X         10,209         0         0           (3) MEGAN PATE         1.00         X         0         0         0           DIRECTOR         X         0         0         0         0           DIRECTOR         1.00         X         0         0         0           DIRECTOR         1.00         X         0         0         0           DIRECTOR         1.00         X         0         0         0           DIRECTOR         X         0         0         0         0           DIRECTOR         1.00         X         0         0         0           DIRECTOR         1.00         X         0         0         0           DIRECTOR         X         0         0         0         0           DIRECTOR         X         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	DIRECTOR		x			х		36,724	0	0
(3) MEGAN PATE       1.00       x       0       0       0         DIRECTOR       1.00       x       0       0       0         DIRECTOR       1.00       x       0       0       0         DIRECTOR       x       0       0       0       0         DIRECTOR       x       0       0       0       0         DIRECTOR       x       0       0       0       0         DIRECTOR       1.00       x       0       0       0         DIRECTOR       1.00       x       0       0       0         DIRECTOR       1.00       x       0       0       0       0         DIRECTOR       1.00       x       0       0       0       0         DIRECTOR       x       0       0       0       0       0       0         DIRECTOR       x       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	(2) STACY MCWILLIAMS	25.00								
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(4) SHERRI MCCRARY       1.00       x       0       0       0         DIRECTOR       x       0       0       0       0         DIRECTOR       2.00       x       0       0       0         DIRECTOR       x       0       0       0       0         DIRECTOR       1.00       x       0       0       0         DIRECTOR       1.00       x       0       0       0         DIRECTOR       1.00       x       0       0       0         DIRECTOR       x       0       0       0       0         DIRECTOR       1.00       x       0       0       0       0         DIRECTOR       1.00       x       0       0       0       0       0         DIRECTOR       2.00       x       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       <	(3) MEGAN PATE	1.00								
DIRECTOR         X         0         0         0           (5) SANDRA FREEMAN         2.00         X         0         0         0           DIRECTOR         X         0         0         0         0           DIRECTOR         1.00         X         0         0         0           DIRECTOR         1.00         X         0         0         0           DIRECTOR         1.00         X         0         0         0           DIRECTOR         X         0         0         0         0         0           DIRECTOR         X         0         0         0         0         0         0           DIRECTOR         X         0         0         0         0         0         0 </td <td>DIRECTOR</td> <td></td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>	DIRECTOR		2					0	0	0
(5) SANDRA FREEMAN       2.00       X       0       0       0         DIRECTOR       1.00       X       0       0       0       0         DIRECTOR       X       0       0       0       0       0       0         DIRECTOR       X       0       0       0       0       0       0       0         DIRECTOR       X       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	(4) SHERRI MCCRARY	1.00								
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(6) CARL NOBEL       1.00       X       0       0       0         DIRECTOR       X       0       0       0       0         (7) KATHRYN COMPEAU       1.00       X       0       0       0         DIRECTOR       X       0       0       0       0         DIRECTOR       1.00       X       0       0       0         DIRECTOR       X       0       0       0       0         (1)BRIAN GIANASIO       1.00       X       0       0       0         DIRECTOR       X       0	(5) SANDRA FREEMAN	2.00								
DIRECTOR       X       0       0       0         (7) KATHRYN COMPEAU       1.00       X       0       0       0         DIRECTOR       X       0       0       0       0         DIRECTOR       1.00       X       0       0       0       0         DIRECTOR       1.00       X       0       0       0       0         DIRECTOR       1.00       X       0       0       0       0         DIRECTOR       X       0       0       0       0       0       0         (1)BRIAN GIANNASIO       1.00       1.00       0       0       0       0       0         DIRECTOR       X       0       0       0       0       0       0       0         (13)JOE MARLETTE <td< td=""><td></td><td></td><td></td><td>_</td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></td<>				_				0	0	0
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(12)BRYAN HALL       1.00       x       0       0       0         DIRECTOR       x       x       0       0       0       0         (13)JOE MARLETTE       2.00       x       x       0       0       0         TREASURER       x       x       x       0       0       0         (14)TIM MOREE       2.00       x       x       0       0       0		1.00								
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TREASURER     X     X     0     0     0       (14)TIM MOREE     2.00     2.00     0     0     0       VICE CHAIRMAN     X     X     0     0     0				_				0	0	0
(14)TIM_MOREE         2.00         x         x         0         0         0           VICE_CHAIRMAN         x         x         x         0         0         0         0		2.00								
VICE CHAIRMAN X X 0 0 0				<b>x</b>				0	0	0
	÷	2.00						•		_
	VICE CHAIRMAN EEA		X	X				0	0	0 Form <b>990</b> (2022)

Form 990 (2022)

	90 (2022) MONROE COUNTY UNI										3-7433			9age <b>8</b>
Part	VII Section A. Officers, Directors, T	rustees, l	Key I	Emp	oloy	yee	es, an	d F	lighest Comp	ensated	l Empl	oyees	(cont	inued,
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unles cer and	Pos eck m is per	rson i rector	han one s both ar /trustee) Highest compensated		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reporta compensi from rela organization 1099-MI 1099-NE	able ation ated ns (W-2/ ISC/	cor f orga	(F) ated am of other npensat rom the nization d organiz	ion and
(15)PA	TSY_CARSON	1.00												
(16)SH	STARY	1.00			x				0		0			0
CHAI (17)	RMAN		x		x				0		0			0
(18)														
<u>(19)</u>														
(20)														
(21)														
<u>(22)</u>														
(23)														
(24)														
(25) 1b c d	Subtotal          Total from continuation sheets to Part VII, Sect         Total (add lines 1b and 1c)					•••			46,933		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization									of			Yes	0 No
3 4	Did the organization list any <b>former</b> officer, direct employee on line 1a? <i>If "Yes," complete Schedul</i> For any individual listed on line 1a, is the sum of re	le J for such	individ	dual.		•••	••••					3		x
5	organization and related organizations greater th <i>individual</i>		on from	 n any	unre	 elate	 ed orga	 aniza	ation or individual			4		x
Secti	for services rendered to the organization? If "Yes on B. Independent Contractors	s," complete	Sched	dule J	I for	SUC	h pers	on		• • • • •		5		х
1	Complete this table for your five highest compensat													
	compensation from the organization. Report comp (A) Name and business addres		the ca	lenda	ar ye	ar e	ending	with	I OT WITHIN THE OTGA (B) Description of service		ax year.	(C) Compens	ation	
2	Total number of independent contractors (including received more than \$100,000 of compensation fro	-			e list	ted	above)	) wh	0					

Form 99	90 (202	22) MONROE COUNTY UNITE	D WAY FUND IN	1C		23-74336	35 Page 9
Part	VIII	Statement of Revenue					
		Check if Schedule O contains a response or r	note to any line in thi	s Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c f f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f1gTotal. Add lines 1a-1f	\$	204,771			
Program Service Revenue		All other program service revenue					
	3 4 5 6a b	Investment income (including dividends, interest, other similar amounts)	and 	(4,721)	(4,721		
Other Revenue	d 7a b c	Net rental income or (loss)	(ii) Other	8,035	8,035		
Other R	8a b c 9a	Gross income from fundraising events (not including \$	a D 				
	10a b	Net income or (loss) from gaming activities          Gross sales of inventory, less          returns and allowances          Less: cost of goods sold          Net income or (loss) from sales of inventory	b				
Miscellanous Revenue		All other revenue					
		Total revenue. See instructions		208,085	3,314	0	0

