Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

ΑI	For tl	ne 2015 calendar year, or tax year beginning 04/01, 2015,	and endi	ng		03/31,	20 16
_		C Name of organization			D Employer iden	tification nur	nber
В	Check if a	UNITED WAY OF GREATER STARK COUNTY			13-425	4191	
	Addr	Doing business as					
	_	T	Room/suite		E Telephone nur	nber	
	- Initia	1 401 MARKET AVENUE N, STE 300			(330) 493	1-0445	
		return/ City or town, state or province, country, and ZIP or foreign postal code			, ,		
	Amei				G Gross receipts	s 8	3,506,090.
_		callon F Name and address of principal officer MARTA HEECE			H(a) Is this a grou		Yes X No
_	pend	401 MARKET AVENUE N, STE 300 CANTON, OH 447	02		subordinates? H(b) Are all subordi		Yes No
<u>-</u>	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o		,,	• •	h a list. (see instr	
<u></u>		te: WWW.UWSTARK.ORG	1 32	'	H(c) Group exemp	•	•
K		of organization: X Corporation Trust Association Other	1 Vente	of formati	ion: 2003 M :		
	art I	Summary	L rear u	or rollinati	1011. 2003 tel .	State of legal t	difficite. Off
	1	Briefly describe the organization's mission or most significant activities: TO ENE	RGIZE 1	PHE C	OMMUNTTY	TO CARE	FOR ONE
۵	'	ANOTHER BY ADDRESSING HUMAN NEEDS WITH MEASURABL					. I OK OND
au c			H KEDO				
Ë	2	Check this box ▶ if the organization discontinued its operations or disposed	d of th		of the met access		
Governance	3					3	26.
	ĭ	Number of voting members of the governing body (Part VI, line 1a)			• • • • • •	4	26.
68	5	Number of independent voting members of the governing body (Part VI, line 1b).			•••••	5	36.
ž	, s	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			• • • • • •	6	3,531.
Activities &	"-	Total number of volunteers (estimate if necessary)			• • • • • •	_	0.
- 7	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			• • • • • • •	7a	0.
	_ <u>D</u>	Net unrelated business taxable income from Form 990-T, line 34			Prior Year	7b	rrent Year
		Control Programme and					
e	8	Contributions and grants (Part VIII, line 1h)		\vdash	6,884,68		,358,464.
Revenue	9	Program service revenue (Part VIII, line 2g)		-	119,05		114,032.
å	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			389,36		113,213.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			202,99		135,575.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).			7,596,09		,721,284.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			5,023,83	_	,843,593.
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.	0.
S S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).		<u> </u>	1,322,37	_	,358,857.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0.	0.
쭚	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 673,830.					
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			879,71		872,062.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			7,225,92		,074,512.
L in	19	Revenue less expenses. Subtract line 18 from line 12			370,17		-353,228.
is o	1				ning of Current Y		d of Year
SSel	20	Total assets (Part X, line 16)			10,851,23		,423,043.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			450,52		503,980.
		Net assets or fund balances. Subtract line 21 from line 20			10,400,71	9. 9	,919,063.
	irt II	Signature Block					
Uni	der per	nalties of perjury, I declare that I have examined this return, including accompanying scheduk ect, and complete. Declaration of preparer (other than officer) is based on all information of whicl	es and stater	ments, a	nd to the best of	my knowledg	e and belief, it is
	,	The samples contains a propose family than a many to access an an information of things	ii properes ne	23 dily Kil	Ť		
Sig	110					3/2016	
He		Signature of officer			Date		
пе	16	MARIA HEEGE PRESIDE	NT/CEO		<u> </u>		
		Type or print name and title					
Pale	4	Print/Type preparer's name Preparer's signature	Date		Check	if PTIN	
_	ı parer				self-employe	g _ B00	082881
	only	Firm's name ▶HALL, KISTLER & COMPANY LLP			Firm's EIN ► 3	4-07157	70
	. Omy	Firm's address ▶220 MARKET AVENUE SOUTH - SUITE 700 CANTON, OH 44702-2100	0		Phone no. 3	30-453-	7633
May	the I	RS discuss this return with the preparer shown above? (see instructions)					Yes X No
For	Pape	rwork Reduction Act Notice, see the separate instructions.					m 990 (2015)

