

soundideas, solidanswers.

4505 STEPHEN CIRCLE, NW SUITE 202 • CANTON, OHIO 44718

PHONE 330.453.7633

Ms. Angela Perisic United Way of Greater Stark County 401 Market Avenue N, STE 300 Canton, OH 44702

Dear Ms. Perisic,

Enclosed are the following income tax returns prepared on behalf of United Way of Greater Stark County for the year ended March 31, 2024.

2023 990 - Return of Organization Exempt from Income Tax

2023 8879-TE - IRS E-file Signature Authorization Form

2023 Schedule A - Public Charity Status and Public Support

2023 Schedule B - Schedule of Contributors

2023 Schedule C - Political Campaign and Lobbying Activities

2023 Schedule D - Supplemental Financial Statements

2023 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.

2023 Schedule J - Compensation Information

2023 Schedule L - Transactions with Interested Persons

2023 Schedule O - Supplemental Information to Form 990 or 990EZ

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

Andrew M. Griffin, CPA

Partner

HALL, KISTLER & COMPANY LLP

Enclosures

United Way of Greater Stark County
Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990
For the year ended March 31, 2024

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

HALL, KISTLER & COMPANY LLP 4505 STEPHEN CIRCLE NW - SUITE 202 CANTON OH 44718-3682

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before February 17, 2025. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or th	e 2023 cal	endar year, or tax year beginning 04/01/2023 and ending		03	/31/2024										
_			C Name of organization		D Employe	er identification number										
B	Check if a	applicable:	UNITED WAY OF GREATER STARK COUNTY													
	Addre	ss change	Doing business as		13-42	54191										
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telepho	ne number										
	Initial	return	401 MARKET AVENUE N, STE 300		(330)	491-0445										
	Final r	return/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross re	eceipts \$										
	Amend	ded return	CANTON, OH 44702			7,023,855.										
	Applic	ation pending	F Name and address of principal officer: ANGELA PERISIC	H(a) Is this		for Yes X No										
	_		401 MARKET AVENUE N, STE 300, CANTON, OH 44702	H(b) Are all	inates? subordinates i	included? Yes No										
ī	Tax-ex	xempt status:		If "No	," attach a lis	st. See instructions.										
J	Webs	ite: WV	W.UWSTARK.ORG	H(c) Group	exemption	number										
K	Form	of organization	on: X Corporation Trust Association Other L Year of	formation: 2003	M State	e of legal domicile: OH										
	art I	Summ														
	1	Briefly des	scribe the organization's mission or most significant activities: WE BUILD OUR	COMMUNITY	'S CAP	ACITY TO										
ø			ATE THE IMPACT OF POVERTY AND EMPOWER FAMILIES TO													
Governance		POTENTIAL.														
ern	2	Check this		nore than 25%	of its	net assets.										
30	3		f voting members of the governing body (Part VI, line 1a)		1	27										
	4		f independent voting members of the governing body (Part VI, line 1b)			27										
Activities &	5		ber of individuals employed in calendar year 2023 (Part V, line 2a)			36										
Ξ	6		ber of volunteers (estimate if necessary)			819										
Ac	_		elated business revenue from Part VIII, column (C), line 12			023										
			ated business taxable income from Form 990-T, Part I, line 11													
				Prior Ye		Current Year										
	8	Contributi	ons and grants (Part VIII, line 1h)		3,796.	4,718,231.										
nue	9		service revenue (Part VIII, line 2g)		7 , 797.											
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		781.	207,433.										
ď	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,342.	161,606.										
	12		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,716.	5,747,295.										
	13		d similar amounts paid (Part IX, column (A), lines 1-3)		2,621.	4,073,388.										
	14		aid to or for members (Part IX, column (A), line 4)	5,712	NONE											
	4.5		other compensation, employee benefits (Part IX, column (A), lines 5-10)	1 // //	3,590.											
Expenses	163		nal fundraising fees (Part IX, column (A), line 11e)	1,440	NONE											
ben	h		raising expenses (Part IX, column (D), line 25) 778, 672.		NONE	INOINE										
Ĕ	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	900	9,555.	917,416										
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		766.											
	19		ess expenses. Subtract line 18 from line 12		L, 950.	-891,875.										
nc se		Revenue	ess expenses. Subtract line to nontline 12	Beginning of Cur		End of Year										
Net Assets or Fund Balances	20	Total acco	ets (Part X, line 16)	16,627		17,557,654.										
Ass	21		lities (Part X, line 26)),223.	1,706,804.										
let /	22		s or fund balances. Subtract line 21 from line 20.	15,318		15,850,850.										
	art II		ture Block	10,510	, 209.	13,030,030.										
			rjury, I declare that I have examined this return, including accompanying schedules and staten	nents and to the h	est of my	knowledge and belief it is										
true	e, corre	ect, and com	plete. Declaration of preparer (other than officer) is based on all information of which preparer ha	s any knowledge.												
					10/23/	2021										
Sig	jn	Signature of	of officer	Date		2024										
He	re	ANCELA	PERISIC PRESIDENT/CEO													
			nt name and title													
		,,,	preparer's name Preparer's signature Date	Ch c -1	if	PTIN										
Paid	d		10/24/2	024 Check	mployed	P01278362										
Pre	parer		M GRIFFIN CFA ANDREW M GRIFFIN CFA													
Use	Only			Firm's EIN		34-0715770 30-453-7633										
Ma	v the	Firm's add	iss this return with the preparer shown above? See instructions	Phone no.												
_			uction Act Notice, see the separate instructions.			X Yes No Form 990 (2023)										
. 01	upc		action for itation, and the apparate mandellolla.			1 01111 9 9 9 (2023)										

Form 990 (2023) Page 2

Pa	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 BUILD OUR COMMUNITY'S CAPACITY TO ALLEVIATE THE IMPACT OF POVERTY
	AND EMPOWER FAMILIES TO UNLEASH THEIR POTENTIAL.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$3,861,068. including grants of \$3,581,281.) (Revenue \$4,536,434.)
	ALLOCATIONS - DISTRIBUTIONS AND ALLOCATIONS MADE TO VARIOUS FUNDED
	PARTNERS AND AGENCIES OF UNITED WAY.
4b	(Code:) (Expenses \$196,007. including grants of \$) (Revenue \$168,394.)
	THE FINANCIAL PROSPERITY CENTER WAS DEVELOPED TO HELP RESIDENTS
	BECOME FINANCIALLY STABLE BY FOCUSING ON THREE PRIMARY AREAS:
	EMPLOYMENT COUNSELING AND PLACEMENT, FINANCIAL EDUCATION AND
	COACHING, AND PUBLIC BENEFITS ACCESS. IT PROVIDES AN ARRAY OF
	FINANCIAL LITERACY SERVICES TO CUSTOMERS, ALLOWING INDIVIDUALS AND FAMILIES ACCESS TO BUILD LONG-TERM, ECONOMIC INDEPENDENCE.
	FAMILIES ACCESS TO BUILD LONG-TERM, ECONOMIC INDEFENDENCE.
_	
4c	(Code:) (Expenses \$
	EMERGENCY ASSISTANCE INCLUDES RENT ASSISTANCE, UTILITY ASSISTANCE,
	AND TRANSPORTATION AND A 24 HOUR SEVEN DAY A WEEK AVAILABILITY OF SOCIAL SERVICE INFORMATION TO THE COMMUNITY USING THE WEBSITE OF
	STARKHELPCENTRAL.COM.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,144,056. including grants of \$) (Revenue \$ 301,153.)
	Total program service expenses 5, 413, 450.

Form 990 (2023) Page **3**

Pari	Checklist of Required Schedules		Vaa	Na
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			3.7
	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)	١.	,,	
_	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,	l _		
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	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	4.0		
4.4	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,"	44-	.,	
L	complete Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	446	.,	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		37
اء	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444	3.7	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		37
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	42-	3.7	
L	Schedule D, Parts XI and XII.	12a	X	
D	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	42h		37
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		X
IJ	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		- //
13	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	-10		- 21
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	10		- //
.,	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	- ''		
.0	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?	10		^
13	If "Yes," complete Schedule G, Part III	19		X
20 s	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		- 21
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX column (A) line 12 If "Ves" complete Schedule I. Parts I and II	21	v	

Form 990 (2023)

Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	$ \ \text{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	Х	
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	Х	
24 a	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		Χ
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		
25 a	$\textbf{Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.} \ \ \textbf{Did the organization engage in an excess benefit}$			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
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		Χ
26	$ Did \ the \ organization \ report \ any \ amount \ on \ Part \ X, \ line \ 5 \ or \ 22, \ for \ receivables \ from \ or \ payables \ to \ any \ current $			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Χ
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	Х	
	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	00-	3.7	
20	"Yes," complete Schedule L, Part IV	28c	X	3.7
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		37
24	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		Λ
32	complete Schedule N, Part II.	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			- 21
J .	or IV, and Part V, line 1	34		Χ
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	

Form 990 (2023) Page 5

Par	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 return 2a 36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
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		
	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		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
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		Χ
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		Χ
	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
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/ 11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	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 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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	. '		
	Enter the amount of reserves on hand	4.4-		3.7
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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		
	excess parachute payment(s) during the year?	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
16	If "Yes," complete Form 4720, Schedule O.	, 5		
17	Section 501(c)(21) organizations. Did the trust, or 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.			

4	2 1	54	1	91	Page	6

1 01111 330 (202	ONTIED WAT OF GREATER STARR COUNTY	<u> </u>	72371		ı ag	
Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through	7b	below,	and fo	ra"N	Vo"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Sc	hedi	ule O. S	ee inst	ructio	ns.
	Check if Schedule O contains a response or note to any line in this Part VI				[2	X
Section A	. Governing Body and Management					

Sect	ion A. Governing Body and Management					
			ı		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27			
	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					
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lation	ship with			
	any other officer, director, trustee, or key employee?			2		Χ
3	Did the organization delegate control over management duties customarily performed by or ur					
	supervision of officers, directors, trustees, or key employees to a management company or other			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6	Χ	
7a	Did the organization have members, stockholders, or other persons who had the power to el					
	one or more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	en 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	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	be re	ached at	9		v
Secti	on B. Policies (This Section B requests information about policies not required by the Inte			_)	X
Jeck	on B. I oncles (This occion B requests information about policies not required by the inte	iiiai	Revenue		Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of					
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt procedures governing the activities of		•	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	g ui				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests					
	rise to conflicts?			12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe on Schedule O how this was done			12c	Χ	
13	Did the organization have a written whistleblower policy?			13	Χ	
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 ar	nd ap	oroval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			4-		
	The organization's CEO, Executive Director, or top management official			15a	Х	37
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		-	16a		Χ
	with a taxable entity during the year?			Toa		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?	Saic		16b		
Sect	ion C. Disclosure			100		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed OH,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990	and 990-1	(sect	ion 5	01(c)
. •	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		3.1G 000-1	(500)		- (0)
	X Own website X Another's website X Upon request Other (explain on Sc		e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the control of	nents.	conflict o	f inter	est p	olicv.
	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	ooks	and record	S.		