Form 990 (2022) MONROE COUNTY UNITED WAY FUND INC 23-7433635 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 . . . . . . . . . (D) Fundraising (A) Total expenses (B) (C) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 100,329 100,329 . . . Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . 4 Benefits paid to or for members . . . . . . . . . . Compensation of current officers, directors, 5 9,954 25,705 51,068 15,409 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . Other salaries and wages ..... 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 1,483 659 569 255 9 10 1,966 4,423 1,695 762 11 Fees for services (nonemployees): а b Legal..... 3,555 3,555 С d 5,393 Professional fundraising services. See Part IV, line 17 5,393 е f Investment management fees . . . . . . . . . . . . Other. (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion ..... 505 151 354 Office expenses . . . . . . . . 13 1,945 245 1,042 658 Information technology . . . . 14 15 Royalties . . . . . . . . . 16 2,777 2,777 17 1,782 3,160 357 5,299 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates . . . 21 22 Depreciation, depletion, and amortization 23 1,370 1,370 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A), amount, list line 24e expenses on Schedule O.) 5060 DUES 2,986 195 а 3,181 b SUPPLIES 5,420 1,626 542 3,252 С d е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 186,748 135,298 30,465 20,985 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs

from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

	990 (20	,	[ FUI	ID INC	2.	3-743	3635 Page 11
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to ar	ny line in this Part X		••••	· · · · · · · · ·
					(A)		(B)
	4	Or all a set interest the entire			Beginning of year		End of year
	1	Cash - non-interest-bearing			92,144	1	106,671
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			37,817	3	25,093
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former					
		trustee, key employee, creator or founder, substantial co controlled entity or family member of any of these perso				5	
	6	Loans and other receivables from other disqualified pers				5	
	0	under section 4958(f)(1)), and persons described in sec				6	
	7	Notes and loans receivable, net				7	
its	8	Inventories for sale or use			8		
Assets	9	Prepaid expenses and deferred charges			1,518	9	2,028
∢	9 10a	Land, buildings, and equipment: cost or other	· · ·	•••••	1,510	9	2,028
	IVa		10a	291,848			
	b		10a		153,619	10c	150,548
	11	Investments - publicly traded securities	L	-	35,193	11	30,404
	12	Investments - other securities. See Part IV, line 11	33,133	12	50,101		
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal line 3		320,291	16	314,744	
	17	Accounts payable and accrued expenses			3,864	17	451
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV of	f Sche	dule D		21	
s	22	Loans and other payables to any current or former office	r, dire	ctor,			
Liabilities		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%			
iabi		controlled entity or family member of any of these perso	ns			22	
	23	Secured mortgages and notes payable to unrelated thir	d parti	es		23	
	24	Unsecured notes and loans payable to unrelated third p	arties	•••••		24	
	25	Other liabilities (including federal income tax, payables t					
		parties, and other liabilities not included on lines 17-24).	Comp	lete Part X			
		of Schedule D			4,683	25	3,563
	26	Total liabilities. Add lines 17 through 25			8,547	26	4,014
		Organizations that follow FASB ASC 958, check here	e X				
ŝ		and complete lines 27, 28, 32, and 33.					
nce	27	Net assets without donor restrictions			311,744	27	310,730
sala	28			· · · <u>·</u> · · · · · · · ·		28	
Б		Organizations that do not follow FASB ASC 958, che	eck he	re 🗌			
Für		and complete lines 29 through 33.					
JO.	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equipmen				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, o				31	
Net	32	Total net assets or fund balances	311,744	32	310,730		
	33	Total liabilities and net assets/fund balances			320,291	33	314,744

EEA

Form 990 (2022)

Form	990 (2022) MONROE COUNTY UNITED WAY FUND INC	23-743363	5	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		208,	085
2	Total expenses (must equal Part IX, column (A), line 25)	2		186,	748
3	Revenue less expenses. Subtract line 2 from line 1	3		21,	337
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		311,	744
5	Net unrealized gains (losses) on investments	5		(6,	,659)
6	Donated services and use of facilities	6			
7	Investment expenses	7			422
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		(16,	,114)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		310,	730
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	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:	)			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Forn	n <b>990</b> (	(2022)

SCHE	DULE	Α
(Form	990)	

## **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.

/IB No.	1545-004

2022

			complete il the o	rgamzation is a section	Sur(c)(S) organization of a sec	511011 4347 (a)	(i) nonexemp		
		t of the Treasury		Attac	h to Form 990 or Form	990-EZ.			Open to Public
		venue Service	Go to	www.irs.gov/For	m990 for instructions a	and the lat	test inform		Inspection
		ne organization						Employer identification	
			ITED WAY FUNE		l organizations mus	t comple	to this r	23-74336	
					ies 1 through 12, check o				
1	gai $\square$		•	,	hurches described in se	•		L	
2	П				h Schedule E (Form 990		~/( · /( · /( · /( · /	•	
3	Π				ion described in section		(A)(iii).		
4		A medical rese	earch organization o	perated in conjunct	ion with a hospital descr	ibed in <b>se</b>	ction 170(	(b)(1)(A)(iii). Enter th	e
		hospital's nam	e, city, and state:						
5		An organizatio	n operated for the be	enefit of a college o	r university owned or ope	erated by a	a governme	ental unit described in	
	section 170(b)(1)(A)(iv). (Complete Part II.)								
6	Ц		-	•	unit described in sectio				
7	X	-	-		art of its support from a g	overnmen	tal unit or f	rom the general public	
•			ection 170(b)(1)(A)						
8 9		•			(vi). (Complete Part II.)	paratad in	ooniunatia	n with a land grant of	
9		-	-		ction 170(b)(1)(A)(ix) or (see instructions). Enter			-	Jiege
		university:	a non lana grant oo	liege of agriculture		the fidilite,	onty, and of		
10									
11									
12	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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3).</b> Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12a, 12f, and 12g.								
а		_	-		rvised, or controlled by i			-	
-					rly appoint or elect a maj		-		99
					rt IV, Sections A and B	-			
b			-		controlled in connection		pported or	ganization(s), by hav	ing
		control or	management of the s	supporting organiza	tion vested in the same p	persons that	at control o	r manage the support	ed
		organizatio	on(s). You must co	mplete Part IV, Se	ctions A and C.				
С		Type III fu	nctionally integrate	ed. A supporting or	ganization operated in c	onnection	with, and	functionally integrate	d with,
		_			ou must complete Part				
d					ng organization operated				
					generally must satisfy a			ent and an attentivene	ess
•		_ `			ete Part IV, Sections A en determination from the				
е					integrated supporting or			і, туре ії, туре ії	
f	F		r of supported organ						
g			ving information abo						
		ame of supported or		(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Schedu	le A (Form 990) 2022 MONROE COUI	NTY IINTTED	WAY FUND TI	NC.		23-743363	5 Page <b>2</b>
Part					(A)(iv) and		
· ur	(Complete only if you checked th						
	Part III. If the organization fails to						
Secti	on A. Public Support	o quality and					
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(6) 2013	(0) 2020	(d) 2021	(6) 2022	
•	membership fees received. (Do not						
	include any "unusual grants.")	000 017		246 422		004 771	1 005 117
2	Tax revenues levied for the	238,217	252,662	246,432	283,035	204,771	1,225,117
2	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3	238,217	252,662	246,432	283,035	204,771	1,225,117
5	The portion of total contributions by	230,217	252,002	240,432	203,035	204,771	1,225,117
5	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)						111 (10
6	Public support. Subtract line 5 from line 4.						111,619
	on B. Total Support						1,113,498
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	238,217	252,662	246,432	283,035	204,771	1,225,117
8	Gross income from interest, dividends,	230,217	252,002	210,132	203,035	204,771	1,223,117
0	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	111	150	2.165	2 504	(4 701)	1 200
9	Net income from unrelated business	111	150	2,165	3,594	(4,721)	1,299
3	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)	(1,305)	(4 749)	(7 920)	(7, 156)	9 0 2 5	(12 002)
11	<b>Total support.</b> Add lines 7 through 10	(1,305)	(4,748)	(7,829)	(7,156)	8,035	(13,003)
12	Gross receipts from related activities, etc.	(see instructio				12	1,213,413
13	First 5 years. If the Form 990 is for the o						·)(3)
15	organization, check this box and <b>stop he</b>						
Secti	on C. Computation of Public Suppo				• • • • • • • • •	• • • • • • • •	•••••
14	Public support percentage for 2022 (line 6			1 column (f))		14	91.77 %
15	Public support percentage from 2021 Sch		•			15	89.67 %
16a	33 1/3% support test - 2022. If the organ	,	•				
Tua	box and <b>stop here.</b> The organization qua						
b	<b>33 1/3% support test - 2021.</b> If the organ						
D	this box and <b>stop here.</b> The organization						
170	10%-facts-and-circumstances test - 20	•	• • • •	•			
17a	10% or more, and if the organization mee	•					
	-						
	Part VI how the organization meets the fa			-			
L	organization						
b	10%-facts-and-circumstances test - 20	-					
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets the			-	-		
	organization						
18	Private foundation. If the organization di						
	instructions						
EEA						Schedule	A (Form 990) 2022