Part IV

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			-
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	Ť		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III.	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		Λ
0				х
0	complete Schedule D, Part III	8_		
9				
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
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 temporarily restricted		x	
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1733300
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.	-		-
d	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		х	
h	Complete Schedule D, Part VI	11a	- ^	
U		446		х
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11b		
·				Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ادمما	i	х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	х	
		11e		
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
		12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
4.5	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
4-		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	_		32
46	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			v
4=	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	.		4.5
4-	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			••
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Teach Teac		90 (2015)			Page 4
19.3 bit the organization operate one or more hospital facilities? If "Yes" complete Schedule I, 20.0 bit the organization statch a copy of its audited financial statements to this return? 10.1 bit the organization report more than \$5,000 of grants or other assistance to any domestic organization comments of the organization report more than \$5,000 of grants or other assistance to any domestic organization and organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 If "Yes," complete Schedule I, Parts I and III. 21.	Part	IV Checklist of Required Schedules (continued)			1
b II"Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 10 bid the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Part 5 and II. 21 bid the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21" if "Yes," complete Schedule I, Part 1 and III. 22 bid the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organizations current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 bid the organization answer Tyes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer Tyes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organizations answer the Section Section A, line 3, 4, or 5 about compensation of the organizations answer Tyes" to Repair II" (Yes," complete Schedule J. 24 bid the organization and former officers, directors, trustees, key employees, and highest compensation of the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 27 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 28 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 29 bid the organization invest any proceeds of tax-exempt bonds beyond the proceeds of the section		Strictly and the strict		Yes	-
10 bit the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part X, column (A), line 71 If "yes," complete Schadule I, Parts I and III. 20 bit the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 If "yes," complete Schadule I, Parts I and III. 21 bit the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization scurrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schadule IX If "No." go to line 25s. 22 bit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24d through 24d and complete Schadule K. If "No." go to line 25s. 23 bit the organization maintain an sectow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24 bit the organization act as an on behalf of lasuer for bonds outstanding at any time during the year? 25 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I. 25 bit the organization aware that it engaged in an excess benefit transaction with a disqualified person and that the Iransaction has not been reported on any of the organizations prior forms 990 or 990-E27 year, and that the Iransaction has not been reported on any of the organizations prior forms 990 or 990-E27 year, and that the Iransaction has not been reported on any of the organizations prior forms 990 or 990-E27 year, and that the Iransaction has not been reported on any of the organizations prior forms 990 or 990-E27 year, and that the Iransaction has not been reported on any of the organization prior than year. 28 bit th	_			-	<u> </u>
domestic government on Part IX, column (A), line 11 if "Yes," complete Schedule I, Parts I and II. 2			206		
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 27 If "Yes," complete Schedule I, Parts and III. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the least 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 Did the organization misted any 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 Did the organization misted any exercise of tax-exempt bonds beyond a temporary period exception? It bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? It bid the organization and the standard of issuer for bonds outstanding at any time during the year? Did the organization and the standard of issuer for bonds outstanding at any time during the year? Did the organization account that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or proms 990 or 990-E-22 if "Yes," complete Schedule L, Part II. Did the organization proord a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. A na entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family of which a current or former officer, director, trustee, or key employee (or a family member thereof) as a party to	21		۱.,	l .	
Part IX. column (A), line 27 il "Pes," complete Schedule Parts II and III. 3 Did the organization answer "Pes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 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. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			21	_^	
Did the organization answer "Yes" to Part VII, Section A. Ine 3, 4, or 5 about compensation of the organization's current and former officiers, directors, rustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 24 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 Intrough 24d and complete Schedule K. If "No." go to line 25a 15 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tex-exempt bonds? 15 Section 591(c)(3), 591(c)(4), and 591(c)(29) organizations. Did the organization expense in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I. 25 Section 591(c)(3), 591(c)(4), and 591(c)(29) organizations. Did the organization expense in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I. 26 Did the organization account that It engaged in an excess benefit transaction with a disqualified person of the part of the organization and the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 II "Yes," complete Schedule L. Part II. 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or disqualified persons? If "Yes," complete Schedule L. Part III. 28 Was the organization expense of these persons? If "Yes," complete Schedule L. Part III. 29 Did the organization expense organization expenses transaction with one of the following parties (see Schedule L. Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions, and exceptions): 29 Did the organization former officer, director, trustee, or key employee? If "Yes," complete Schedule M. 29 Did the organization feerity or director indirect owner? If "Yes," complete Schedule	22				
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If ''Pas', complete Schedule J. 23 X 24a Did the organization have a tax-exempt band 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 ''Pas', "answer lines 24b through 24d and complete Schedule K. If 'No'," go to line 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. c Did the organization antinisian an escrow account other than a refunding escrow at any time during the year? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d J. 5a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 950 or 990-E27 If 'Pas', complete Schedule L. Part I J. 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 organizations prior Forms 950 or 990-E27 If 'Pas', complete Schedule L. Part I J. b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, expemployees, highest compensated employees, or disqualified persons? If 'Pas', complete Schedule L. Part II J. 25b X Was the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustee, we prophyces, substantial contributors for any of these persons? If "Pas', complete Schedule L. Part II J. 27c X 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV J. 28d A Current of former officer, direct			22	X	
employees? If "res," complete Schedule J. 24. 42. 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 "ras," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. 524 bid the organization miset any proceeds of tax-exempt bonds beyond a temporary period exception?	23				
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\$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 complets Schedule K, If No." go to line 25a. b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?		employees? If "Yes," complete Schedule J	23		X
through 24d and complete Schedule K. If "No," go to line 25a. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization such as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 // 17 'yes," complete Schedule L, Part II. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. Was the organization party to a business transaction with one of the following parties (see Schedule L, Part IV. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. Did the organization man as 25,000 in non-cash contributions? If "Yes," complete Schedule N, Part IV. Did the organization man as 25,000 in non-cash contributions? If "Yes," complete Schedule N, Part IV. Did the organization own 100% of an entity disregarded as separate from the organization under Regulat	24 a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?					١
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Ves," complete Schedule L, Part I			_		X
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	С				
25a Saction \$01(c)(3), 501(c)(4), and \$01(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the yea? If "Yes," complete Schedule I, Part I				<u> </u>	
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	đ		24d		
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-E27 If "Yes," complete Schedule L Part I	25 a				
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. 25		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	b				
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II					
current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV 10 a business transaction with one of the following parties (see Schedule L, Part IV 10 a family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 10 a family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 10 as an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 10 as an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 10 as an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 10 as an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 10 as an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 10 as an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 10 as an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 10 as an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 10 as an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 10 as an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 10 as an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 10 as an officer, director, trustee, or key employee? If "Yes," complete Schedule R, Part		If "Yes," complete Schedule L, Part I	25b		Х
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	35	uiu the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	
		13: Note. All Form 990 filers are required to complete Schedule O.			10015