CRISTINA TORRENCE 401 MARKET AVE N, SUITE 300 CANTON, OH 44702-1502

Form **990** (2023)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box,	(C) Position (do not check more box, unless person officer and a direct				an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) PERISIC, ANGELA	40.00									
PRESIDENT/CEO	NONE			X				147,756.	NONE	10,611.
(2) TORRENCE, CRISTINA	60.00			21				147,730.	INOINE	10,011.
CFO	NONE			X				118,112.	NONE	6,240.
(3) COOK, WILLIAM R.	1.00							110/1110	110112	0,2101
EMERITUS BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(4) DOUGLAS, KEN	1.00							-	-	
TREASURER, BOARD OF DIRECTORS	NONE	Х						NONE	NONE	NONE
(5) GOFF, CHRISTOPHER	1.00									
2ND VICE CHAIR	NONE	Х						NONE	NONE	NONE
(6) HOWARD, MICHAEL	4.00									
CO-CHAIR REVENUE ENHANCEMENT	NONE	Х						NONE	NONE	NONE
(7) HUNT, ANN	1.00									
NOMINATING COMMITTEE	NONE	X						NONE	NONE	NONE
(8) KARCHER, GEOFF	1.00									
CHAIR, BOARD OF DIRECTORS	NONE	Х						NONE	NONE	NONE
(9) SCHAUER, TAYLOR	1.00									
CORRESPONDING SECRETARY	NONE	Х						NONE	NONE	NONE
(10) SCHMIDT, RYAN	1.00									
NOMINATING COMMITTEE	NONE	X						NONE	NONE	NONE
(11) SMITH, KEVIN	1.00									
CHAIR, UNITED COMMUNITY IMPACT	NONE	Х						NONE	NONE	NONE
(12) SEACHRIST, DENISE	1.00									
1ST VICE CHAIR, BOARD OF DIR.	NONE	Х						NONE	NONE	NONE
(13) WILLIAMS, FONDA	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(14) DEHOFF, LINDA	1.00									
EMERITUS BOARD MEMBER	NONE	X						NONE	NONE	NONE 990 (2023)

Form **990** (2023)

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Part VII Section A. Officers, Directors,	Trustees, Ke	y En	ıplo	yee	es,	and I	Hig	hest Compensat	ed Employees (d	continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours per					e than o is both		compensation	compensation from	amount of
	week (list any hours for					or/trust		from the	related organizations	other compensation
	related							organization	(W-2/1099-MISC)	from the
	organizations	dire	titu	Officer	y en	thes	Former	(W-2/1099-MISC)	(11 2, 1000 111100)	organization
	below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	¬			and related organizations
	iiiie)	trust	Th.		yee	mpe				organizations
		ee	Iste			nsa				
			W			ted				
15) HENSON, CHRISTOPHER	1.00									
STRATEGIC PLANNING COMMITTEE	NONE	Х						NONE	NONE	NON
16) BOTZMAN, TOM	1.00									
AUDIT COMMITTEE	NONE	Х						NONE	NONE	NON
17) ECKELS, MATTHEW	1.00									
TRUSTEE	NONE	X						NONE	NONE	NON
18) KREITZER, MATTHEW	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
19) MAIER, STEPHANIE	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
20) TALBERT, JEFFREY	1.00									
TRUSTEE	NONE	X						NONE	NONE	NON
21) LEE, JANELLE	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
22) POPPOVICH, LOU	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
23) DAVENPORT, KIMBERLY	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
24) DURIEUX, JERRY	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
25) HARGROVE, SHAD	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
1b Sub-total								265,868.	NONE	16,851
c Total from continuation sheets to Part VII	, Section A							NONE	NONE	NON
d Total (add lines 1b and 1c)								265,868.	NONE	16,851
2 Total number of individuals (including but n		hose	liste	d al	oove	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organiza	tion >					2				
										Yes No
3 Did the organization list any former o										
employee on line 1a? If "Yes," complete Sch	edule J for su	ch ind	Iividu	ual						3

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes." complete Schedule J for such			
	individual	1	, ,	

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individu	al
	or services rendered to the organization? If "Yes," complete Schedule J for such person	

	 110
3	
4	
5	

Section B. Independent Contractors

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

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

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

Form 990 (2023)

$\overline{}$	Part VII Section A. Officers, Directors, True	ustees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Employees (d	ontinued)
	(A)	(B)			((C)			(D)	(E)	(F)
	Name and title	Average hours per week (list any hours for	box,	unles er and	neck ss pe d a d	erson	e than o is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
_2	6) STONE, KYLE	1.00									
_1	RUSTEE	NONE	Х						NONE	NONE	NONE
	7) LUNTZ, GREG	1.00	.,						NONE	NONE	NONE
	023 CAMPAIGN CO-CHAIR	NONE	X						NONE	NONE	NONE
	8) LUNTZ, JANET 023 CAMPAIGN CO-CHAIR	1.00 NONE	X						NONE	NONE	NONE
	9) PETE, KEVIN	1.00	Λ						NONE	110111	NOINE
	'RUSTEE	NONE	X						NONE	NONE	NONE
	0) MASTROIANNI, PHILLIP	1.00									
	'RUSTEE	NONE	Х						NONE	NONE	NONE
_3	1) MYHRE, ERLEND	1.00									
_1	RUSTEE	NONE	Х						NONE	NONE	NONE
		 									
_											
1	b Sub-total c Total from continuation sheets to Part VII, S	ection A						>			
_	d Total (add lines 1b and 1c)	<u> </u>									
2	Total number of individuals (including but not reportable compensation from the organizatio		hose	liste	d al	bov	e) who	o re	eceived more than	\$100,000 of	
											Yes No
3	Did the organization list any former office employee on line 1a? <i>If "Yes," complete Sched</i>										3 X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual										
5		accrue co	mpen	satio	on 1	fron	n any	un	related organizati	on or individual	5 X
_5	Section B. Independent Contractors										
1	Complete this table for your five highest comcompensation from the organization. Report of year.										

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

Part VIII Statement of Revenue

		Check if Schedule O	contains a resp	onse or note to ar	ny line in this Part V	/		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns	1a					
Contributions, Giffs, Grants, and Other Similar Amounts	b	Membership dues	1b					
وَق	С	Fundraising events	1c					
fts ar	d	Related organizations	1d					
تق≝ا	е	Government grants (contril	butions) 1e					
Sir	f	All other contributions, gifts	s, grants,					
声		and similar amounts not include	ded above . 1f	4,718,231.				
턀	g	Noncash contributions included in						
קק		lines 1a-1f	1g	\$				
ತ್ ಏ	h	Total. Add lines 1a-1f		<u> </u>	4,718,231.			
				Business Code				
<u>8</u>	2a	EMERGENCY ASSISTANCE		900099	190,478.	190,478.		
e S	b	FINANCIAL PROSPERITY CEN	NTER	900099	168,394.	168,394.		
n S	С	STRONG NEIGHBORHOODS		900099	301,153.	301,153.		
ran	d			_				
Program Service Revenue	е			_				
ਕੋ∣	f	All other program service re	evenue					
	g	Total. Add lines 2a-2f			660,025.			
	3	Investment income (incl	luding dividends	s, interest, and				
		other similar amounts)			190,401.			190,401.
	4	Income from investment of	•	•	NONE			
	5	Royalties			NONE			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	C .	Rental income or (loss) 6c		DNE NONE				
	d 	Net rental income or (loss)			NONE			
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets		1 202 007				
	.	other than inventory 7a	1	1,292,807.				
Revenue	b	Less: cost or other basis		1,276,560.				
, ke		and sales expenses		16,247.				
	c d		<u> </u>		17,032.			
Other		• ,			21,7021			
ŏ	8a	Gross income from events (not including \$	٠ ا					
		of contributions reporte						
		1c). See Part IV, line 18		a NONE				
	b	Less: direct expenses						
	C	Net income or (loss) from		•	NONE			
	9a	Gross income from						
		activities. See Part IV, line 1	0 0	a NONE				
	b	Less: direct expenses	9	b NONE				
	С	Net income or (loss) from		s	NONE			
	10a	Gross sales of inver	ntory, less					
		returns and allowances •	•	a NONE				
	b	Less: cost of goods sold .		b NONE				
	С	Net income or (loss) from s	sales of inventory		NONE			
တ္ခ				Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS		900099	161,606.	161,606.		
lan	b			-				
Sel Sev	С			-				
Mis	d	All other revenue						
	е	Total. Add lines 11a-11d			161,606.			
	12	Total revenue. See instruct	tions		5,747,295.	821,631.		190,401.

13-4254191

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									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	3,861,068.	3,861,068.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	212,320.	212,320.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16	NONE							
4	Benefits paid to or for members	NONE							
5	Compensation of current officers, directors,								
	trustees, and key employees	265,868.	152,133.	56,115.	57 , 620.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	NONE							
7	Other salaries and wages	1,071,622.	555,322.	121,403.	394,897.				
8	Pension plan accruals and contributions (include	22,758.	13,072.	2,838.	6,848				
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	174,748.	95,362.	27,524.	51,862.				
10	Payroll taxes	113,370.	64,356.	9,960.	39,054.				
	Fees for services (nonemployees):								
а	Management	NONE							
b	Legal	NONE							
	Accounting	NONE							
d	Lobbying	NONE							
е	Professional fundraising services. See Part IV, line 17.	NONE							
1	f Investment management fees	NONE							
9	Other. (If line 11g amount exceeds 10% of line 25, column	000 655	1.66.604	56.064	E.C. 10E				
	(A), amount, list line 11g expenses on Schedule O.)	299,675.	166,684.	56,864.	76,127				
	Advertising and promotion	NONE	14 106	2 640	1.4.005				
13	Office expenses	31,773.	14,106.	3,642.	14,025				
14	Information technology	NONE							
15	Royalties	NONE	00.614	77 570	F0 001				
16	Occupancy	227,023.	98,614.	77,578.	50,831				
	Travel	NONE							
18	Payments of travel or entertainment expenses	210215							
	for any federal, state, or local public officials	NONE	05 200	5 607	1.6.051				
	Conferences, conventions, and meetings	47,038.	25,380.	5,607.	16,051.				
	Interest	NONE 57 570	20 520	C 225	10 710				
	Payments to affiliates	57,578.	32,530.	6,335.	18,713				
	Depreciation, depletion, and amortization	38,330.		38,330.					
	Insurance	NONE							
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.)								
		102.050	60 605	10.050	22.002				
	PRINTING & PUBLICATIONS DEDAINS (MAINTENANCE	103,950.	62,695.	18,253.	23,002.				
	REPAIRS & MAINTENANCE	109,040.	59,808.	19,590.	29,642				
	PASS THROUGH GRANT	3,009.	NONE	3,009.	NONI				
d									
	All other expenses	6 620 170	5 412 450	117 010	770 (70				
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	6,639,170.	5,413,450.	447,048.	778,672.				
-0	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here								
	following SOP 98-2 (ASC 958-720)								