Schedu	le A (Form 990) 2022 MONROE COUN	TY UNITED	WAY FUND IN	1C		23-74336	35 Page 3
Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	10 of Part I of	or if the organ	nization failed	to qualify u	nder Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	.)	
Secti	on A. Public Support			· •	•	•	
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
U	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
5	or expended on its behalf						
5							
	furnished by a governmental unit to the						
•	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						+
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11,						
10	and 12.)						
14	First 5 years. If the Form 990 is for the or	appization's fir	st second thi	rd fourth or fif	th tax year as a	a soction 501	(c)(2)
14	organization, check this box and <b>stop her</b>	•			-		
Sacti	on C. Computation of Public Suppor					•••••	•••••
				$2 \operatorname{colump}(f)$		45	0/
15	Public support percentage for 2022 (line 8		•			15	<u>%</u>
16 Socti	Public support percentage from 2021 Sch				• • • • • • • • •	16	%
-	on D. Computation of Investment Ind		-		(1)	47	
17	Investment income percentage for 2022 (I			•		17	<u>%</u>
18	Investment income percentage from 2021					18	<u>%</u>
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this be		-	-			
b	33 1/3% support tests - 2021. If the organizati						
	line 18 is not more than 33 1/3%, check this bo	-	-			-	_
20	Private foundation. If the organization di	d not check a b	box on line 14,	19a, or 19b, c	neck this box a	nd see instru	ctions

Page 4

#### Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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? 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. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? 5b С Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

Schedu	le A (Form 990) 2022 MONROE COUNTY UNITED WAY FUND INC 23-743.	3635	F	Page
Part	IV Supporting Organizations (continued)		_	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b ar	ıd		
	11c below, the governing body of a supported organization?	11a	1	
b	A family member of a person described on line 11a above?	11k	)	
с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	110	;	
ecti	on B. Type I Supporting Organizations			
			Yes	No
1	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? 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 suppor	ted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among th	e		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Pa	rt		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ecti	on C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director	s		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).	1		
ecti	on D. All Type III Supporting Organizations			

#### Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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? 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.
- 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? 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Schedule A (Form 990) 2022

2a

2b

3a

3b

Yes No

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			,
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ons must complete Secti	
Secti	on 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on 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-functiona	-	tegrated Type III suppor	ting organization

MONROE COUNTY UNITED WAY FUND INC

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

23-7433635

Page 6

	e A (Form 990) 2022 MONROE COUNTY UNITED WAY				3635 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(	<ol><li>Supporting Organ</li></ol>	izations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	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	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
•	and 4c. Breakdown of line 7:				
8					
<u>a</u>	Excess from 2018 Excess from 2019				
b	Evenes from 2020				
<u> </u>	Excess from 2020				
	Excess from 2021 Excess from 2022				
<u>e</u>					Sabadula A (Farm 000) 0000
EEA					Schedule A (Form 990) 2022

Schedule A (F	orm 990) 2022 Page 8
Part VI	<b>Supplemental Information.</b> 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.)

## Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

## Schedule of Contributors

OMB No. 1545-0047

### Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization	Employer identification number					
MONROE COUNTY UNITED WAY FUND INC	23-7433635					
Organization type (check one):						

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

Even 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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year .....\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B	(Form 990)	(2022)
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Name of organization

Page 2 Employer identification number

MONROE COUNTY UNITED WAY FUND INC

23-7433635

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_1_	KAHITE		Person 🗴 Payroll 🗌		
	400 KAHITE TRAIL	\$33,002	Noncash		
	VONORE TN 37885		noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_2_	RARITY BAY		Person x Payroll		
	403 RARITY BAY	\$9,850	Noncash  (Complete Part II for		
(-)	Vonore TN 37885		noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash		
			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash		
			(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
		1			

SCHEDULE D	
(Form 990)	

## **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.

OMB No. 1545-0047

2022 Open to Public

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al Revenue Servic	е
tment of the Treas	ury

Goto	WWW ire	.gov/Form990	for in	structions	and the	latost	information	
90 10	www.ii 5.	.900/гонн990	IOI III	Suructions	anu me	latest	iniornation.	

Employer identification number

MONRO	E COUNTY UNITED WAY FUND INC		23-7433635
Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Ac	counts.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	1
•	funds are the organization's property, subject to the organiz-	-	
6	Did the organization inform all grantees, donors, and donor a	-	
U	only for charitable purposes and not for the benefit of the do		
Par	conferring impermissible private benefit?		
ı aı	Complete if the organization answered "Yes"	on Form 990 Part IV line 7	
4			
1	Purpose(s) of conservation easements held by the organiza		bistovice llucione estant lead and
	Preservation of land for public use (for example, recreati		historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		<u>2a</u>
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic st		<u>2</u> c
d	Number of conservation easements included in (c) acquired	after July 25, 2006, and not on a	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	organization during the
	tax year		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	n easements during the year
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🗌 No
9	In Part XIII, describe how the organization reports conserva	tion easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statements	s that describes the
	organization's accounting for conservation easements.		
Par	III Organizations Maintaining Collections	of Art, Historical Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "Yes"		
1a	If the organization elected, as permitted under FASB ASC 9	958, not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pu	ublic exhibition, education, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for publi		
	provide the following amounts relating to these items:	, ,	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tro		
-	following amounts required to be reported under FASB ASC		
а	Revenue included on Form 990, Part VIII, line 1		¢
a b	Assets included in Form 990, Part X		
U			•••••Ψ