Check if Schedule Q contains a response or note to any line in this Part V 1a. Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			ago e
tal Enter the number reported in Box3 of Form 1096. Enter-0-if not applicable.					
ta Enter the number reported in Box 3 of Form 1906. Enter 4- Inot applicable. Enter the number of Forms W-2G included in line 1s. Enter 0- Inot applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and present the protection of t					No
b Enter the number of Forms W-2G included in line 1s. Enter-0- if not applicable. □ 1b ○ c C Did the organization or more) with backup withholding nules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 15	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	17/52/1	28110	DUIL!
c Did the organization comply with backup withholding nules for reportable payments to vendors and reportable gaming (gamilling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 36 bif at least one is reported on fine 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If yes, the sit filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation in Schedule 0. 3b If "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation in Schedule 0. 3b If "Yes," the sit filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation in Schedule 0. 3cocounty? 3b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other filanacial accounts (FBAR). 3cocounty? 3b If "Yes," the start of the foreign country is the security of Foreign Bank and Financial Accounts (FBAR). 3cocounty? 3cocounty? 3cocounty? 3cocounty? 3cocounty? 3cocounty? 3cocounty? 3cocounty? 3cocounty of the organization has the variable transaction at any time during the tax year? 3cocounty? 3		· · · · · · · · · · · · · · · · · · ·			
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the organization is licensed to issue qualified health plans	b		N		
c Enter the amount of reserves on hand	-				
14a Did the organization receive any payments for indoor tanning services during the tax year?	c				
The district of the district of the desired and payments for the desired and the tax years			14a		X

Form 990 (2015)

Part VI

Sect	ion A. Governing Body and Management			7775-73	
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 26			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
þ	Enter the number of voting members included in line 1a, above, who are independent	1b 26			13.3
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	*	ALTON.		180
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or un		_		v
	supervision of officers, directors, or 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 file		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5	X	X
6	Did the organization have members or stockholders?		6	Λ.	-
7a	Did the organization have members, stockholders, or other persons who had the power to el		7_	Х	
	one or more members of the governing body?		7a		
D	Are any governance decisions of the organization reserved to (or subject to approval		7b		x
8	stockholders, or persons other than the governing body?			(0)	2
Ü	the year by the following:	ertaken ouring			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot				-
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x
Secti	on B. Policies (This Section B requests information about policies not required by the International Control of the International Co	ernal Revenue	Code	e.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of s	such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil	ing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				224
12a	The state of the s		12a	<u>X</u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t			х	
_	rise to conflicts?		12b	Λ	
C	Did the organization regularly and consistently monitor and enforce compliance with the po		42-	х	
42	describe in Schedule O how this was done		12c	X	
13 14	Did the organization have a written whistleblower policy?		14	X	
15	Did the organization have a written document retention and destruction policy?		14	1200	10000
15	Did the process for determining compensation of the following persons include a review an independent persons compensative data and contemporary and the statistics of the deliberation		ALEXA		8
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official		15a	Х	2000000
b	Other officers or key employees of the organization		15b		х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		00000	63.0	10019
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	rarrangement			
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to		To a	e de la compa	
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safequard the	1000		
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH,				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Sch	adula (O)			
40		•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of inte	erest	oolicy	, and
20	financial statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's built MACKLE 401 MARKET AVE N, SUITE 300 CANTON, OH 44702-1502	ooks and records	5: >		

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Form 990 (2015)

. 0.111 000 (2010	"										raye (
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co					-		_	•		