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	500.	1	500
2	Savings and temporary cash investments	1,509,528.	2	1,336,230.
3	Pledges and grants receivable, net	2,007,059.	3	1,810,246.
4	Accounts receivable, net	307,241.	4	182,886
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON:
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NON
7	Notes and loans receivable, net	NONE	7	NON
8	Inventories for sale or use	NONE	8	NON
9	Prepaid expenses and deferred charges . SEE SCHEDULE O	20,742.	9	25 , 955
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 663, 385.			
b	Less: accumulated depreciation	77,359.	10c	52,990
11	Investments - publicly traded securities SEE SCHEDULE .O	6,582,676.	11	7,188,649
12	Investments - other securities. See Part IV, line 11	4,934,878.	12	5,408,884
13	Investments - program-related. See Part IV, line 11	NONE	13	NON
14	Intangible assets	NONE	14	NON
15	Other assets. See Part IV, line 11	1,187,449.	15	1,551,314
16	Total assets. Add lines 1 through 15 (must equal line 33)	16,627,432.	16	17,557,654
17	Accounts payable and accrued expenses	270,789.	17	393,014
18	Grants payable	53,750.	18	40,625
19	Deferred revenue . SEE SCHEDULE O	429,092.	19	207,345
20	Tax-exempt bond liabilities	NONE		NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NON
23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NON
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	555 , 592.	25	1,065,820
26	Total liabilities. Add lines 17 through 25	1,309,223.	26	1,706,804
	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	8,715,434.	27	9,907,320
28	Net assets with donor restrictions	6,602,775.	28	5,943,530
27 28 29 30 31	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
1		15 210 200	32	15,850,850
32	Total net assets or fund balances	15,318,209.	32	10,000,000.

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	,					
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,7	47,	<u> 295</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,6	39,	<u>170</u> .
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	5,3	18,	<u> 209</u> .
5	Net unrealized gains (losses) on investments	5		1,4	24,	<u>516</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	5,8	50,	<u>850</u> .
Part	·					
	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," ex	(plain	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 con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			0.5	3.7	
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ted o	ı a			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_		2c	Х	
	the audit, review, or compilation of its financial statements and selection of an independent accounts			20	^	
	If the organization changed either its oversight process or selection process during the tax year, e.	xpıaın	on			
•	Schedule O.		41			
за	As a result of a federal award, was the organization required to undergo an audit or audits as set fo			3a		Χ
h	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			Ja		
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	_		3b		

SCHEDULE A (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. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification	n numbe
13-4254	191

UIN.	T.T.F.	D WAY OF GREATER STA	ARK COUNTY				13-4	Z34191
Pa		Reason for Public Ch		organizations must	comple	ete this p		
		anization is not a private fou	· ·					
1		A church, convention of chu				-	•	
2	Н	A school described in secti	•				. • (•)(·)(· •)(·)	
3	H	A hospital or a cooperative					(1)(Δ)(iii)	
4	H	A medical research organiz	•	•				(iii) Enter the
•		hospital's name, city, and st	•	oonjunouon wan a noc	priar ao	0011000 11		(III)I Elitor tilo
5		An organization operated to		a college or universit	v owne	d or one	rated by a governme	ental unit described in
·		section 170(b)(1)(A)(iv). (C		a conego or arrivoron	y owno	а от оро	rated by a governme	mar ann accombca m
6		A federal, state, or local go		rnmental unit describe	d in sact	ion 170/	h)(1)(Δ)(γ)	
7	V	An organization that norma						om the general nublic
•		described in section 170(b)	•	·	pport iii	om a go	verninental unit of its	on the general public
8		A community trust describe		,	Part II \			
9	\vdash	An agricultural research org			-		Lin conjunction with a	land-grant college
3		or university or a non-land-	=			-		
		university:	grant college or ag	griculture (see ilistruct	юна). С	illei lile i	name, city, and state o	i the college of
10		An organization that norma	Ily receives (1) me	oro than 221/2 % of its	cupport	from cor	atributions momborsh	in foos, and gross
10	Ш	receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s: and (2) no more than	1 331/3 % of its
		support from gross investm	rent income and ur	nrelated business tax	able inco	ome (less	s section 511 tax) from	businesses
11		acquired by the organization An organization organized a						
12	\vdash	An organization organized a	•		-			m, out the numbers of
12		•	•	•				
		one or more publicly suppo the box on lines 12a throug	-					
		¬		• • • • • • • • • • • • • • • • • • • •			•	
а		Type I. A supporting orga		•	-		• , ,	
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.	-					
b		Type II. A supporting org	-					
		control or management of		=	the sam	e persor	is that control or man	age the supported
		organization(s). You must	•					
С		Type III functionally integrated						lly integrated with,
		its supported organization						
d		Type III non-functionally			-			- , ,
		that is not functionally into	-		-		· ·	d an attentiveness
		requirement (see instruct	,	•				
е		_ Check this box if the orga						I, Type III
	_	functionally integrated, or						
T	En	ter the number of supported	organizations					• • • • • • • • • • • • • • • • • • • •
g		ovide the following information					()) () ((-i) A (f
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,199,919.	5,190,838.	5,294,187.	5,228,796.	4,718,231.	26,631,971.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	6,199,919.	5,190,838.	5,294,187.	5,228,796.	4,718,231.	26,631,971.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						3,561,640.
6	Public support. Subtract line 5 from line 4						23,070,331.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,199,919.	5,190,838. 90,795.	5,294,187. 101,830.	5,228,796. 138,619.	4,718,231.	26,631,971.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	219,822.	531,568.	1,025,443.	1,192,139.	821,631.	3,790,603.
11	Total support. Add lines 7 through 10						31,071,456.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup						
14	Public support percentage for 2023 (lin		•			14	74.25 %
15	Public support percentage from 2022					15	76.42 %
16a	331/3% support test - 2023. If the org	-					
L	box and stop here . The organization qu						
D	331/3% support test - 2022. If the org this box and stop here. The organization						
170	10%-facts-and-circumstances test - 2	•		•			
11a	10% or more, and if the organization						
	Part VI how the organization meets						
	organization			•	•		
h	10%-facts-and-circumstances test - 2						
b	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets					-	
	organization			_			
18	Private foundation. If the organization						
. •	instructions						
_							

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(0) = 0 10	() = = = =	(-)	(-,	(0) = 0 = 0	(-)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2023 (line 8	, column (f), divid	ed by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2022 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2023 (lin					17	%
18	Investment income percentage from 2022					18	%
19 a	331/3% support tests - 2023. If the or						
	17 is not more than 331/3 %, check this	=	-	•	•		
b	331/3% support tests - 2022. If the org						
	line 18 is not more than 331/3 %, check		•				
20	Private folingation if the organization is	aua not check :	a nox on line '	ıд 192 or 19h	Check this ho	x and see instri	ICHONS

JSA 3E1221 1.000

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

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

1			Yes	No
1	g y			
2		1		
3a	ıs ed			
3a 3d 3d 3d 3d 3d 3d 3d		2		
3b 3c 3c 3f 4a 4a 4b 4b 5c 6c 6c 7 7 6 8 7 8 9 8 9 8 9 10 10 10 10 10 10 10 10	er	3a		
3c	id ie			
3c 4a 4a 4b 4b 4b 4c 4c 4c 4c 4c		3b		
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No.		4c		
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9c		9b		
10a 10b	fit	9c		
10b	n d			
	to.			
		10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44.		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	11b		
C	provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations	110		
	71 11 0 0		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 supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	res	NO
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on 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 ins	tructi	ons).	
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se			
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	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.	2a		
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.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	s	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (expla	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizations r	nust complete Sectio	ns A through E.
Se	ction 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		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
_	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
_	see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
_8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
_2		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	Distributable Amount. 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	lly integra	ated Type III supporting	g organization

Schedule A (Form 990) 2023

(see instructions).

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	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	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required - p	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 2023 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount			10			
	(ii)						

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

Schedule A (Form 990) 2023

Schedule A (Form 990 or 990-EZ) 2023

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

DESCRIPTION 2019 2020 2021 2022 2023 TOTAL

MISCELLANEOUS 219,822. 531,568. 1,025,443. 1,192,139. 821,631. 3,790,603.

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number Name of the organization UNITED WAY OF GREATER STARK COUNTY 13-4254191 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ **501(c)(** 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 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 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

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

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

Schedule B (Form 990) (2023)

Name of organization
UNITED WAY OF GREATER STARK COUNTY

Employer identification number 13-4254191

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

		T	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AULTMAN HEALTH FOUNDATION		Person X
	2600 SIXTH STREET SW	\$\$243,633.	Payroll Noncash
	<u>CANTON</u> , OH 44710		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HOOVER FOUNDATION		Person X
	400 MARKET AVE N	\$315,000.	Payroll Noncash
	<u>CANTON</u> , OH 44702		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	TIMKEN COMPANY		Person X
	4500 MOUNT PLEASANT ST NW	\$193,922.	Payroll Noncash
	NORTH CANTON, OH 44720		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	Type of contribution Person X
No.	Name, address, and ZIP + 4	(c) Total contributions \$120,000.	Type of contribution
No.	Name, address, and ZIP + 4 THE BEAVER EXCAVATING COMPANY	Total contributions	Type of contribution Person X Payroll
No.	Name, address, and ZIP + 4 THE BEAVER EXCAVATING COMPANY 2000 BEAVER PLACE AVE SW	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 4 (a)	Name, address, and ZIP + 4 THE BEAVER EXCAVATING COMPANY 2000 BEAVER PLACE AVE SW CANTON, OH 44706 (b)	\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 THE BEAVER EXCAVATING COMPANY 2000 BEAVER PLACE AVE SW CANTON, OH 44706 (b) Name, address, and ZIP + 4	\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
(a) No.	Name, address, and ZIP + 4 THE BEAVER EXCAVATING COMPANY 2000 BEAVER PLACE AVE SW CANTON, OH 44706 (b) Name, address, and ZIP + 4 FRESHMARK INC	\$ 120,000. (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll
(a) No.	Name, address, and ZIP + 4 THE BEAVER EXCAVATING COMPANY 2000 BEAVER PLACE AVE SW CANTON, OH 44706 (b) Name, address, and ZIP + 4 FRESHMARK INC 1888 SOUTHWAY SE MASSILLON, OH 44646 (b)	\$ 120,000. (c) Total contributions \$ 124,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 THE BEAVER EXCAVATING COMPANY 2000 BEAVER PLACE AVE SW CANTON, OH 44706 (b) Name, address, and ZIP + 4 FRESHMARK INC 1888 SOUTHWAY SE MASSILLON, OH 44646 (b) Name, address, and ZIP + 4	\$ 120,000. (c) Total contributions \$ 124,500.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contribution) (d) Type of contributions.)
(a) No.	Name, address, and ZIP + 4 THE BEAVER EXCAVATING COMPANY 2000 BEAVER PLACE AVE SW CANTON, OH 44706 (b) Name, address, and ZIP + 4 FRESHMARK INC 1888 SOUTHWAY SE MASSILLON, OH 44646 (b)	\$ 120,000. (c) Total contributions \$ 124,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)
(a) No.	Name, address, and ZIP + 4 THE BEAVER EXCAVATING COMPANY 2000 BEAVER PLACE AVE SW CANTON, OH 44706 (b) Name, address, and ZIP + 4 FRESHMARK INC 1888 SOUTHWAY SE MASSILLON, OH 44646 (b) Name, address, and ZIP + 4	\$ 120,000. (c) Total contributions \$ 124,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)