Schedul	e D (Form 990) 2022 MONROE COUNTY UNI			23-743	-
Par	III Organizations Maintaining Co	ollections of Art, His	torical Treasures	, or Other Similar A	Assets (continued)
3	Using the organization's acquisition, accession,	and other records, check a	ny of the following that i	make significant use of its	3
	collection items (check all that apply):				
а	Public exhibition	d	🗌 Loan or exchange p	orogram	
b	Scholarly research	е	Other		
с	Preservation for future generations				
4	Provide a description of the organization's colle	ctions and explain how they	/ further the organizatio	n's exempt purpose in Pa	ırt
	XIII.		Ũ		
5	During the year, did the organization solicit or re	eceive donations of art. histo	orical treasures. or othe	r similar	
	assets to be sold to raise funds rather than to b				🗌 Yes 🗌 No
Par			g		
	Complete if the organization an		n 990. Part IV. line	9, or reported an a	mount on Form
	990, Part X, line 21.				
1a	Is the organization an agent, trustee, custodian	or other intermediary for cor	tributions or other asse	ets not	
iu					🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII an				
D.			Je.	Δ	mount
•	Beginning balance				anount
ר ה	Additions during the year				
d	0,				
e	Distributions during the year				
f	Ending balance				
2a	Did the organization include an amount on Form				
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the explanation	has been provided on		•••••
Par		owered "Vee" on Ferr		10	
	Complete if the organization and				
		(a) Current year (b) Pri	or year (c) Two year	s back (d) Three years bac	k (e) Four years back
1a	Beginning of year balance				
b	Contributions				
C	Net investment earnings, gains, and				
	losses				
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the current	year end balance (line 1g,	column (a)) held as:		
а	Board designated or quasi-endowment	%			
b	Permanent endowment %				
С	Term endowment %				
	The percentages on lines 2a, 2b, and 2c should	equal 100%.			
3a	Are there endowment funds not in the possessi	ion of the organization that a	are held and administer	ed for the	
	organization by:	-			Yes No
	(i) Unrelated organizations				3a(i)
	(ii) Related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organization				
4	Describe in Part XIII the intended uses of the o	•			
Par		-			
	Complete if the organization an		n 990 Part IV line	11a See Form 990	) Part X line 10
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	Description of property	(investment)	(other)	depreciation	(d) Book value
1a	Land		40,413		40,413
b				100 273	
	•		236,515	129,373	107,142
с С	Leasehold improvements		14 000	11 005	0.000
d			14,920	11,927	2,993
e Tatal	Other		(D) //m = (0 = )		
i otal.	Add lines 1a through 1e. (Column (d) must equa	aı ⊢orm 990, Part X, colum	n (B), line 10c.,		150,548

EEA

Part VII	Investments - Other Securities. Complete if the organization answered "	Vos" on Form 000 Port	IV line 11h See For	m 000 Part V line 12
	(a) Description of security or category (including name of security)	(b) Book val		Method of valuation: end-of-year market value
(1) Financial c				
., ,	Id equity interests	•••••		
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.).			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "	Yes" on Form 990, Part	IV, line 11c. See For	m 990, Part X, line 13.
	(a) Description of investment	(b) Book val		Method of valuation: end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.).			
Part IX	Other Assets. Complete if the organization answered "	Ves" on Form 990 Part	IV line 11d See For	m 990 Part X line 15
	(a) Descri			(b) Book value
(1)		pilon		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.).			
Part X	Other Liabilities.			
	Complete if the organization answered "	Yes" on Form 990, Part	IV, line 11e or 11f. S	ee Form 990, Part X,
	line 25.			
<u>1.</u>	(a) Description of liability	(b) Book value		
(1) Federal in				
	PAYROLL TAXES			
	EXPENSES			
	YROLL TAXES	1,363		
	UNDABLE DEPOSITS	2,200		
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 25.) .	3,563	anda finanasi atarta da di	at you and a th -
<ol> <li>Liability for</li> </ol>	uncertain tax positions. In Part XIII, provide the text of	the toothote to the organization	on's financial statements th	Iat reports the

MONROE COUNTY UNITED WAY FUND INC

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.

23-7433635

Page 3

Schedule D (Form 990) 2022

Schedu		23-7433635	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	204,771
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	.)	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	(4,721)
3	Subtract line <b>2e</b> from line <b>1</b>	3	209,492
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		209,492
Part		ber Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	186,748
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	186,748
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	186,748
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.