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor				((
(A)	(B)				ition			(D)	(E)	/E\
Name and Title	Average	(do r	ot c			e than o	ne	Reportable	(E) Reportable	(F) Estimated
Tomo di a Tito	hours per					is both		compensation	compensation from	amount of
	week (list any	office	rane	dad	irect	or/trust	ee)	from	related	other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)MICHAEL L HOWARD	1.00									
CHAIR, LEADERSHIP COMMITTEE	0.	X						0.	0.	0.
(2)CARRILYN E. LONG	1.00									
CHAIR, IMPACT COUNCIL	0.	X						0.	0.	0.
(3)SHEILA RUTT	1.00	:								
TRUSTEE	0.	X						0.	0.	0.
(4)MARK SAMOLCZYK CHAIR, AUDIT COMMITTEE	1.00	x						0.	0.	0.
(5)PHILIP FRANCIS 2ND VICE CHAIR OF BOARD	1.00	Х						0.	0.	0.
(6)AIMEE BELDEN	1.00									-
CHAIR, VOLUNTEER COUNCIL	0.	x						0.	0.	0.
(7)SISTER CAROLYN CAPUANO HM	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(8)MARK STERLING TRUSTEE	1.00	х						0.	0.	0.
(9)ROBERT FERNANDEZ	1.00			_						
IMPACT COUNCIL CHAIR	0.	х						o.	0.	0.
(10)JACQUELINE DEGARMO TRUSTEE	1.00	х						0.	0.1	0.
(11)LINDA DEHOFF	1.00			\vdash		-			0.	
CHAIR, NOMINATING COMMITTEE	0.	х						0.	0.	0.
(12)RICHARD KYLE	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(13)CHRISTOPHER E. REMARK CHAIR, BOARD OF DIRECTORS	1.00	х						0.	0.	0.
(14)WILLIAM R. COOK 1ST VICE CHAIR, BOARD OF DIREC	1.00	х						0.	0.	0.

Form 990 (2015)

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	ıplo	ye	es,	and i	lig	hest Compensat	ed Emplo	yees (c	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos neck ss pe 1 a d	rson Irect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organization and related organizations
15) KATHRYN CERRONE ARNOLD CHAIR, GEN U SPOTLIGHT PROGRAM	<u> </u>	Х						0.		0.	0.
16) ROBERT F. BELDEN TREASURER, BOARD OF DIRECTORS	1.00	Х						0.		0.	0.
17) KAREN MCQUEEN CHAIR, HUMAN RESOURCES COMMITT		Х						0.		0.	0.
18) RABBI JON ADLAND TRUSTEE	1.00	X						0.		0.	0.
19) GEOFF KARCHER CORRESPONDING SECRETARY, BOARD		Х						0.		0.	0.
20) PATRICIA A MILLER TRUSTEE	1.00	Х						0.		0.	0.
21) DR. GERALD CURD TRUSTEE	0.	x						0.		0.	0.
22) RANDY FRAME TRUSTEE	1.00	Х						0.		0.	0.
23) DEREK GORDON TRUSTEE	1.00	Х						0.		0.	0.
24) WILLIAM C. SHIVERS 2015 CAMPAIGN CHAIR	1.00	х						0.		0.	0.
25) BRAD MCKAIN TRUSTEE	1.00	х						0.		0.	0.
to Sub-total c Total from continuation sheets to Part VII, Sod Total (add lines 1b and 1c)						· · ·	* * *	0. 212,184. 212,184.		0. 0.	15,693. 15,693.
Total number of individuals (including but not reportable compensation from the organization)	limited to tl	hose I	liste	d at	DOVE	e) who	-		\$100,000	of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or ch ind	tru ividu	ste	e,	key e	mp	loyee, or highest	compens	ated	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15 	0,0	00?		"Yes	," (complete Schedul	le J for :	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue con es," complet	mpen te Sch	satio ledu	on f le J	for	any such	uni per:	related organizations on	on or indivi	idual · · ·	5 X
Complete this table for your five highest com- compensation from the organization. Report c year.	pensated in ompensation	ndepe on for	ende the	nt c	cont	racto lar ye	rs tl ar e	hat received more anding with or with	than \$100 in the orga),000 o anizatio	f n's tax
(A) Name and business add	ress							(B) Description of se	rvices		(C) compensation
							-				

Form 990 (2015)

more than \$100,000 in compensation from the organization ▶

Total number of independent contractors (including but not limited to those listed above) who received

Page 8

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	yee	es, :	and F	ligl	hest Compensat	ed Employees (continued)
(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unles ir and	ieck s pe l a d	ition more rson irect	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	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
26) JAMES PORTER TRUSTEE	1.00	Х						0.	0.	0.
27) MARIA HEEGE PRESIDENT/CEO	40.00			v						
28) NICK MACKLE CFO/COO	40.00			X X				134,332. 77,852.	0.	
	======									
1b Sub-total							▶			
c Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c)	ection A .						▶			
2 Total number of individuals (including but not reportable compensation from the organization		nose 1		d at	OOVE	e) who	re	ceived more than	\$100,000 of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	r, or	tru:	ste	e, k	key e	mp	loyee, or highest	compensated	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	sum of rep eater than	ortab \$15	le c 0,00	om 00?	pen <i>If</i>	sation "Yes,	ar ," o	nd other compens	sation from the le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	mpen	satio	n f	rom	any	unr	related organization	on or individual	5 X
Section B. Independent Contractors										
 Complete this table for your five highest com- compensation from the organization. Report c year. 										
(A) Name and business add	lress							(B) Description of se	rvices ((C) Compensation
								<u> </u>		
2 Total number of independent contractors (in	ncluding bu	ıt not	lim	iteo	d to	thos	e li	sted above) who	received	