UNITED WAY OF GREATER STARK COUNTY

Name of organization

Employer identification number 13-4254191

Part II	Noncash Property	(see instructions) Use dunlicate coni	es of Part II if addition	nal space is needed.
aitii	14011Ca31111Opcity		1. Use auplicate copi	C3 OI I AIL II II AUUIII	niai space is necece.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** UNITED WAY OF GREATER STARK COUNTY 13-4254191 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift

Schedule B (Form 990) (2023)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023
Open to Public

Inspection

OMB No. 1545-0047

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

	e organization answered "Yes" (see separate instructions), ther	on Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	nstructions) or Form 990-l	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Nam	e of organization			Employer ide	ntification number
UNI	TED WAY OF GREATER S				254191
Pai	rt I-A Complete if the o	organization is exempt under	section 501(c) or	is a section 527 orga	nization.
1	Provide a description of the	he organization's direct and ind	irect political camp	aign activities in Part	IV. See instructions for
	definition of "political campa	aign activities."			
2	Political campaign activity e	xpenditures. See instructions		\$	
3	Volunteer hours for political	campaign activities. See instruction	ons		
Par		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	5 \$	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3	3).
1	Enter the amount directly e	xpended by the filing organization	n for section 527 ex	empt function	
2		ng organization's funds contributed			
	527 exempt function activiti	es		\$	
3		enditures. Add lines 1 and 2. En			
	line 17b			\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification numbers.	per (EIN) of all section	on 527 political organiz	ations to which the filing
		s. For each organization listed, en tributions received that were pror			
		nd or a political action committee (
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Ivaine	(b) Address	(C) LIIV	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
					ii florio, cittor o .
(1)					
(2)					
(3)			_		
(4)			-		
(5)			_		
(6)			_		

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

Schedule C (Form 990) 2023

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total				
2a	Lobbying nontaxable amount	502,008.	475,882.	453,038.	481,959.	1,912,887.				
b	Lobbying ceiling amount (150% of line 2a, column (e))					2,869,331.				
С	Total lobbying expenditures	NONE	NONE	NONE	NONE	NONE				
d	Grassroots nontaxable amount	125,502.	118,971.	113,260.	120,490.	478,223.				
е	Grassroots ceiling amount (150% of line 2d, column (e))					717,335.				
f	Grassroots lobbying expenditures	NONE	NONE	NONE	NONE	NONE				

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).	В

	(closticii diidei secticii de ((i)).	Ι,		1 4		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(6	a) 	(b))	
des	cription of the lobbying activity.	Yes	No	Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?			_		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.					
C	Media advertisements?					
d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?					_
e f	Grants to other organizations for lobbying purposes?					_
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					_
2 a	Did the activities in line 1 cause the organization to not be described in section $501(c)(3)$?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d Da	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(c)(E)	orc	coction		
га	501(c)(6).	(6)(3)	, or s	section		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro					
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."		-		3, is	
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou					
	political expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lead political expanditures part year?	obbyir	ng	4		
5	and political expenditures next year?			5		_
Рa	rt IV Supplemental Information					
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	u grou	up IIsi	.), Fait II-A, III		

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UNI	TED WAY OF GREATER STARK COUNTY	13-4254191
Pai		Accounts
	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
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
-	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	t II Conservation Easements	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation of	a historically important land area
	Protection of natural habitat Preservation of	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		2b
c		2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and	
-		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year	, 3
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n. handling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	expense statement and balance
	sheet, and include, if applicable, the text of the footnote to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	r research in furtherance of public se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue star	
	art, historical treasures, or other similar assets held for public exhibition, education, or resea	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

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

Schedule D (Form 990) 2023

		AY OF GREATER S'			13-4254191 Page 2
	rt III Organizations Maintaining Col				
3	Using the organization's acquisition, acce	ession, and other reco	rds, check any of the	e following that r	make significant use of its
	collection items (check all that apply).		¬ .		
а	Public exhibition	d	Loan or exchange	e program	
b	Scholarly research	e	Other		
С	Preservation for future generations				
4	Provide a description of the organization	s collections and expl	ain how they further	r the organization	's exempt purpose in Part
_	XIII.				
5	During the year, did the organization solici				
	assets to be sold to raise funds rather than		art of the organization	n's collection?	Yes No
Pa	rt IV Escrow and Custodial Arrange		000 D (N/ I	0 1 1	
	Complete if the organization an 990, Part X, line 21.			•	
1a	Is the organization an agent, trustee, cus				
	included on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part X	(III and complete the fo	llowing table.		
					Amount
С	Beginning balance				
d	Additions during the year				
е	Distributions during the year				
f	Ending balance				
	Did the organization include an amount on				
	If "Yes," explain the arrangement in Part	III. Check here if the e	xplanation has been p	provided in Part XIII	
Pa	rt V Endowment Funds		000 David IV / Iiin a	- 10	
	Complete if the organization an				
		urrent year (b) Prio	or year (c) two year	ars back (d) Three y	years back (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains,				
	and losses				
	Grants or scholarships				
е	Other expenditures for facilities				
_	and programs				
Ť	Administrative expenses				
g	End of year balance				
2 a	Provide the estimated percentage of the c Board designated or quasi-endowment	current year end balanc %	e (line 1g, column (a))) held as:	
b	Permanent endowment %				
	Term endowment %				
•	The percentages on lines 2a, 2b, and 2c s	hould equal 100%			
32	Are there endowment funds not in the pos		ation that are held an	nd administered for	r the
υu	organization by:	30331011 Of the organiza	ation that are new ar	ia aamiinisterea toi	Yes No
	(i) Unrelated organizations?				
	(ii) Related organizations?				
h	If "Yes" on line 3a(ii), are the related organ				
4	Describe in Part XIII the intended uses of	•			
	rt VI Land, Buildings, and Equipmen	t		- 11- C F-	- 000 Davit V III 40
	Complete if the organization ar	(a) Cost or other basis	rm 990, Part IV, IIn (b) Cost or other basis	e 11a. See Form (c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	(a) Book value
4 -			1		1

240,462.

422,923.

227,228.

383,167

52,990. Schedule D (Form 990) 2023

13,234.

39,756.

c Leasehold improvements.....d Equipment......

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

Schedule D (Form 990) 2023 UNITED WAY OF Part VII Investments - Other Securities	GREATER STARK (COUNTY	3-4254191 Page
Complete if the organization answered	d "Yes" on Form 990	. Part IV. line 11b. See Form 990.	Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	ion:
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) STARK COMMTY FND POOLED FUNDS	5,408,884.		
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	5,408,884.		
Part VIII Investments - Program Related Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1)			
(2)			
_(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
(a) De	escription		(b) Book value
(1)INTEREST RECEIVABLE			21,414.
(2)CAPITAL CAMPAIGN			709,000.
(3)RIGHT OF USE ASSET			820,900.
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, or	col. (B))		1,551,314.
Part X Other Liabilities Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11e or 11f. See Fori	m 990, Part X,
line 25.	diam of lightlet.	Т	(h) Deelee
1. (a) Descrip (1) Federal income taxes	otion of liability		(b) Book value
(2)DESIGNATED CONTRIBUTIONS			244,920.
(3)CURRENT PORTION - OPERATING LE			128,946.
(4)LONG TERM PORTION - OPERATING			691,954.
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)). 1,065,820. 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 .

	le D (Form 990) 2023 UNITED WAY OF GREATER STARK COUNTY	13-	4254191	Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n		
1	Total revenue, gains, and other support per audited financial statements	1	6,892,	024.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	1,144,	729.
3	Subtract line 2e from line 1	3	5,747,	295.
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.)			
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5,747,	295.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn		
1	Total expenses and losses per audited financial statements	1	6,359,	383.
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	-279 ,	
3	Subtract line 2e from line 1	3	6,639,	170.
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			
b	Other (Describe in Part XIII.)	4.0		
С 5	Add lines 4a and 4b	4c 5	6,639,	170
	XIII Supplemental Information	3	0,039,	170.
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform			X, line
SEE	SUPPLEMENTAL PAGE			

Page 5

SCH D PART XI LINE 2D & PART XII LINE 2D

A CONTRA INCOME ACCOUNT FOR DONOR DESIGNATED FUNDS

SCHEDULEI (Form 990)