Name         Go to www.irs.go//Form9901rof the latest information.         Inspection           Name of the organization         Employer identification number         21-7433635           Part I         General Information on Grants and Assistance         21-7433635           Part I         General Information on Grants and Assistance         21-7433635           Part I         General Information on Grants and Assistance         Image: Comparison on matchewing the use of grant the intervent of the grants or assistance, and the selection criteria used to award the grants or assistance?         Image: Comparison on matchewing the use of grant that in the United States.           Part II         Crants and Other Assistance to Domestic Organization in the United states.         (e) New work is comparison on matchewing the use of grant that be duplicated in additional space is needed.         (f) Operation of the use of grant the intervent of the organization and the part the part the organization and the	SCHEDULE I			ants and Other					OMB No. 1545-0047
Department         Attach to Form 990. Go to www.is.gov/Form990 for the lasts information.         Employer identification number 23-7433635           Part III ORNER COUNTY UNITED VAY FUND INC         23-7433635         23-7433635           Part III Orner and incomparization mained the soluciton criteria used to award the grants or assistance.         23-7433635         23-7433635           Part III Orner and information on Grants and Assistance         Image: County in the count of the grants or assistance.         Image: County in the county is a solution of the grants or assistance.         Image: County in the county is a solution of the grants or assistance.         Image: County is a solution of the county is a solution	(Form 990)								2022
Internal Revenue Service         Co to www.br.gov/Form990 for the latest information.         Inspection           WONENGE COUNTY UNITED MAY FUND INC         23-7433635           Part II         General Information on Grants and Assistance         23-7433635           1         Does the organization animation records to substantiate the amount of the grants or assistance in the United States.         Image: County C			Complete			m 990, Part IV, line 21	or 22.	C	Open to Public
NONROE         COUNTY UNITED WAY FUND INC         23-7433635           Part II         General Information on Grants and Assistance         23-7433635           1         Does the organization maintain records to substinite the amount of the grants or assistance, and the selection criteria used to award the grants or assistance?         IX Yes           2         Describe In-Part IV the organizations and Damestic 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 a needed.         (a) Name and dates of organizations in the United States.           1         (a) Name address of organizations and Damestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any recipient dm (e) FIO solding or government         (a) Name address of organizations and Damestic Governments. Complete if the organization answered "Yes" on Form 990.           1         (a) Name address of organization answered "Yes" on Form 990.         (b) FIN (e) F						test information.			Inspection
Part II         General Information on Grants and Assistance           1         Does the organization anishem teerofs to substrate the amount of the grants or assistance, ind the selection orthen used to award the grants or assistance?         Image: Comparison on anishem teerofs to substrate the amount of the grants or assistance, and the selection orthen used to award the grants or assistance?         Image: Comparison on anishem teerofs to substrate the amount of the grants or assistance or grant function answered "Yes" on Form 990.           2         Describe in Part IV the organizations and Domestic Governments. Complete if the organization and work of the assistance of an address of organizations and Domestic Governments. Complete if the organization and work of the amount of the organization and the additional space is needed.           1         (a) Name address of organizations and Domestic Governments. Complete if the organization and work of the organization and the organization and the selection of the anistance of the organization and the address of organization.         (b) Purpose of organization and the organiz	Name of the organization							Employer identification	ion number
Part II         General Information on Grants and Assistance           1         Does the organization anishem teerofs to substrate the amount of the grants or assistance, ind the selection orthen used to award the grants or assistance?         Image: Comparison on anishem teerofs to substrate the amount of the grants or assistance, and the selection orthen used to award the grants or assistance?         Image: Comparison on anishem teerofs to substrate the amount of the grants or assistance or grant function answered "Yes" on Form 990.           2         Describe in Part IV the organizations and Domestic Governments. Complete if the organization and work of the assistance of an address of organizations and Domestic Governments. Complete if the organization and work of the amount of the organization and the additional space is needed.           1         (a) Name address of organizations and Domestic Governments. Complete if the organization and work of the organization and the organization and the selection of the anistance of the organization and the address of organization.         (b) Purpose of organization and the organiz	MONROE COUNTY UNIT	ED WAY FUND	INC					23-7433635	
1       Describe organization maintain records to substantiate the selection criteria used to award the grants or assistance?       Image: Comparization and the maintain records of monitoring the use of grant and a sistance?       Image: Comparization and the maintain records of monitoring the use of grant and a sistance?       Image: Comparization and the maintain records of monitoring the use of grant and a sistance?       Image: Comparization and the maintain records of monitoring the use of grant and a sistance?       Image: Comparization and the maintain records of monitoring the use of grant and a sistance?       Image: Comparization and the records of monitoring the use of grant and a sistance?       Image: Comparization and the records of monitoring the use of grant and a sistance?       Image: Comparization and the records of monitoring the use of grant and a sistance?       Image: Comparization and the records of monitoring the use of grant and a sistance?       Image: Comparization and the records of monitoring the use of grant and address of organization and the records of monitoring the use of grant and address of organization and address of organization and the records of monitoring of the organization and address of organization and the records of monitoring of the organization and the records of the organis and the records of the or				stance				10 / 100000	
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2. Describe in Part IV the organizations procedures for monitoring the use of grant Junds in the United Stress.         Part II         Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answere "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part IV can be duplicated if additional space is needed.         (e) Amount of grant Zation answere "Yes" on Form 990, Organization or government           1         (h) Name and address of organization or yeoeriment         (b) EIN         (c) Account of the grant assistance         (f) Method valuation or government         (f) Description of onecash assistance         (f) Method valuation onecash assistance         (f) Description of onecash assistance         (f) Description of onecash assistance         (f) Description of onecash assistance         (f) Purpose of governments.           1         (h) Name and address of organizations         (b) EIN         (c) Account of or government         (f) Amount of cash         (f) Amount of onecash assistance         (f) Description of onecash assistance         (f) Purpose of governments.           1         (f) Name and address of organizations         (f) Account of onecash assistance         (f) Amount of cash         (f) Amount of onecash assistance         (f) A	-			-					. 🛛 Yes 🗌 No
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.       (g) Amount of cand (g) Cand (g) Purpose of control for any methods (g) Purpose of control for any methods (g) Purpose of control for any method (g) Purpose of co		0							
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1       (a) Name and address of organization or government (i) CASA MORDE 301 COLLEGE STREET MADISONVILLE TN 37354       (b) EN       (c) RC sector (ii) Amound i cash grant       (b) Amound of noncash assistance       (b) Description of noncash assistance       (b) Description noncash assistance       (c) De							-		σ,
Component or government or governmentComponent (fi applicable)Common (fi appli								(a) Description of	(h) Durnage of grant
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(4)BOY SCOUTS OF AMERICA       62-0476811       2,000       HEALTH         (5)DC SENIOR NUTRITION       62-0476811       2,000       HEALTH         (6)DO SNEPHERD CENTER       62-0752586       8,500       BASIC NEED         (6)GOOD SHEPHERD CENTER       58-2233171       8,000       BASIC NEED         (7)TRI COUNTY CENTER       58-2233171       8,000       BASIC NEED         (7)TRI COUNTY CENTER       58-1370581       6,000       HEALTH         (8)MONROE COUNTY RESCUE SQUAD       62-0855416       12,800       EMERGENCY         YODUGLAS CHEROKEE HEAD START       62-0752586       6,500       HEALTH	268 WARREN ST								
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(8) MONROE COUNTY RESCUE SQUAD       62-0855416       12,800       EMERGENCY         MADISONVILLE TN 37354       62-0855416       12,800       SERVICES         (9) DOUGLAS CHEROKEE HEAD START       62-0752586       6,500       HEALTH									
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(9)DOUGLAS CHEROKEE HEAD START 62-0752586 6,500 HEALTH	PO BOX 171								EMERGENCY
62-0752586 6,500 HEALTH	MADISONVILLE TN 37	354	62-0855416		12,800				SERVICES
	(9) DOUGLAS CHEROKER	E HEAD START							
(10) NITED WAY CANCER FUND			62-0752586		6,500				HEALTH
	(10 WNITED WAY CANCE	ER FUND							
	\/								
58-2046314 2,400			58-2046314		2,400				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2 Enter total number of a	section $501(c)(3)$ as		ations listed in the line 1	-			1	L

Schedule I (Form 990) (2022)

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

SCHEDULE I	Gra	ants and Other	Assistance to	o Organization	S,	1	OMB No. 1545-0047	
(Form 990)	Gove	rnments, and Ir	ndividuals in t	the United Stat	tes		2022	
	Complete	e if the organization and	swered "Yes" on For Attach to Form 990.	m 990, Part IV, line 21	or 22.	C	Open to Public	
Department of the Treasury Internal Revenue Service			w/Form990 for the la	test information.			Inspection	
Name of the organization		Ŭ				Employer identification		
MONROE COUNTY UNITED WAY FUND	INC					23-7433635		
Part I General Information on	Grants and Assis	tance				•		
1 Does the organization maintain records to	substantiate the amou	int of the grants or assist	ance, the grantees' eli	gibility for the grants or	assistance, and			
the selection criteria used to award the gr	rants or assistance?						. 🗌 Yes 🗌 No	
2 Describe in Part IV the organization's pro	cedures for monitoring	the use of grant funds in	the United States.					
Part II Grants and Other Assistan	ce to Domestic Org	ganizations and Dom	nestic Governmen	ts. Complete if the o	rganization answered	"Yes" on Form 99	0,	
Part IV, line 21, for any recip	ient that received mo	ore than \$5,000. Part	Il can be duplicate	d if additional space	1		1	
1 (a) Name and address of organization or government	<b>(b)</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) SWEETWATER AREA MINISTRIES								
	62-1708628		10,000					
(2) SENIOR VALLEY CITIZENS FOR								
	62-1015183							
(3) ^{SVCA}								
			2,000					
(4) UNITED WAY CHILDRENS FUND								
			2 000					
(5)MONROE COUNTY HOMELESS MANA	23-7433635		3,000					
(5)MONROE COUNTI NOMELLESS MANA								
	46-3311936		3,200					
(6) SENIOR CITIZENS HOME ASSIST								
(0)								
	62-0809589		2,400					
(7)								
(8)								
(9)								
(10)								
2 Enter total number of section 501(c)(3) and	d government ergenier	tione listed in the line 4.4						

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

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

Schedule I (Form 990) (2022) MONROE COUNTY UNITED WAY FUND INC

Part III	Grants and Other Assistance to Do	mestic Individu	als. Complete if the	organization answ	ered "Yes" on Form 990	), Part IV, line 22.
	Part III can be duplicated if additional	space is needed	l			
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1						
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Provide	the information r	equired in Part I, line	e 2; Part III, columr	(b); and any other addi	tional information.