more than \$100,000 in compensation from the organization

13-4254191

1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events	217,852.		function revenue	revenue	under sections 512-514
b c d e	Membership dues 1b				I WASHO	12: U (U (U (U (U (U (U (U (U (U
c d e						
d e						
e	Related organizations 1d					
f	Government grants (contributions) 1e					
	All other contributions, gifts, grants,					
	and similar amounts not included above . 1f	6,140,612.				
g	Noncash contributions included in lines 1a-1f. \$					
h	Total. Add lines 1a-1f . ATTACHMENT.		6,358,464.			
		Business Code		Sharana C. C.		
2a	2-1-1 INFORMATION AND REFERRAL SERVICES	900099	114,032.	114,032.	20.00	
b					-	+
C						
d			423			1
e	All other program service revenue					
9			114,032.	AND THE PARTY OF T		
3			- 1		- 1000	
			52,025.			52,025
4			0.			
5			0.			
	(i) Real	(ii) Personal				
6a	Gross rents					
b	Less: rental expenses					
C						
			0.			
		(ii) Gard				
h						
С						
d		▶	61,188.			
8a	Gross income from fundraising					
	events (not including \$					
	of contributions reported on line 1c).					
	See Part IV, line 18 a					
	·					
	- 1		0.			9
ya						
h						
c	Net income or (loss) from gaming activities.	>	0.			The second second second second second
0a						
b	Less: cost of goods sold b		M CENTER NOTE OF			
С			0.			
		-				
1a	MISCELLANEOUS	900099	135,575.	135,575.		1
b						
C	All other roverve					
			135, 575			
2				249.607.	-10	52,025.
	b c d e f g 3 4 5 6 a b c d a b c d e 2	f All other program service revenue	f All other program service revenue f Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 1 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal (ii) Personal (iii) Personal (iii) Personal (iii) Other assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) (loss) (ii) Securities (iii) Other 1, 845, 994. (iv) Securities 1, 784, 806. 61, 188. d Net gain or (loss) A Net gain or (loss) For contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b Net income or (loss) from fundraising events. See Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities. See Part IV, line 19 a Less: cost of goods sold b Net income or (loss) from gaming activities. All Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code All other revenue Total. Add lines 11a-11d	All other program service revenue	All other program service revenue	b C C C C C C C C C

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	onse or note to any line	in this Part IX	is must complete colui	/// (A).
	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) Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,745,182.	4,745,182.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	98,411.	98,411.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	212,184.	94,414.	56,252.	61,518.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	0.			,
~	persons described in section 4958(c)(3)(B)	955,630.	582,441.	98,419.	274,770.
7		933,030.	362,441.	90,419.	2/4,//0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,483.	10,827.	2,913.	7,743.
		83,314.	44,885.	13,531.	24,898.
9 10	Other employee benefits	86,246.	50,433.	11,890.	23,923.
11					23,7231
	Management	0.			
	Legal	673.		673.	
	Accounting	22,095.		22,095.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
1	Investment management fees	0.			
	Other, (if line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	102,009.	77,028.	11,302.	13,679.
12	Advertising and promotion	0.			
13	Office expenses	59,225.	32,252.	12,683.	14,290.
14	Information technology	1,726.	570.	406.	750.
15	Royalties	0.	06 355	24.204	
16	Occupancy	179,337.	96,377.	26,324.	56,636.
17	Travel	18,293.	7,779.	-54.	10,568.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	65,308.	44,610.	6,394.	14,304.
20	Interest	0.			
21	Payments to affiliates ATCH. 2	66,067.	40,169.	8,192.	17,706.
22	Depreciation, depletion, and amortization	58,200.	27,936.	9,603.	20,661.
23	Insurance	14,425.		14,425.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule Q.)				
	MEMBERSHIP DUES	5,297.	3,615.	612.	1,070.
_	OHIO UNITED WAY DUES	22,593.	13,967.	2,645.	5,981.
	PRINTING & PUBLICATIONS	144,239.	33,369.	12,528.	98,342.
_	REPAIRS & MAINTENANCE	75,397.	37,169.	11,332.	26,896.
	All other expenses	37,178.	30,229.	6,854.	95.
	Total functional expenses. Add lines 1 through 24e	7,074,512.	6,071,663.	329,019.	673,830.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
_	following SOP 98-2 (ASC 958-720)	0.			
JSA	152 1 000				Form 990 (2015)

JSA 5E1052 1.000 Form 990 (2015)

Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in	this Part X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	800		800
2	Savings and temporary cash investments	1,248,529		933,025
3	Pledges and grants receivable, net	3,562,648		3,265,843
4	Accounts receivable, net	383,154	4	627,299
5	Loans and other receivables from current and former officers, direc	tors,		
	trustees, key employees, and highest compensated employ	/ees.		
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under se 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing empl and sponsoring organizations of section 501(c)(9) voluntary employees' benef	ection oyers iciary	5	0
S 7	organizations (see instructions). Complete Part II of Schedule L. Notes and loans receivable, net ATCH	233,208		204,774
7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Investorios for sala erusa	233,200		0
° ا	Inventories for sale or use Prepaid expenses and deferred charges	15,235	1 4	14,030
-	repaid expenses and deterred charges	15,235	9	14,030
108	Land, buildings, and equipment: cost or	210		
١.	other basis. Complete Part VI of Schedule D 10a 637,	083. 325,987	40-	294,236
4,4	Less: accumulated depreciation	5 5,070,561		5,071,973
11	Investments - publicly traded securities ATCH	3,070,361		0.
13	Investments - other securities. See Part IV, line 11	0.	12	0.
14	Investments - program-related. See Part IV, line 11		13	0.
15	Intangible assets			11,063
- 1	Other assets. See Part IV, line 11	• • • • • • • • • • • • • • • • • • • •		
16	Total assets. Add lines 1 through 15 (must equal line 34)			10,423,043
18	Accounts payable and accrued expenses	13,038		20,939.
19	Grants payable	13,036.	_	20,939.
20	Deferred revenue		19	0.
- 1	Tax-exempt bond liabilities		20	0.
21 <u>v</u> 22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
	Loans and other payables to current and former officers, direct			
≣	trustees, key employees, highest compensated employees,			0
Cabilities	disqualified persons. Complete Part II of Schedule L	0.	22	0.
23	Secured mortgages and notes payable to unrelated third parties		23	0.
24	Unsecured notes and loans payable to unrelated third parties		24	<u></u>
25	Other liabilities (including federal income tax, payables to related		1	
	parties, and other liabilities not included on lines 17-24). Complete Parties of School via D			210 675
26	of Schedule D	282,534		318,675. 503,980.
26 S	Organizations that follow SFAS 117 (ASC 958), check here X complete lines 27 through 29, and lines 33 and 34.		26	303,980.
E 27		3,343,749.	27	3,240,665.
28	Unrestricted net assets Temporarily restricted net assets			6,678,398.
29	Permanently restricted net assets	0,		0.
Net Assets of Fund Galances 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	and		
<u>ي</u> 30	Capital stock or trust principal, or current funds		30	
ا ا	Paid-in or capital surplus, or land, building, or equipment fund	• • •	31	<u></u>
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	10,400,719.		9,919,063.
34	Total liabilities and net assets/fund balances	10,851,239.		10,423,043.
,			34	Form 990 (2015)

Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Consolidated basis

X Separate basis

Part XI

1

2

4

6 7

8

9

Part XII

10

UNITED WAY OF GREATER STARK COUNTY	13-	-4254	191		
0 (2015)				Pa	ge 12
XI Reconciliation of Net Assets					
Check if Schedule O contains a response or note to any line in this Part XI					
Total revenue (must equal Part VIII, column (A), line 12)	_1		6,7	21,2	284.
Total expenses (must equal Part IX, columπ (A), line 25)	2		7,0	74,	512.
Revenue less expenses. Subtract line 2 from line 1	3		-3	53,2	228.
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	0,4	00,	719.
Net unrealized gains (losses) on investments	5		-1	28,4	128.
Donated services and use of facilities	6				0.
Investment expenses	7				0.
Prior period adjustments	8				0.
Other changes in net assets or fund balances (explain in Schedule O)	9				0.
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
33, column (B))	10		9,9	19,0)63.
XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII					X
				Yes	No
Accounting method used to prepare the Form 990: Cash X Accrual Other		Г	534		
If the organization changed its method of accounting from a prior year or checked "Other," e.	xolain	in	-111		18311
Schedule O.				=0	
Were the organization's financial statements compiled or reviewed by an independent accountant?		- 1	2a		х
If "Yes," check a box below to indicate whether the financial statements for the year were com-	noiled	or			
reviewed on a separate basis, consolidated basis, or both:					
Separate basis Consolidated basis Both consolidated and separate basis					
Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
If "Yes," check a box below to indicate whether the financial statements for the year were audit					
separate basis, consolidated basis, or both:					

Form	agn	/2016

Х

Х

2c

3a

3Ь

SCHEDULE A (Form 990 or 990-EZ)

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.

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

20**15**Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER STARK COUNTY

Employer identification number 13-4254191

	rt I	Reason for Public Cha						5.
The	org	anization is not a private fou						
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	_	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service o	organization described	in sectio	n 170(b)(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a ho-	spital de	scribed i	n section 170(b)(1)(A)(iii). Enter the
	_	hospital's name, city, and si	tate:					
5		An organization operated	for the benefit of	a college or universi	ly owne	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170	(b)(1)(A)(v).	
7	X	An organization that norm						om the general public
		described in section 170(b)				_		
8		A community trust describe	ed in section 170(1	b)(1)(A)(vi). (Complete	Part II.)			
9		An organization that norma					contributions, memb	ership fees, and gross
		receipts from activities rel						
		support from gross inves						
		acquired by the organizatio						,
01		An organization organized				•	•	
11		An organization organized	and operated excl	usively for the benefit o	of, to per	form the	functions of, or to ca	rry out the purposes of
		one or more publicly suppo						
		the box in lines 11a through						
а		Type I. A supporting orga						
		the supported organization						
		_ organization. You must c				-,, -		ious or the copporting
b	Г	Type II. A supporting org	•		nnection	with its	supported organizati	on/s) by having
	_	control or management of						
		organization(s). You must				- percer	to that control of the	age the supported
c	Г	Type III functionally inte	-		ated in co	onnectio	n with and functions	lly integrated with
	_	its supported organization						ny miogratica with,
d		Type III non-functionally						ted organization(s)
	_	that is not functionally into						
		requirement (see instruct						a an attendiveness
e		Check this box if the orga						II Tyne III
	_	functionally integrated, or						, · ,po
f	En	ter the number of supported						
9	Pro	ovide the following information	on about the supp					
		ame of supported organization	(li) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-9	listed in yo		support (see	other support (see
				above (see instructions))	docui	ment?	instructions)	instructions)
			İ		Yes	No		
A \				15.				
A)								
ο,								
B)								
~						<u> </u>		
C)								
D)					İ			
D)								
E,				_			_	
E)		_						