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

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

Inspection Employer identification number 13-4254191 S

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or assistance, and

Department of the Treasury	Attach to Form 990.
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.
Name of the organization	
UNITED WAY OF G	JNITED WAY OF GREATER STARK COUNTY
Part I General In	Part I General Information on Grants and Assistance
1 Does the organization	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants

the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. P G

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. Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACCESS HEALTH STARK COUNTY							
408 NINTH ST NW CANTON, OH 44707	34-0909974	501(C)(3)	87,954.				GENERAL ALLOCATION
(2) AHEAD							
1237 16TH ST NE MASSILLON, OH 44646	34-1800520	501(C)(3)	51,458.				GENERAL ALLOCATION
(3) ALLIANCE FOR CHILDREN & FAMILIES, INC.							
624 SCRANTON AVE ALLIANCE, OH 44601	34-1590276	501(C)(3)	65,229.				GENERAL ALLOCATION
(4) COMMUNITY LEGAL AID SERVICES INC.							
50 S MAIN STREET AKRON, OH 44308	34-0753560	501(C)(3)	18,342.				GENERAL ALLOCATION
(5) CATHOLIC CHARITIES							
800 MARKET AVE N CANTON, OH 44702	34-1903648	501(C)(3)	10,000.				GENERAL ALLOCATION
(6) CHILD AND ADOLESCENT BEHAVIORAL HEALTH							
919 SECOND STREET NE CANTON, OH 44704	34-1191950	501(C)(3)	192,852.				GENERAL ALLOCATION
(7) COLEMAN PROFESSIONAL SERVICES, INC.							
5982 RHODES ROAD KENT, OH 44240	34-1936439	501(C)(3)	110,248.				GENERAL ALLOCATION
(8) COMMQUEST SERVICES, INC.							
1341 MARKET AVE N CANTON, OH 44714	34-0737793	501(C)(3)	147,850.				GENERAL ALLOCATION
(9) COMPASS							
PO BOX 481 NEW PHILADELPHIA, OH 44663	34-1841381	501(C)(3)	56,644.				GENERAL ALLOCATION
(10) DOMESTIC VIOLENCE PROJECT							
PO BOX 9459 CANTON, OH 44711	34-1263226	501(C)(3)	152,232.				GENERAL ALLOCATION
(11) EARLY CHILDHOOD EDUCATION ALLIANCE							
285 W OXFORD STREET ALLIANCE, OH 44601	20-4763143	501(C)(3)	67,500.				GENERAL ALLOCATION
(12) EARLY CHILDHOOD RESOURCE CENTER							
1718 CLEVELAND AVE NW CANTON, OH 44703	53-0196617	501(C)(3)	101,661.				GENERAL ALLOCATION
2 Enter total number of section 501(c)(3) and government org	government o	organizations lis	anizations listed in the line 1 table	ole .			
3 Enter total number of other organizations listed in the line	ted in the line	$\overline{}$			table		
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

22.	
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990, Part IV, line 21 or	
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Part	
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OMB No. 1545-0047	2023	Open to Public
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Inspection

Employer identification number 13-4254191 UNITED WAY OF GREATER STARK COUNTY Name of the organization

Part I General Information on Grants and Assistance

- Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
 - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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. Part II

		(if applicable)	grant	(e) Amount of noncash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(n) Purpose of grant or assistance
(1) J.R. COLEMAN FAMILY SERVICES CORP							
3300 PARKWAY ST CANTON, OH 44708	34-1321317	501(C)(3)	267,335.				GENERAL ALLOCATION
(2) PATHWAY CARING FOR CHILDREN							
4895 DRESSLER RD NW CANTON, OH 44718	23-7244648	501(C)(3)	6,275.				DESIGNATION
(3) PLANNED PARENTHOOD							
25350 ROCKSIDE ROAD	34-1015976	501(C)(3)	24,476.				DESIGNATION
(4) SALVATION ARMY OF CANTON							
PO BOX 20249 CANTON, OH 44701	34-0714378	501(C)(3)	10,000.				GENERAL ALLOCATION
(5) SALVATION ARMY OF ALLIANCE							
PO BOX 2780 ALLIANCE, OH 44601	13-5562351	501(C)(3)	10,000.				GENERAL ALLOCATION
(6) SALVATION ARMY OF MASSILLON							
315 6TH STREET NE MASSILLON, OH 44646	34-0726065	501(C)(3)	10,000.				GENERAL ALLOCATION
(7) STARK HOUSING NETWORK INC							
408 NINTH ST SW CANTON, OH 44707	34-6002718	501(C)(3)	.000,000				GENERAL ALLOCATION
(8) UNITED WAY OF SUMMIT AND MEDINA							
37 N HIGH ST AKRON, OH 44325	34-1169257	501(C)(3)	11,146.				DESIGNATION
(9) UNITED WAY OF TUSCARAWAS COUNTY							
P.O. BOX 525 NEW PHILADELPHIA, OH 44663	34-1008773	501(C)(3)	7,228.				DESIGNATION
(10) WESTARK FAMILY SERVICES							
42 1ST STREET NE MASSILLON, OH 44646	34-0735604	501(C)(3)	8,424.				GENERAL ALLOCATION
(11) YMCA OF WESTERN STARK COUNTY							
1226 E MARKET ST NAVARRE, OH 44662	34-0719180	501(C)(3)	16,521.				GENERAL ALLOCATION
(12) CHILDREN'S DYSLEXIA CENTER							
836 MARKET AVE N CANTON, OH 44702	04-3169620	501(C)(3)	10,899.				DESIGNATION

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

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

JSA

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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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Open to Public Inspection

Employer identification number 13-4254191 UNITED WAY OF GREATER STARK COUNTY Name of the organization

General Information on Grants and Assistance Part I

- Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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. Part II