Page 2

23-7433635

### SCHEDULE O (Form 990)

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

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

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Open to Public** 

Inspection

Employer identification number

23-7433635

Department of the Treasury Internal Revenue Service

Name of the organization

#### MONROE COUNTY UNITED WAY FUND INC

#### 01. Member election for additional members (Part VI, line 7a)

MEMEBERS ARE ELECTED TO SERVE ON THE BOARD OF DIRECTORS AS THEIR TERM EXPIRES BY THE

MEMBERS OF THE BOARD OF DIRECTORS.

02. Form 990 governing body review (Part VI, line 11)

REVEIWED BY AN OFFICER OF ORGANIZATION PRIOR TO FILING

03. CEO, executive director, top management comp (Part VI, line 15a)

APPROVED BY THE BOARD OF DIRECTORS.

04. Other officer or key employee compensation (Part VI, line 15b

APPROVED BY THE BOARD OF DIRECTORS.

05. Governing documents, etc, available to public (Part VI, line 19)

AVAILABLE UPON REQUEST.

06. Explanation of other changes in net assets or fund balances (Part XI, line 9)

CASH ADJUSTMENT FOR DEPRECIATION ALLOCATION ON TAX EXEMPT RENTAL ACTIVITIES - \$2366 DURING

THE 2022 AUDIT, THE FIXED ASSETS WERE FOUND TO BE INCORRECT. AN ADJUSTMENT OF -16114.00

HAS BEEN MADE TO CORRECT THE BALANCE FROM 2021.

#### 07. General explanation attachment

SECTION I PART 1 LINE 1 - THE ORGANIZATION ASKS FOR PARTNER AGENCIES TO SUBMIT PROPOSALS

ON HOW GRANTS WILL BE USED. THEY THEN MONITOR THRU FINANCIAL REPORTING AND ON-SITE

INSPECTION THE USE OF FUNDS THROUGHOUT THE YEAR.

Department of the Treasury

## IRS e-file Signature Authorization ty

OMB No. 1545-0047

for a lax Exempt Ent
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For calendar year 2022, or fiscal year beginning , 2022, and ending

Do not send to the IRS. Keep for your records.

2022

, 20

23-7433635

Internal Revenue Service	Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information.				
Name of filer		EIN or SSN			

#### MONROE COUNTY UNITED WAY FUND INC Name and title of officer or person subject to tax

## CAYLEN MATOY, MANAGER

Part I	Type of Return and R	eturn Information			
8038-Cl 3a, 4a, 4 3b, 4b, applicat	he box for the retum for which you a P and Form 5330 filers may enter o 5a, 6a, 7a, 8a, 9a, or 10a below, a 5b, 6b, 7b, 8b, 9b, or 10b, whiche ble line below. Do not complete mo	dollars and cents. For all other nd the amount on that line for ver is applicable, blank (do no ore than one line in Part I.	forms, enter whole dollar the return being filed with t enter -0-). But, if you en	rs only. If you chec this form was blar tered -0- on the ret	k the box on line <b>1a, 2a,</b> nk, then leave line <b>1b, 2b,</b> turn, then enter -0- on the
1a	Form 990 check here		(Form 990, Part VIII, col		
2a	Form 990-EZ check here	<b>b</b> Total revenue, if any	(Form 990-EZ, line 9) .		2b
3a	Form 1120-POL check here	<b>b</b> Total tax (Form 1120	)-POL, line 22)		3b
4a	Form 990-PF check here	b Tax based on inves	tment income (Form 990	)-PF, Part V, line 5	) 4b
5a	Form 8868 check here [		8868, line 3c)		
6a	Form 990-T check here [	<b>b</b> Total tax (Form 990-	T, Part III, line 4)		6b
7a	Form 4720 check here [	<b>b</b> Total tax (Form 4720	), Part III, line 1)		7b
8a	Form 5227 check here [	b FMV of assets at en	d of tax year (Form 5227	7, Item D)	8b
9a	Form 5330 check here [	<b>b</b> Tax due (Form 5330	, Part II, line 19)		9b
10a	Form 8038-CP check here [	b Amount of credit pa	yment requested (Form	8038-CP, Part III,	line 22) . 10b
Part I	I Declaration and Sign	ature Authorization of	<b>Officer or Person S</b>	Subject to Tax	
Under p	enalties of perjury, I declare that	I am an officer of the at	ove entity or 🛛 🗌 I ar	n a person subject	to tax with respect to (name
of entity	)		, (EIN)	and that	I have examined a copy of the
2022 ele	ectronic return and accompanying s	chedules and statements, and	to the best of my knowle	dge and belief, they	are true, correct, and
complete	e. I further declare that the amount	in Part I above is the amount s	hown on the copy of the e	lectronic return. I c	onsent to allow my
	diate service provider, transmitter,				
	ledgement of receipt or reason for			<i>y</i> 1 0	· · · · · · · · · · · · · · · · · · ·
	of any refund. If applicable, I authority to the financial institution				
	lebit) entry to the financial institutior and the financial institution to debit t				
	53-4537 no later than 2 business d				
	ing of the electronic payment of tax				
	ment. I have selected a personal ide	entification number (PIN) as my	signature for the electror	nic return and, if app	plicable, the consent to
electron	ic funds withdrawal.				
PIN: che	eck one box only				
🗌 l a	authorize		to enter	my PIN	as my signature
		ERO firm name		Enter fiv	re numbers, but
				do not e	nter all zeros
	the tax year 2022 electronically fil				
	gency(ies) regulating charities as p	art of the IRS Fed/State progra	am, I also authorize the af	orementioned ERO	to enter my PIN on the
_	tum's disclosure consent screen.				
	s an officer or person subject to tax				
	ed retum. If I have indicated within	1,2	0	tate agency(ies) re	gulating charities as part
of	the IRS Fed/State program, I will e	enter my PIN on the retum's di	sclosure consent screen.		
		L2345			
Signature	e of officer or person subject to tax			Date	04-11-2023
Part I					
	EFIN/PIN. Enter your six-digit elect				
number	(EFIN) followed by your five-digit s	en-selected pin.	622661	72018	
			D	o not enter all zeros	
I certifv	that the above numeric entry is my	PIN, which is my signature on	the 2022 electronically file	ed return indicated	above. I confirm that I
	mitting this return in accordance w				