361181	DOIS V (LOUIN 990 OL 990-27) 50 12						Page ∠
Par	t II Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	ed the box on	line 5, 7, or 8 o	of Part I or if th	ne organizatio	n failed to qua	(vi)
Sec	tion A. Public Support	io to quality at	1100001	iotod Bolow, p	icase compie		·
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
		(4, 22 / 1		(-)	_ (-,,	(0, 2010	(1) 10121
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	6,850,711.	6,263,790.	6,478,273.	6,556,068.	5,994,746.	32,143,588.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	6,850,711.	6,263,790.	6,478,273.	6,556,068.	5,994,746.	32,143,588.
				0,110,210	2,000,000.	3,334,140.	32,243,300.
5	The portion of total contributions by each person (other than a	Attention of					
	governmental unit or publicly				L.V.X.3)		
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f).						0.
6							32,143,588.
	tion B. Total Support						<u> </u>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	6,850,711.	6,263,790.	6,478,273.	6,556,068.	5,994,746.	32,143,508.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	89,263.	84,929.	73,213.	70,323.	52,035.	377,763.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	44,167.	59,667.	165,279.	322,045.	249,607.	840,765.
11	Total support. Add lines 7 through 10	- WO. P. P. P.					33,362,116.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here			d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup						
14	Public support percentage for 2015 (li						96.35%
15	Public support percentage from 2014						96.74%
16a	331/3% support test - 2015. If the o						
	this box and stop here. The organization						
D	331/3% support test - 2014. If the c						
17-	check this box and stop here. The orga						
17a	10% or more and if the prescipation						
	10% or more, and if the organization						
	Part VI how the organization meets to			_	•		apported
b	organization						and line
_	15 is 10% or more, and if the orga						
	Explain in Part VI how the organizati						

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 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.)

						<u> </u>	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Glfts, grants, contributions, and membership fees					}	i
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise					1	
	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 $_{\star}$						
4	Tax revenues levied for the						
	organization's benefit and either paid						ł
	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		.32				
7a	Amounts included on lines 1, 2, and 3						
L	received from disqualified persons						
D	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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		- V '- Y				
	line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9							
ıva	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						ļ
D	Unrelated business taxable income (less	i					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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 five years. If the Form 990 is f						
500	organization, check this box and stop here					• • • • • • • •	
<u> 15</u>	Bublic Support passes for 2015 (line 9)			(6)			
	Public support percentage for 2015 (line 8	, column (r) givide	a by line 13, colum	nn (r))		15	
16 Soci	Public support percentage from 2014 Sche					16	<u> </u>
	tion D. Computation of Investment			2 solves (E)		479	
17 18	Investment income percentage for 2015 (line levestment income percentage from 2014)					17	<u>%</u>
18 18 -	Investment income percentage from 2014						<u> </u>
128	331/3% support tests - 2015. If the org						
L	17 is not more than 331/3%, check th						
D	331/3% support tests - 2014. If the organize 18 is not more than 331/3% check						
20	line 18 is not more than 331/3%, check Private foundation. If the organization						
ISA	·	aid flot Check i	a dux on line	190, 19a, UT 19D			190 or 990-EZ) 2015
E 477	1 1 000						

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All	Supporting	g Organizations
------------	-----	------------	-----------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	2500	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	_3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
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.	3с		100
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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.	4c		-
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	H	-
0 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 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Schedu	le A (Form 990 or 990-EZ) 2015		F	⊃age 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			PHO.
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	× 1	3	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	#1	88 T	1_00
	controlled the organization's activities. If the organization had more than one supported organization,		I	
	describe how the powers to appoint and/or remove 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			4
	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		
ecti	on C. Type II Supporting Organizations		1.4	
			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		
Secti	on D. All Type III Supporting Organizations			
4	Did the appointing asside to each of the appoint described by the test developed the fitter.		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1, 100		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			474
	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		4 =	
	supported organizations played in this regard.	3		
ecti	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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	rtions	
			Yes	
2	Activities Test. Answer (a) and (b) below.		103	110
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 in (a) 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	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	FY		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь		

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izatio	ns	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970. See in	structions. All
other Type III non-functionally integrated supporting organizations must com			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain			
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	1966		
instructions for short tax year or assets held for part of year):	15		
a Average monthly value of securities	1a	· · · · ·	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	11.1		
factors (explain in detail in Part VI):	1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	, ,		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	11	million of the second	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 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-functionally	/-integ	rated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	1 age 1
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	ed	***************************************	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	7.
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
ь				
C				
d	From 2013			
	From 2014			
f	Total of lines 3a through e			
g h	Applied to underdistributions of prior years Applied to 2015 distributable amount			
"	Carryover from 2010 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
•	D, line 7:			
а	Applied to underdistributions of prior years			
ь	Applied to 2015 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
2.60	and 4c.			
8	Breakdown of line 7:			
a				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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						1 090
	Information. Provi ne 12. Also comple					or 17b;
SCHEDULE A, PART I	I - OTHER INCO	ME			ATTACHMENT 1	
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
MISCELLANEOUS	44,167.	59,667.	165,279.	322,045.	249,607.	840,765.
TOTALS	44,167.	59,667.	165,279,	322,045.	249,607.	840,765.