(1) YWCA- CANTON 231 SIXTH STREET NE CANTON, OH 44702 232 SE NARKET STREET ALLIANCE, OH 44601 233 E NARKET STREET ALLIANCE, OH 44601 24) SA PAGE OF ALLIANCE 24) SA PAGE OF ALLIANCE 25) E NARKET STREET ALLIANCE, OH 44601 24) SA PAGE OF ALLIANCE 25) STRIP AND NUMBER OF ALLIANCE 26) STRIP AND NUMBER OF ALLIANCE 27) STRIP AND NUMBER OF ALLIANCE 28) STRIP AND NUMBER OF ALLIANCE 29) SA STRIP AND NUMBER OF ALLIANCE 20) STRIP AND NUMBER OF ALLIANCE 20) SA STRIP AND NUMBER OF ALLIANCE 20) SA STRIP AND NUMBER OF ALLIANCE 21) SA STRIP AND NUMBER OF ALLIANCE 22) SA STRIP AND NUMBER OF ALLIANCE 23) SA STRIP AND NUMBER OF ALLIANCE 24) STRIP AND NUMBER OF ALLIANCE 25) SA STRIP AND NUMBER OF ALLIANCE 26) STRIP AND NUMBER OF ALLIANCE 27) SA STRIP AND NUMBER OF ALLIANCE 27) SA STRIP AND NUMBER OF ALLIANCE 27) STRIP AND NUMBER TARK COUNTY BURGH 28) SA STRIP AND NUMBER OF ALLIANCE 27) SA STRIP AND NUMBER OF ALLIANCE 27) STRIP AND NUMBER TARK FORCE	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NCA OF ALLIANCE NARKET STREET ALLIANCE, OH 44601 ND STREET ALLIANCE, OH 44601 ND STREET B. SHIPLEY CHILD HEALTH CLINIC, IN STREET NE CANTON, OH 44704 ND STREET NE CANTON, OH 44704 ND STREET NE CANTON, OH 44704 ND STREET NE CANTON, OH 44707 STRIP AVE NU NORTH CANTON, OH 44707 STRIP AVE NU NORTH CANTON, OH 44707 STRIP AVE NU NORTH CANTON, OH 44707 STRIP AVE NU CANTON, OH 44707 STRIP AVE NU CANTON, OH 44707 STRIP ARE TALE AREA ON TEAM AND	(1) YWCA- CANTON							
WACA OF ALLIANCE Advoluted 34-0714731 501(C) (3) 52, ARCARET B. SHIPLEY CHILD HEALTH CLINIC, IN 34-1552956 501(C) (3) 75, ND STREET NE CANTON, OH 44720 34-1181718 501(C) (3) 35, EACON CHARITABLE PHARMACY 20-0797475 501(C) (3) 49, INTH STREET SW CANTON, OH 44707 46-0732616 501(C) (3) 16, OWNOD IDEAS 46-0732616 501(C) (3) 13, ARKET AVE N CANTON, OH 44707 45-3395210 501(C) (3) 9, RENVILLE AREA UNITED WAY INC. 34-1017865 501(C) (3) 26, ARKET AVE N CANTON, OH 44702 34-6000510 501(C) (3) 26, LLIANCE COMMUNITY PANTRY 34-1017865 501(C) (3) 5, ARKET AVE N CANTON, OH 44702 34-6000510 501(C) (3) 5, ARKET AVE N CANTON, OH 44702 34-6000510 501(C) (3) 5, ARKET AVE N CANTON, OH 44601 34-6000510 501(C) (3) 5, ARKET AVE N CANTON, OH 44601	CANTON, OH 44702	4-0714799	501(C)(3)	313,463.				GENERAL ALLOCATION
MARKET STREET ALLIANCE, OH 44601 34-0714731 501(C) (3) 52 IARCARET B. SHIPLEX CHILD HEALTH CLINIC, IN 34-1552956 501(C) (3) 75, ND STREET NE CANTON, OH 44704 34-1552956 501(C) (3) 75, TARK COUNTY EDUCATIONAL SERVICE CENTER 34-1181718 501(C) (3) 49, STRIP AVE NW NORTH CANTON, OH 44707 20-0797475 501(C) (3) 49, OWNTOD IDEAS 46-0732616 501(C) (3) 10, ARKET AVE N CANTON, OH 44707 45-3395210 501(C) (3) 13, CLEVELAND AVE S CANTON, OH 44707 34-1017865 501(C) (3) 9, TARK COUNTY DISTRICT LIBRARY 34-1017865 501(C) (3) 26, ARKET AVE N CANTON, OH 44702 34-6000510 501(C) (3) 5, ARKET AVE N CANTON, OH 44702 34-6000510 501(C) (3) 5, ARKET AVE N CANTON, OH 44702 34-6000510 501(C) (3) 5, CLIANCE COMMUNITY PANTRY 27-0890332 501(C) (3) 5, COMPASSION CHRISTIAN CHURCH 81-2485171 501 (C) (3) 12,	(2) YWCA OF ALLIANCE							
INDESTREET B. SHIPLEY CHILD HEALTH CLINIC, IN 34-1552956 501(C) (3) 75, TARK COUNTY EDUCATIONAL SERVICE CENTER 34-1181718 501(C) (3) 35, EACON CHARITABLE PHARMACY 20-0797475 501(C) (3) 49, INTH STREET SW CANTON, OH 44707 46-0732616 501(C) (3) 13, INTH STREET SW CANTON, OH 44707 46-0732616 501(C) (3) 13, RIDGE POINT COMMUNITY SERVICES 46-0732616 501(C) (3) 13, RIDGE POINT COMMUNITY SERVICES 46-0732616 501(C) (3) 13, RIDGE POINT COMMUNITY SERVICES 34-1017865 501(C) (3) 5, TARK COUNTY DISTRICT LIBRARY 34-6000510 501(C) (3) 5, ARKET AVE N CANTON, OH 44702 34-6000510 501(C) (3) 5, ARKET AVE N CANTON, OH 44702 27-0890332 501(C) (3) 5, CLEVELAND CHRISTIAN CHURCH 27-0890332 501(C) (3) 12, RESTONE DR DELEWARE, OH 43015 81-2485171 501 (C) (3) 12, TARK COUNTY HUNGER TASK FORCE 34-12485171 501 (C) (3) 12, ABARK COUNTY HUNGER TASK FORCE 34-12485171 501 (C) (3) 12, ABARK COUNTY HUNGER TASK FORCE 34-12485171 501 (C) (3) 12, ABARK COUNTY HUNGER TASK FORCE 34-12485171 501 (C) (3) 12, ABARK COUNTY HUNGER TASK FORCE 34-12485171 501 (C) (3) 12, ABARK COUNTY HUNGER TASK FORCE 34-12485171 501 (C) (3) 12, ABARK COUNTY HUNGER TASK FORCE 34-12485171 501 (C) (3) 12, ABARK COUNTY HUNGER TASK FORCE 34-12485171 501 (C) (3) 12, ABARK COUNTY HUNGER TASK FORCE 34-12485171 501 (C) (3) 12, ABARK COUNTY HUNGER TASK FORCE 34-12485171 501 (C) (3) 12, ABARK COUNTY HUNGER TASK FORCE 34-12485171 501 (C) (3) 12, ABARK COUNTY HUNGER TASK FORCE 34-12485171 501 (C) (3) 12, ABARK COUNTY HUNGER TASK FORCE 34-12485171 501 (C) (3) 12, ABARK COUNTY HUNGER TASK FORCE 34-12485171 501 (C) (3) 12, ABARK COUNTY HUNGER TASK FORCE 34-12485171 501 (C) (3) 12, ABARK COUNTY HUNGER TASK FORCE 34-12485171 501 (C) (3) 12, ABARK COUNTY HUNGER TASK FORCE 34-12485171 501 (C) (3) 12,	E MARKET STREET ALLIANCE, OH 44601	4-0714731	501(C)(3)	52,256.				GENERAL ALLOCATION
ND STREET NE CANTON, OH 44704 TARK COUNTY EDUCATIONAL SERVICE CENTER STRIP AVE NW NORTH CANTON, OH 44720 EACON CHARITABLE PHARMACY INTH STREET SW CANTON, OH 44707 OWTOD IDEAS ARKET AVE N CANTON, OH 44707 RIDGE POINT COMMUNITY SERVICES CLEVELAND AVE S CANTON, OH 44707 TARK COUNTY DISTRICT LIBRAKY ARKET AVE N CANTON, OH 44702 MARKET ST ORRVILLE, OH 44667 TARK COUNTY DISTRICT LIBRAKY ARKET AVE N CANTON, OH 44702 ARKET AVE N CANTON, OH 44702 TARK COUNTY DISTRICT LIBRAKY ARKET AVE N CANTON, OH 44702 TARK COUNTY DISTRICT LIBRAKY ARKET AVE N CANTON, OH 44702 TARK COUNTY DISTRICT LIBRAKY ARKET AVE N CANTON, OH 44601 TARK COUNTY DISTRICT LIBRAKY ARKET AVE N CANTON, OH 4401 TARK COUNTY DISTRICT LIBRAKY ARKET AVE N CANTON, OH 4401 TARK COUNTY DISTRICT LIBRAKY ARKET AVE N CANTON, OH 4401 TARK COUNTY DISTRICT LIBRAKY ARKET AVE N CANTON, OH 4401 TARK COUNTY HONGER TASK FORCE TARK COUNTY HUNGER TASK FORCE	B. SHIPLEY CHILD HEALTH CLINIC,							
TARK COUNTY EDUCATIONAL SERVICE CENTER STRIP AVE NW NORTH CANTON, OH 44720 STRIP AVE NW NORTH CANTON, OH 44720 INTH STREET SW CANTON, OH 44707 OWTOD IDEAS ARKET AVE N CANTON, OH 44707 RECOURT DEAS ARKET AVE N CANTON, OH 44707 RARKET AVE N CANTON, OH 44707 ARKET AVE N CANTON, OH 44707 ARKET ST ORRVILLE, OH 44667 ARKET AVE N CANTON, OH 44702 ARKET AVE N CANTON, OH 4401 ARKET		4-1552956	501(C)(3)	75,526.				GENERAL ALLOCATION
STRIP AVE NW NORTH CANTON, OH 44720 34-1181718 501(C) (3) 35 EACON CHARITABLE PHARMACY 20-0797475 501(C) (3) 49 INTH STREET SW CANTON, OH 44707 46-0732616 501(C) (3) 16 OWTOD IDEAS ARKET AVE N CANTON, OH 44702 46-0732616 501(C) (3) 13 ARKET AVE N CANTON, OH 44707 45-3395210 501(C) (3) 9, RRVILLE AREA UNITED WAY INC. 34-1017865 501(C) (3) 9, TARK COUNTY DISTRICT LIBRARY 34-1017865 501(C) (3) 26, ARKET AVE N CANTON, OH 44702 34-6000510 501(C) (3) 5, COMPASSION CHRISTIAN CHURCH 27-0890332 501(C) (3) 5, TARK COUNTY HUNGER TASK FORCE 81-2485171 501 (C) (3) 12,	COUNTY EDUCATIONAL							
INTH STREET SW CANTON, OH 44707 OWTOD IDEAS ARKET AVE N CANTON, OH 44707 OWTOD IDEAS ARKET AVE N CANTON, OH 44707 ARKET AVE N CANTON, OH 44707 ARKET AVE N CANTON, OH 44707 ARKET AVE NOUNTY DISTRICT LIBRARY ARKET AVE N CANTON, OH 44702 ARKET AVE N CANTON, OH 4401 ARESTON CHRISTIAN CHURCH ARESTONE DELEMBRE, OH 43015 TARK COUNTY HUNGER TASK FORCE A19, 46-0732616 501(C) (3) 50, 50, 70, 70, 70, 70, 70, 70,	STRIP AVE NW NORTH CANTON, OH 44720	4-1181718	501(C)(3)	35,424.				GENERAL ALLOCATION
INTH STREET SW CANTON, OH 44707 OWTOD IDEAS ARKET AVE N CANTON, OH 44702 ALLIANCE POINT COMMUNITY SERVICES CLEVELAND AVE S CANTON, OH 44707 TARK COUNTY DISTRICT LIBRARY X 2581 ALLIANCE, OH 44601 TARK COUNTY HUNGER TASK FORCE	(5) BEACON CHARITABLE PHARMACY							
ARKET AVE N CANTON, OH 44702 ARKET AVE N CANTON, OH 44702 CLEVELAND AVE S CANTON, OH 44707 RARKET ST ORRVILLE, OH 44667 ARKET ST ORRVILLE, OH 44667 ARKET AVE N CANTON, OH 44702 ARKET AVE N CANTON, OH 44702 ARKET AVE N CANTON, OH 44702 ARKET AVE N CANTON, OH 44601 X 2581 ALLIANCE, OH 44601 X 2581 ALLIANCE, OH 44601 X 2581 ALLIANCE, OH 4401 X 27-0890332 ARKET AVE N COUNTY HUNGER TASK FORCE TARK COUNTY HUNGER TASK FORCE	STREET SW CANTON, OH 44707	0-0797475	501(C)(3)	49,564.				GENERAL ALLOCATION
ARKET AVE N CANTON, OH 44702 RIDGE POINT COMMUNITY SERVICES CLEVELAND AVE S CANTON, OH 44707 GLEVELAND AVE S CANTON, OH 44707 RARKET ST ORRVILLE, OH 44667 TARK COUNTY DISTRICT LIBRARY ARKET AVE N CANTON, OH 44702 ARKET AVE N CANTON, OH 44702 ARKET AVE N CANTON, OH 44601 AX 2581 ALLIANCE, OH 44601 X 2581 ALLIANCE, OH 44601 X 2581 ALLIANCE, OH 4401 X 27-0890332 COMPASSION CHRISTIAN CHURCH RESTONE DE DELEWARE, OH 43015 TARK COUNTY HUNGER TASK FORCE RESTONE DELEMARE, OH 43015 TARK COUNTY HUNGER TASK FORCE	(6) TOMTOD IDEAS							
REDGE POINT COMMUNITY SERVICES CLEVELAND AVE S CANTON, OH 44707 RARKET ST ORRVILLE, OH 44667 TARK COUNTY DISTRICT LIBRARY ARKET AVE N CANTON, OH 44702 ARKET AVE N CANTON, OH 44702 ALLIANCE COMMUNITY PANTRX X 2581 ALLIANCE, OH 44601 X 2581 ALLIANCE, OH 44601 X 2581 ALLIANCE, OH 4401 TARK COUNTY HUNGER TASK FORCE TARK COUNTY HUNGER TASK FORCE		6-0732616	501(C)(3)	16,823.				GENERAL ALLOCATION
CLEVELAND AVE S CANTON, OH 44707 45-3395210 501(C)(3) 13 RRVILLE AREA UNITED WAY INC. 34-1017865 501(C)(3) 9, MARKET ST ORRVILLE, OH 44667 34-6000510 501(C)(3) 26, TARK COUNTY DISTRICT LIBRARY 34-6000510 501(C)(3) 26, ARKET AVE N CANTON, OH 44702 27-0890332 501(C)(3) 5, X 2581 ALLIANCE, OH 44601 27-0890332 501(C)(3) 5, COMPASSION CHRISTIAN CHURCH 81-2485171 501(C)(3) 12, TARK COUNTY HUNGER TASK FORCE 81-2485171 501(C)(3) 12,	BRIDGE POINT COMMUNITY							
ORRVILLE AREA UNITED WAY INC. 34-1017865 501(C) (3) 9, E MARKET ST ORRVILLE, OH 44667 34-1017865 501(C) (3) 9, STARK COUNTY DISTRICT LIBRARY 34-6000510 501(C) (3) 26, ALLIANCE COMMUNITY PANTRY 27-0890332 501(C) (3) 5, COMPASSION CHRISTIAN CHURCH 27-0890332 501(C) (3) 5, ITRESTONE DR DELEWARE, OH 43015 81-2485171 501 (C) (3) 12, STARK COUNTY HUNGER TASK FORCE 12, 12,	CLEVELAND AVE S CANTON, OH 44707	5-3395210	501(C)(3)	13,797.				DESIGNATION
E MARKET ST ORRVILLE, OH 44667 34-1017865 501(C) (3) 9, STARK COUNTY DISTRICT LIBRARY 34-6000510 501(C) (3) 26, ALLIANCE COMMUNITY PANTRY 27-0890332 501(C) (3) 5, COMPASSION CHRISTIAN CHURCH 27-0890332 501(C) (3) 5, TRESTONE DE DELEMARE, OH 43015 81-2485171 501 (C) (3) 12, STARK COUNTY HUNGER TASK FORCE 12, 12,	(8) ORRVILLE AREA UNITED WAY INC.							
RY 02 34-6000510 501(C)(3) 27-0890332 501(C)(3) 015 81-2485171 501 (C)(3)	E MARKET ST ORRVILLE, OH 44667	4-1017865	501(C)(3)	9,869.				DESIGNATION
02 34-6000510 501(C)(3) 27-0890332 501(C)(3) 015 81-2485171 501 (C)(3)	(9) STARK COUNTY DISTRICT LIBRARY							
27-0890332 501(C)(3) 015 81-2485171 501(C)(3)		4-6000510	501(C)(3)	26,369.				DESIGNATION
015 27-0890332 501(C)(3) 81-2485171 501 (C)(3)								
015 81-2485171 501 (C) (3) RCE	ОН 44601	7-0890332	501(C)(3)	5,604.				DESIGNATION
43015 81-2485171 501 (C) (3) FORCE	(11) COMPASSION CHRISTIAN CHURCH							
(12) STARK COUNTY HUNGER TASK FORCE	DR DELEWARE, OH 43015	1-2485171	01 (C)	12,500.				DESIGNATION
	(12) STARK COUNTY HUNGER TASK FORCE							
408 9TH ST SW #213 CANTON, OH 44707 34-1374549 501 (C) (3) 11,329.		4-1374549	501 (C) (3)	11,329.				GENERAL ALLOCATION

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

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

3E1288 1.000

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

Attach to Form 990.