ERO's signature

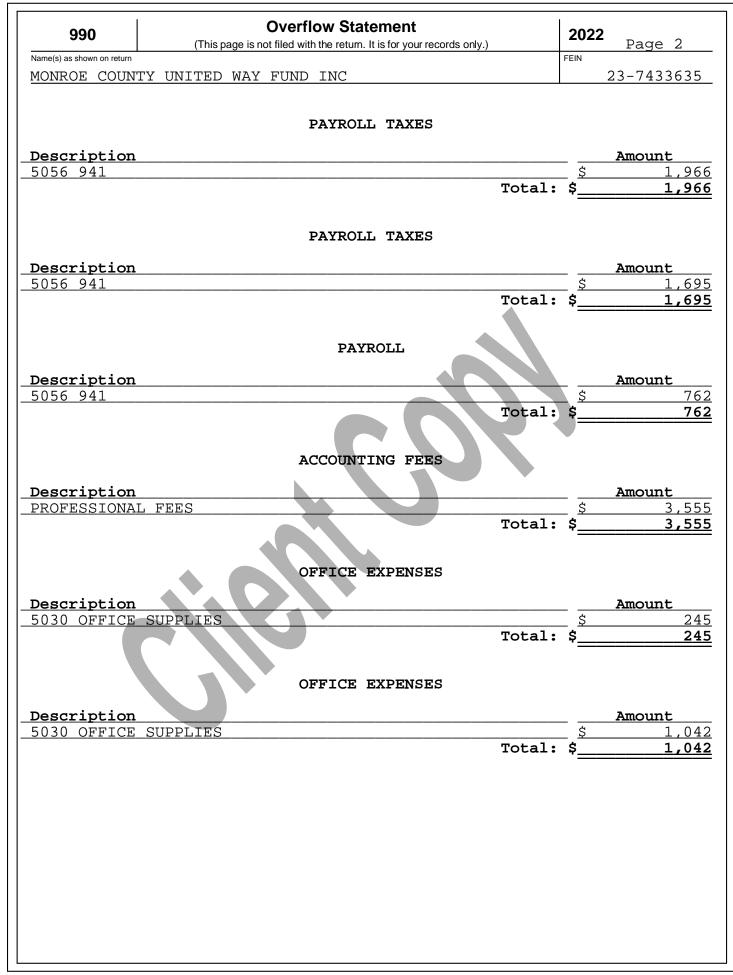
Providers for Business Returns.