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Go to www.irs
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Go

Open to Public Inspection

Employer identification number 13-4254191 UNITED WAY OF GREATER STARK COUNTY

Part I General Information on Grants and Assistance

Г	2
L	
	Yes
e organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	lection criteria used to award the grants or assistance?
ganization	selection criteria us
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Does the	se
Ö	the

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. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

1 1 1 1 1 1 1 1 1 1	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NE CANTON, OR 44702 34-193940 36,817. 36,817. 36,817. 36,817. 36,817. 36,817. 36,817. 36,817. 36,817. 36,817. 36,817. 36,817. 36,818. 36,133910 36,132. 36,133910 36,132. 36,133910 36,132. 36,133428 31-120472 31-120472 31-120472 31-224391 31-324392 31	(1) STARK FRESH							
Manager Mana	NE CANTON, OH	34-1430426	501 (C) (3)	36,817.				GENERAL ALLOCATION
LALIANCE, OH 44601 34-1033910 34,080. JOBS FOR OHIO'S GRADUATES 31-1204720 31-1204720 INW CANTON, OH 44718 31-1204720 31-1204720 IN CANTON, OH 44702 13-4254191 5,521. IN CANTON, OH 44702 34-1374549 501(C) (3) 6,046. CAN STARK COUNTY EDU SERVICE CENN 34-1329875 501(C) (3) 262,285. INNEC, OH 44607 34-1329875 501(C) (3) 28,700. RAS SILLON, OH 44647 34-030974 501(C) (3) 262,285. ALL PROPLE ALL PROPLE 75,162. ALL PROPLE ALL PROPLE 34-030974 501(C) (3) 156,696. ANATON, OH 4407 34-1191950 501(C) (3) 36,686. 36,686. AND ARS SURVER CENTER HEALTH 34-1191950 501(C) (3) 36,686. AND MASSURGE CENTER 34-0196617 501(C) (3) 81,958.	INTERFAITH CHILD DEV							
NN CANTON, OH 44718 31–120472 91,029. 91,029. NN CANTON, OH 44718 13–4254191 5,521. 6,046. NN CANTON, OH 44707 34–1374549 501(C) (3) 6,046. CANTON, OH 44707 34–1374549 501(C) (3) 6,046. CANTON, OH 44707 34–1374549 501(C) (3) 262,285. NN NORTH CANTON, OH 44707 34–1329675 501(C) (3) 28,700. ALINES, COUNTY INC. 34–1329675 501(C) (3) 48,782. ALINES COUNTY INC. 34–0726102 501(C) (3) 48,782. ALI PROPILE ALI PROPILE 501(C) (3) 75,162. ALI PROPILE ALI PROPILE 501(C) (3) 36,685. AND ON GALLATOR 34–1191950 501(C) (3) 36,685. AND ON GALLATOR 34–1191950 501(C) (3) 36,685. AND ON GALLATOR 34–1191950 501(C) (3) 36,685.	S UNION S ALLIANCE, OH 44601	34-1033910		34,080.				GENERAL ALLOCATION
NW CANTON, OH 44702 31-1204720 91,029. DNY'S IMMCINITON LIBEARY OF CARRO 13-4254191 5,521. IN CANTON, OH 44702 13-4254191 5,521. IN CANTON, OH 44702 34-1374549 501(C) (3) 6,046. CANTON, OH 44702 34-1374549 501(C) (3) 28,700. INDEAL COUNTY EDU SERVICE CEN 34-1329875 501(C) (3) 28,700. INDEAL COUNTY EDU SERVICE CEN 34-1329875 501(C) (3) 28,700. IRLE CLUB OF MASSILLON 34-1329875 501(C) (3) 75,162. ALL FORDLE ALL FORDLE 75,162. 75,162. ALL FORDLE ALL FORDLE 34-1191950 501(C) (3) 36,685. ANDOR RESOURCE CENTER 34-1191950 501(C) (3) 36,685. AND RESOURCE CENTER 34-1191950 501(C) (3) 81,958.	(3) TRI-COUNTY JOBS FOR OHIO'S GRADUATES							
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N CANTON, OH 44702 13-4254191 5,521. 6,046 TY HUNGER TASK FORCE 34-1374549 501(C) (3) 6,046 6,046 C/O STARK COUNTY EDU SERVICE CEN 34-1181718 501(C) (3) 262,285. 6,046 INM NORTH CANTON, OH 44720 34-1181718 501(C) (3) 262,285. 6,046 INM NORTH CANTON, OH 44647 34-129875 501(C) (3) 48,782. 6,046 INERS CLUB OF MASSILLON 34-0726102 501(C) (3) 75,162. ALL FORDEL ALL FORDEL 75,162. 75,162. ALL FORDEL ALL FORDEL 75,162. 75,685. ALL FORDEL 34-1191950 501(C) (3) 36,685. ANDOR RESOURCE CENTER 34-1191950 501(C) (3) 36,685. AND RAN CANTON, OH 44704 34-1191950 501(C) (3) 81,958.	PARTON'S IMAGINATION LIBRARY OF							
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NW. CANTON, OH 44707 34-1374549 501(C) (3) 6,046. NW. C/O STARK COUNTY EDU SERVICE CEN 34-1181718 501(C) (3) 262,285. ALLIANCE, OH 44601 34-1329875 501(C) (3) 28,700. ALLIANCE, OH 44601 34-1329875 501(C) (3) 48,782. ALLIANCE, OH 44601 34-0726102 501(C) (3) 48,782. ALLIANCE, OH 44647 34-0726102 501(C) (3) 75,162. SW CANTON, OH 44707 34-0909974 501(C) (3) 75,162. ADD ANE SCHELE BEAUTORAL HEALTH 34-1191950 501(C) (3) 36,685. ADD ANE SCHEC CENTER 34-1191950 501(C) (3) 36,685. NUB ANE NW CANTON, OH 44704 501(C) (3) 81,958.	(5) STARK COUNTY HUNGER TASK FORCE							
WW, C/O STARK COUNTY EDU SERVICE CEN AM, C/O STARK COUNTY EDU SERVICE CEN 34-1181718 501(C) (3) 262,285. ALEACA CENTOR ALEA	9TH ST SW CANTON, OH	34-1374549	501(C)(3)	6,046.				DESIGNATION
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ALLIANCE, OH 44601 SITURANCE, OH 44702 SITURANCE, OH 44703 SITURANCE,	NW NORTH CANTON, OH	34-1181718	501(C)(3)	262,285.				GENERAL ALLOCATION
ALLIANCE, OH 44601 Ja-1329875 501(C)(3) GIRLS CLUB OF MASSILLON ST SW MASSILLON, OH 44647 SH CANTON, OH 44702 DAVE SW CANTON, OH 44702 BE-3136691 SOL(C)(3) ADOLESCENT BEHAVIORAL HEALTH RE CANTON, OH 44703 ADOLESCENT BENAVIORAL HEALTH SH CANTON OH 44703 ADOLESCENT BENAVIORAL HEALTH ADOLESCENT BENAVIORAL HEA	(7) PACE INC							
34-0726102 501(C) (3) 48,782.	ALLIANCE, OH	34-1329875	501(C)(3)	28,700.				GENERAL ALLOCATION
34-0726102 501(C) (3) 48,782. 34-0909974 501(C) (3) 75,162. B6-3136691 501(C) (3) 156,696. TH 34-1191950 501(C) (3) 36,685. S3-019617 501(C) (3) 81,958.	(8) BOYS AND GIRLS CLUB OF MASSILLON							
34-090974 501(C)(3) 75,162. 86-3136691 501(C)(3) 156,696. TH 34-1191950 501(C)(3) 36,685.	ST SW MASSILLON, OH	34-0726102	501(C)(3)	48,782.				GENERAL ALLOCATION
34-0909974 501(C) (3) 75,162. TH 34-1191950 501(C) (3) 156,696. S3-019617 501(C) (3) 81,958.	HEALTH STARK COUNTY							
TH 86-3136691 501(C)(3) 156,696. STRATEGIC 34-1191950 501(C)(3) 81,958. STRATEGIC STRA	SW CANTON, OH 44707	34-0909974	501(C)(3)	75,162.				STRATEGIC INVESTMENT
TH STRATEGIC TH STRATEGIC SOL(C) (3) S6,696. STRATEGIC STRATEG								
TH 34-1191950 501(C)(3) 36,685. STRATEGIC STRA	SW CANTON, OH	86-3136691	501(C)(3)	156,696.				
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53-0196617 501(C)(3) 81,958.	ST NE CANTON,	34-1191950	501(C)(3)	36,685.				
53-0196617 501(C)(3) 81,958.	CHILDHOOD RESOURCE							
		53-0196617	501(C)(3)	81,958.				STRATEGIC INVESTMENT

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

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

JSA

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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Part I

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

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

Attach to Form 990.

OMB No. 1545-0047	2023	Open to Public

Inspection

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

Employer identification number 13-4254191 General Information on Grants and Assistance UNITED WAY OF GREATER STARK COUNTY Name of the organization

_	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
	the selection criteria used to award the grants or assistance?
7	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
<u>"</u>	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(1) JR COLEMAN FAMILY SERVICES CORP 3300 PARKWAY ST CANTON, OH 44708 (2) 4KIDZ KORNER 10037 KINGSBURY BLVD CLEVELAND, OH 44104 (3) A.S.P.I.R.E TODAY INC 320 3RD ST NW CANTON, OH 44702 (4) APOSTOLIC FAITH ASSEMBLY 1823 SEVENTH ST NE CANTON, OH 44704 (5) EKAZA - BRIDGING THE GAP 2646 CLEVELAND AVE NW CANTON, OH 44709 (6) EN-RICH-MENT 4110 MEADOWVIEW DR NW CANTON, OH 44718 (7) FAMILY EMPOWERMENT MINISTRIES INC 425 E MARKET ST ALLIANCE, OH 44601 (8) GROWN INTO GREATNESS (8) C-2669063 501(C)(3) (8) GROWN INTO GREATNESS	10,000.	81 B1 B1	STRATEGIC INVESTMENT BLACK-LED ALLOCATION BLACK-LED ALLOCATION BLACK-LED ALLOCATION
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10C 46-0741021 50 INC 56-2669063 50	10,000.		
INC 56-2669063 50		BI	SLACK-LED ALLOCATION
56-2669063 50			
(8) GROW INTO GREATNESS	10,000.	BI	SLACK-LED ALLOCATION
141 1ST ST NE MASSILLON, OH 44646 86-3459997 501(C)(3)	10,000.	BI	SLACK-LED ALLOCATION
(9) TIQVAH HANDS OF HOPE			
PO BOX 80213 CANTON, OH 44708 27-0959574 501(C)(3)	10,000.	BI	SLACK-LED ALLOCATION
(10)			
(11)			
(12)			

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

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Page 2

Schedule I (Form 990) (2023)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SHELTER	4 SHELTER ASSISTANCE	56	59,645.			
2UTILITI	2 UTILITIES ASSISTANCE	33	14,207.			
3 AUTO RE	3 auto repair assistance	91	155,304.			
4 TRANSPO	4 TRANSPORTATION ASSISTANCE	122	2,697.			
5 CLOTHIN	5 CLOTHING ASSISTANCE	705	4,988.			
6MEDICAL	6medical assistance	100	2,585.			
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	nformation re	quired in Part I, Ii	ine 2, Part III, c	olumn (b); and any of	ther additional

information.

GRANT MONITORING PROCEDURE

THE ONSITE REVIEW EVALUATES ORGANIZATIONAL MANAGEMENT, STRATEGIC AND LONG-RANGE PLANNING, REVIEW PROGRAM DOCUMENTS, INCLUDING STATISTICAL REPORTS OF NUMBERS OF SUBJECT TO AN ONSITE IMPACT COUNCILS REVIEW BY A VOLUNTEER AGENCY REVIEW TEAM BIANNUALLY. GOVERNANCE, FINANCE, FACILITIES AND INFRASTRUCTURE. AGENCIES ARE ALSO REVIEWED ANNUALLY. FUNDS ARE

AUDITED FINANCIAL STATEMENTS AND TAX RETURNS OF AGENCIES RECEIVING GRANT

PEOPLE SERVED, STATISTICAL INDICATORS RELATING TO COMMUNITY OUTCOMES, AND

PROGRAM FINANCIAL PERFORMANCE

Schedule I (Form 990) (2023)

SCHEDULE J (Form 990)

Compensation Information

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

13-425/1101

UNI	TED WAY OF GREATER STARK COUNTY 13-4254	191		
Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on For	rm 💮		
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payme or reimbursement or provision of all of the expenses described above? If "No," complete Part III explain	ent to		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by			
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on li			
	1a?	2		
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
•	Receive a severance payment or change-of-control payment?	. 4a		Х
a h	Participate in or receive payment from a supplemental nonqualified retirement plan?			X
b	Participate in or receive payment from an equity-based compensation arrangement?			
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	. 40		X
	if tes to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion FO4/o\/2\ FO4/o\/4\ and FO4/o\/20\ avgorizations must complete lines F.0.			
-	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	пу		
_	compensation contingent on the revenues of:	50		37
a	The organization?	5a 5b		X
b	Any related organization?	. 50		X
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	ימיי		
6		illy		
_	compensation contingent on the net earnings of:	Co		37
a	The organization?	6a		X
D	Any related organization?	. 6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfix			
_	payments not described on lines 5 and 6? If "Yes," describe in Part III	. 7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	.		
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," descri			
_	in Part III			X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described	in		

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

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

Page 2

13 - 4254191

Schedule J (Form 990) 2023

Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

in column (B) reported as deferred on prior Form 990 (F) Compensation Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. NONE 158,367. (E) Total of columns (B)(i)-(D) 10,611 (D) Nontaxable benefits (C) Retirement and other deferred compensation NONE (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation (iii) Other reportable compensation NONE NONE (ii) Bonus & incentive compensation NONE 147,756. (i) Base compensation €€ ≘≘ ≘≘ (A) Name and Title PERISIC, ANGELA 1 PRESIDENT/CEO 2 9 œ 6 2 က 4 ^ 9 15 16 Ξ 12 13 4

Schedule J (Form 990) 2023

JSA

SCHEDULE L (Form 990)

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open To Public Inspection

Employer identification number Name of the organization UNITED WAY OF GREATER STARK COUNTY 13-4254191 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. 1 (b) Relationship between disqualified person and (a) Name of disqualified person (c) Description of transaction (d) Corrected? organization Yes No (1) (2)(3)(4)(5)(6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (f) Balance due (g) In default? (h) Approved (i) Written (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No Yes No (1) (2)(3)(4)(5)(6)(7)(8)(9)(10)Total Part III **Grants or Assistance Benefiting Interested Persons** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Type of assistance (e) Purpose of assistance person and the organization assistance (1)(2)(3)(4)(5)(6)(7)(8)

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

Schedule L (Form 990) 2023

(9) (10)

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
				Yes	No
(1)GEOFF KARCHER, 1ST VICE CHAIR	PRESIDENT	123,086.	DIGITAL MARKETING		
_(2)					
(3)					
_(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection is at www.irs.gov/form990.

UNITED WAY OF GREATER STARK COUNTY

13-4254191

PART VI, SECTION B, LINE 12C

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON:

- A. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY
- B. HAS READ AND UNDERSTANDS THE POLICY
- C. HAS AGREED TO COMPLY WITH THE POLICY, AND
- D. UNDERSTANDS THE UWGSC IS CHARITABLE AND IN ORDER TO MAINTAIN ITS
 FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH
 ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.
- E. HAS DISCLOSED ON ANY AFFILIATION FORM ANY RELATIONSHIP OR AFFILIATION

 THAT COULD BE DEEMED A CONFLICT OF INTEREST. TO ENSURE THE UWGSC OPERATES

 IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN

 ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS

 SHALL BE CONDUCTED. THE PERIODIC REVIEWS SHALL, AT A MINIMUM, INCLUDE THE

 FOLLOWING SUBJECTS:
- 1. WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION AND THE RESULT OF ARM'S LENGTH BARGAINING.
- 2. WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE UWGSC'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.

PART VI, SECTION B, QUESTION 15A

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UNITED WAY OF GREATER STARK COUNTY

13-4254191

THE RANGE FOR THE UNITED WAY CEO SALARY IS DETERMINED BY THE UNITED WAY'S EXECUTIVE COMPENSATION AND REVIEW COMMITTEE AND APPROVED BY EXECUTIVE COMMITTEE AND BOARD. THE SALARY IS BASED ON OTHER SIMILAR SIZE COMMUNITIES AND UNITED WAY'S PROVIDED BY THE UNITED WAY WORLDWIDE SALARY STUDY, LOCAL ECONOMIC FACTORS, COMPARABLE LOCAL NON PROFITS CEO SALARIES, YEARS OF EXPERIENCE AND PERFORMANCE. THE SALARY IS APPROVED ANNUALLY BY THE BOARD.

PART VI, SECTION A, LINE 6, 7A, AND LINE 11B

LINE 6 - THE UNITED WAY IS AN ORGANIZATION WHO DEEMS THAT ITS MEMBERS ARE COMPRISED OF ALL DONORS WHO MAKE A DONATION.

LINE 7A - ALL DONORS/MEMBERS ARE WELCOME TO COME TO THE ANNUAL MEETING WHERE THE BOARD OF DIRECTORS IS VOTED ON AND ELECTED.

LINE 11B - A REVIEW BY THE PREPARER WITH UPPER MANAGEMENT WILL BE DONE FIRST. THE 990 WILL THEN BE REVIEWED IN SEQUENTIAL ORDER BY THE AUDIT COMMITTEE, THE FINANCE COMMITTEE AND THEN THE BOARD OF DIRECTORS.

PART VI, SECTION C, LINE 19

THE UNITED WAY MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC DURING THE YEAR UPON REQUEST.

PART III, LINE 4D

OTHER PROGRAM SERVICES INCLUDE:

VOLUNTEER AND COMMUNITY SERVICES THAT PROMOTES EFFECTIVE VOLUNTEER

INVOLVEMENT BY DEVELOPING AND TRAINING OTHERS TO MEET THE NEEDS OF STARK

COUNTY RESIDENTS.

SCHEDULE O (Form 990 or 990-EZ)

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.

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UNITED WAY OF GREATER STARK COUNTY 13-4254191

STRONG NEIGHBORHOODS, STRONG FAMILY INITIATIVE SUPPORTS PREVENTING OR
LESSENING THE IMPACTS OF ADVERSE CHILDHOOD EXPERIENCES (ACES) DURING
EARLY CHILDHOOD AMONG THOSE WHO LIVE UNDER THE FEDERAL POVERTY LEVEL. BY
ENGAGING COMMUNITY PARTNERS, WE PUT THE FAMILY AT THE CENTER, PROVIDING
PROGRAMS LIKE EARLY CHILDHOOD EDUCATION, FOOD PROGRAMS, HOUSING AND
SHELTER SERVICES, SOCIAL-EMOTIONAL TRAINING AND INTERVENTION, AND
EMERGENCY RENT AND UTILITY ASSISTANCE HELP TO STABILIZE AND REDUCE ACES
IN OUR YOUTH.

Name of the organization	Employer identification number
UNITED WAY OF GREATER STARK COUNTY	13-4254191
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS	
	ENDING
DESCRIPTION	BOOK VALUE
RENT/INSURANCE/MAINT CONTRACTS	25,955.
TEMI, INCOMMOE, MILMI CONTINIOTO	20,300.
TOTAL C	
TOTALS	25,955.

Name of the organization

UNITED WAY OF GREATER STARK COUNTY

Employer identification number

13-4254191

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION BOOK VALUE OR FMV

US GOVERNMENT OBLIGATIONS 3,363,359.
MARKETABLE EQUITY SECURITIES 2,889,034.
MUTUAL FUNDS 936,256.

TOTALS 7,188,649.

TOTALS

207,345.

Schedule O (Form 990 or 990-EZ) 2023	Page Z
Name of the organization	Employer identification number
UNITED WAY OF GREATER STARK COUNTY	13-4254191
FORM 990, PART X - DEFERRED REVENUE	
DESCRIPTION	ENDING BOOK VALUE
DEFERRED REVENUE	207,345.
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