09-28-2023 Date

### **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

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

Description     Amount       Description     Amount       1300 INTEREST INCOME     Amount       REALIZED CAINS     1.522       UNREALIZED LOSSES     (6.502)       0.522     (6.502)       111 UTITIES 1/2     Sili UTITIES       Description     Amount       MISCELLANEOUS AND OTHER     S. 222       5150 BUILDING INSURANCE     2.001       5160 DEPRECIATION     6.812       5160 DEPRECIATION     6.812       5160 DEPRECIATION     6.750       ROUNDING     Total: \$       0000 AGENOV ALLOCATION     S       0000 AGENOV ALLOCATION     S       0000 AGENOV ALLOCATION     S       0000 AGENOV ALLOCATION     S       0001 CURRENT OFFICER     Amount       0000 AGENOV ALLOCATION     S       00012     S       00012     S       00012     S       00012     S       0012	990	<b>Overflow Statement</b> (This page is not filed with the return. It is for your records only.)	2022	Page 1
FEDERATED CAMPAIGNS         Amount         2000 DIRECT PUBLIC SUPPORT       \$ 204,771         Total: \$ 204,771         Total: \$ 204,771         Total: \$ 204,771         INVESTMENT INCOME         Description         Amount         1300 INTEREST INCOME       \$ 266         REALIZED GAINS         INVESTMENT INCOME         Description       Amount         MisceLaneous and other         Sill UTILITIES 1/2       939         Sill UTILITIES 1/2       \$ 939         Sill UTILITIES 1/2       \$ 222         Sill UTILITIES 1/2       \$ 939         Sill UTILITIES 1/2       \$ 939         Sill UTILITIES 1/2       \$ 939         Sill DESCRIPTION       \$ 6,812         5130 PROPERTY REPAIR AND MAINTENANCE       \$ 960       \$ 700         Sill UTILITIES 1/2       \$ 18,385         DOMESTIC ORGANIZATIONS         Parenci ALLOCATION © 15%         Total: \$ 18,385         DOMESTIC ORGANIZATIONS         Description				
Description     Amount       2000 DIRECT PUBLIC SUPPORT     \$ 204.771       Total: \$ 204.771       INVESTMENT INCOME       Amount       1300 INTEREST INCOME       Secription       Amount       1300 INTEREST INCOME       Description       Amount       INVESTMENT INCOME       Description       Manount       Mount       Mount       Mount       Sign colspan="2">Sign colspan="2">Colspan="2">Amount       Description       Mount       Siss Builping inSurAnce       5150 BUILping inSurAnce       5191 LANC CARE       POMESTIC ORGANIZATIONS       Description       Amount       7000 AGENCY ALLOCATION       Sign colspan="2">Amount       7000 AGENCY ALLOCATION       Sign colspan="2">Amount       7000 AGENCY ALLOCATION       Sign colspan="2">Amount       7000 AGENCY ALLOCATION       CURRENT OFFICER       Description       Amount				
2000 DIRECT PUBLIC SUPPORT         \$ 204.771           Total: \$				
Total: \$				
Description       Amount         1300 INTEREST INCOME       \$ 266         REALIZED GAINS       1,522         UNREALIZED LOSSES       (6,509)         Total: \$ -4,721         EXEMPT FUNCTION EXPENSES         Description         Mmount         MISCELLANEOUS AND OTHER       \$ 222         5110 UTLLTIES 1/2       \$ 939         5150 BUILDING INSURANCE       2,001         5190 PROPERTY REPAIR AND MAINTENANCE       960         5191 LAWN CARE       960         PATROLL ALLOCATION @ 15%       6,750         ROUNDING       Total: \$ 18,385         DOMESTIC ORGANIZATIONS         Description       \$ 100,329         CURRENT OFFICER         Description       \$ 100,329         CURRENT OFFICER				
1300 INTEREST INCOME       \$ 266         REALIZED GAINS       1,522         UNREALIZED LOSSES       (6,509)         Total: \$		INVESTMENT INCOME		
REALIZED GAINS       1,522         UNREALIZED LOSSES       (6,509)         Total:       \$ -4,721         Amount         Mount         Mount         Mount         Mount         Mount         Mount         Mount         Mount         Sign colspan="2">Amount         Sign colspan="2">Sign colspan="2">Amount         Sign colspan="2">Amount         CURRENT OFFICER         <	Description			
UNREALIZED LOSSES (6,509) Total: \$ (6,509) Total: \$ (6,509) Total: \$ (6,509) Total: \$ (6,509) Total: \$ (6,509) Total: \$ (6,509) Amount MISCELLANEOUS AND OTHER MISCELLANEOUS AND OTHER S 222 5111 UTILITIES 1/2 (939) 5150 BUILDING INSURANCE 5190 PROPERTY REPAIR AND MAINTENANCE 5190 PROPERTY REPAIR AND MAINTENANCE 5190 PAYROLL ALLOCATION @ 15% ROUNDING Total: \$ (6,509) Amount 960 5191 LAWN CARE 960 5191 LAWN CARE 7000 PAYROLL ALLOCATION @ 15% DOMESTIC ORGANIZATIONS DESCRIPTION Total: \$ (100,329) Total: \$ (100,329) CURRENT OFFICER Description OFFICERS (5,100) 100,329 100,329 100,329			\$	
Total: \$4,721         EXEMPT FUNCTION EXPENSES         Amount         MISCELLANEOUS AND OTHER       \$ 222         5111 UTILITIES 1/2       939         5150 BUILDING INSURANCE       2.001         5160 DEPRECIATION       6.812         5190 PROPERTY REPAIR AND MAINTENANCE       960         5191 LAWN CARE       960         PAYROLL ALLOCATION @ 15%         ROUNDING         DOMESTIC ORGANIZATIONS         DOMESTIC ORGANIZATIONS         DOMESTIC ORGANIZATIONS         DESCRIPTION         CURRENT OFFICER         Description         OFFICERS				
EXEMPT FUNCTION EXPENSES         Description       Amount         MISCELLANEOUS AND OTHER       \$ 222         5111 UTILITIES 1/2       939         5150 BUILDING INSURANCE       2,001         5160 DEPRECIATION       6,812         5190 PROPERTY REPAIR AND MAINTENANCE       960         5191 LAWN CARE       960         COMPARIOL ALLOCATION @ 15%       6,750         ROUNDING       1         Total: \$ 18,385         DOMESTIC ORGANIZATIONS         Description         Total: \$ 100,329         CURRENT OFFICER         Description         OFFICERS	UNKEALIZED			
Description       Amount         MISCELLANEOUS AND OTHER       \$ 222         5111 UTILITIES 1/2       939         5150 BUILDING INSURANCE       2,001         5160 DEPRECIATION       6,812         5190 PROPERTY REPAIR AND MAINTENANCE       960         5191 LAWN CARE       960         5191 LAWN CARE       700         PAYROLL ALLOCATION @ 15%       6,750         ROUNDING       1         Total: \$ 18,385         DOMESTIC ORGANIZATIONS         Description       \$ 100,329         Total: \$ 100,329       100,329         CURRENT OFFICER         Description       \$ 100,329         OFFICER			1	
MISCELLANEOUS AND OTHER       \$ 222         5111 UTILITIES 1/2       939         5150 BUILDING INSURANCE       2,001         5160 DEPRECIATION       6,812         5190 PROPERTY REPAIR AND MAINTENANCE       960         5191 LAWN CARE       960         PAYROLL ALLOCATION @ 15%       6,750         ROUNDING       1         Total:       \$ 100,329         DOMESTIC ORGANIZATIONS       \$ 100,329         CURRENT OFFICER       2         Description       \$ 100,329         CURRENT OFFICER       \$ 100,329         OFFICERS       \$ 15,409		EXEMPT FUNCTION EXPENSES		
MISCELLANEOUS AND OTHER       \$ 222         5111 UTILITIES 1/2       939         5150 BUILDING INSURANCE       2,001         5160 DEPRECIATION       6,812         5190 PROPERTY REPAIR AND MAINTENANCE       960         5191 LAWN CARE       960         PAYROLL ALLOCATION @ 15%       6,750         ROUNDING       1         Total:       \$ 100,329         DOMESTIC ORGANIZATIONS       \$ 100,329         CURRENT OFFICER       2         Description       \$ 100,329         CURRENT OFFICER       \$ 100,329         OFFICERS       \$ 15,409	Description			Amount
5111 UTILITIES 1/2       939         5150 BUILDING INSURANCE       2,001         5160 DEPRECIATION       6,812         5190 PROPERTY REPAIR AND MAINTENANCE       960         5191 LAWN CARE       700         PAYROLL ALLOCATION @ 15%       6,750         ROUNDING       1         Total: \$ 18,385         DOMESTIC ORGANIZATIONS         Description       \$ 100,329         Total: \$ 100,329       100,329         CURRENT OFFICER         Description       \$ 100,329         OFFICERS			\$	
5160 DEPRECIATION6,8125190 PROPERTY REPAIR AND MAINTENANCE9605191 LAWN CARE700PAYROLL ALLOCATION @ 15%6,750ROUNDING1Total: \$ 18,385DOMESTIC ORGANIZATIONSDescription7000 AGENCY ALLOCATION\$ 100,329Total: \$ 100,329CURRENT OFFICERDescriptionAmountOFFICERS				
5190 PROPERTY REPAIR AND MAINTENANCE       960         5191 LAWN CARE       700         PAYROLL ALLOCATION @ 15%       6,750         ROUNDING       1         Total: \$ 18,385         Amount         7000 AGENCY ALLOCATION       \$ 100,329         Total: \$ 100,329         CURRENT OFFICER         Description       Amount         0FFICERS       \$ 15,409				
5191 LAWN CARE         700           PAYROLL ALLOCATION @ 15%         6,750           ROUNDING         1           Total: \$         18,385           DOMESTIC ORGANIZATIONS         Amount           7000 AGENCY ALLOCATION         \$ 100,329           CURRENT OFFICER         100,329           OFFICERS         \$ 15,409				
PAYROLL ALLOCATION @ 15%       6,750         ROUNDING       1         Total: \$       18,385         DOMESTIC ORGANIZATIONS       Amount         000 AGENCY ALLOCATION       \$ 100,329         CURRENT OFFICER       100,329         Description       \$ 100,329         CURRENT OFFICER       \$ 100,329         Description       \$ 100,329         \$ 100,329       \$ 100,329         CURRENT OFFICER       \$ 100,329				
ROUNDING       1         Total:       \$         DOMESTIC ORGANIZATIONS         Description       Amount         7000 AGENCY ALLOCATION       \$         CURRENT OFFICER         Description       Amount         0FFICERS       \$         100,329         100,329         100,329         100,329         100,329         100,329         100,329         100,329         100,329         100,329         100,329         100,329				
Description       Amount         7000 AGENCY ALLOCATION       \$ 100,329         Total:       \$ 100,329         CURRENT OFFICER       Amount         OFFICERS       \$ 15,409				1
Description         Amount           7000 AGENCY ALLOCATION         \$ 100,329           Total:         \$ 100,329           CURRENT OFFICER         Amount           OFFICERS         \$ 15,409		Total:	\$	18,385
Description         Amount           7000 AGENCY ALLOCATION         \$ 100,329           Total:         \$ 100,329           CURRENT OFFICER         Amount           OFFICERS         \$ 15,409				
Description         Amount           7000 AGENCY ALLOCATION         \$ 100,329           Total:         \$ 100,329           CURRENT OFFICER         Amount           OFFICERS         \$ 15,409		DOMESTIC ORGANIZATIONS		
7000 AGENCY ALLOCATION         \$ 100,329           Total:         \$ 100,329           CURRENT OFFICER         Amount           OFFICERS         \$ 15,409				
Total:         \$         100,329           CURRENT OFFICER         Amount           OFFICERS         \$         15,409				
CURRENT OFFICER       Description       OFFICERS       \$       15,409	7000 AGENCY			
DescriptionAmountOFFICERS\$ 15,409		Total:	\$	100,329
DescriptionAmountOFFICERS\$ 15,409				
OFFICERS \$ 15,409		CURRENT OFFICER		
	Description			Amount
Total: \$15,409	OFFICERS		\$	
		Total:	\$	15,409



990	Overflow Statement (This page is not filed with the return. It is for your records only.)	<b>2022</b> Page 3
Name(s) as shown on return	TY UNITED WAY FUND INC	FEIN 23-7433635
Description OFFICE EXPE		<u>\$658</u> .:\$658
	INSURANCE	
Description		Amount
5140 LIABII	ITY Total	<u>\$ 1,370</u>

Form 990 Worksheet		Schedule A	, Line 5 - Exces	s 2% Limitat	ion Contribu	itors		
		(This pa	ge is not filed with the ret	um. It is for your reco	ords only.)		2022	
Name(s) as shown on return		(			, ao on, . ,		Tax ID Number	
MONROE COUNTY U	NITED WAY FUND INC	2					23-7433635	5
2% of the amount on Sched	ule A, Part II, line 11, colum	n (f)						24,268
		(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name		2018	2019	2020	2021	2022	Total	Excess contributions
								(col. (f) minus the 2% limitation)
KAHITE			37,477	26,308	31,185	33,002	127,972	
RARITY BAY			8,176	7,442	6,715	9,850	32,183	7,915
<u>rotal</u>								<u>111,619</u>