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Employer identification number UNITED WAY OF GREATER STARK COUNTY

			13-4254191
Organization type (check or	e):		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated	as a private fou	ındation
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as	a private founda	tion
	501(c)(3) taxable private foundation		
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the Gen	eral Rule and a S	Special Rule. See
General Rule			
	n filing Form 990, 990-EZ, or 990-PF that received, during the or property) from any one contributor. Complete Parts I and contributions.		
Special Rules			
regulations under : 13, 16a, or 16b, a	n described in section 501(c)(3) filing Form 990 or 990-EZ the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedund that received from any one contributor, during the year, to fit the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 9	ule A (Form 990 otal contributions	or 990-EZ), Part II, line of the greater of (1)
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 the year, total contributions of more than \$1,000 exclusively anal purposes, or for the prevention of cruelty to children or a	for religious, ch	aritable, scientific,
contributor, during contributions totale during the year for General Rule appli	the year, contributions exclusively for religious, charitable, et al more than \$1,000. If this box is checked, enter here the to an exclusively religious, charitable, etc., purpose. Do not cores to this organization because it received nonexclusively religions are during the year.	tc., purposes, bu otal contributions mplete any of the gious, charitable	at no such s that were received e parts unless the e, etc., contributions
990-EZ, or 990-PF), but it mi	t is not covered by the General Rule and/or the Special Rule set answer "No" on Part IV, line 2, of its Form 990; or check to certify that it does not meet the filing requirements of Sche	the box on line H	f of its Form 990-EZ or on its

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization UNITED WAY OF GREATER STARK COUNTY

Employer identification number
13-4254191

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	AULTMAN HEALTH FOUNDATION 2600 SIXTH STREET SW CANTON, OH 44710	\$301,875.	Person X Payrolt Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DIEBOLD, INC. P.O. BOX 8230 CANTON, OH 44711	\$154,508.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HOOVER FOUNDATION 101 EAST MAPLE STREET NORTH CANTON, OH 44720	\$310,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	TIMKEN COMPANY 1835 DUEBER AVENUE SW CANTON, OH 44706	\$174,011.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	UNITED WAY FOUNDATION 401 MARKET AVE N STE 300 CANTON, OH 44702	_ \$\$17,852.	Person Payroti Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _ \$	Person Payroli Noncash (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF GREATER STARK COUNTY

Employer identification number

13-4254191

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(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
		1	

Name of organization UNITED WAY OF GREATER STARK COUNTY

Employer Identification number 13-4254191

Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	e year from any one completing Part year. (Enter this in	one contributor. Call, enter the total of formation once. So	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfo	_	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

Inspect | Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. | Inspect | Employer identification number

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Open to Public Inspection

UNITED WAY OF GREATER STARK COUNTY 13-4254191 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . 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? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., 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 form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2Ь Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register............... 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ___ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2015

(a) Cost or other basis

(Investment)

(b) Cost or other basis

(other)

229,322.

407,998.

(c) Accumulated

depreciation

37,976.

305,108

Schedule D (Form 990) 2015

(d) Book value

1a

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

Description of property

Buildings

Land

Equipment

191,346.

102,890.

294,236.

Part VII	Investments - Other Securities. Complete if the organization answered	i "Yes" on Form 990), Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) Book value	Cost or end-of-year market value
	al derivatives		
	-held equity interests		
7.8.1		<u> </u>	
<u>(A)</u>			
(D)			
(0)			
(b)			
7 <u>-</u> /			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
	Investments - Program Related.		
T CALL VIII		! "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) and the second seco	(2) 555% 12/45	Cost or end-of-year market value
(1)			
(2)			
(3)	·	-	
(4)	 -		
(5)	· · · · · · · · · · · · · · · · · · ·		
(6)			
(7)			
(8)			
(9)			
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
			, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
(1)			
(2)			
_(3)			
(4)			
(5)			
_(6)			
(7)			
(8)			
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15 l	
Part X	Other Liabilities.	<i>mo 10./</i> , , , , , , , , , , , , , , , , , , ,	
Tartx		l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability	(b) Book valu	
_	ral income taxes	(2) 2001 1010	
	GNATIONS PAYABLE	318,	675.
(3)		<u> </u>	
_(4)	· · · · · · · · · · · · · · · · · · ·		
(5)			
(6)			
_(7)	· · ·		
(8)		-	
(9)			
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 318,	675.
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to t	the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

BY DEFINITION, THE UNITED WAY FOUNDATION HAS TWO MEMBERS OF RECORD, THE UNITED WAY AND THE STARK COMMUNITY FOUNDATION. THE ASSETS OF THE UNITED WAY FOUNDATION ARE RECORDED ON THE BOOKS OF THE STARK COMMUNITY FOUNDATION.

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

A CONTRA INCOME ACCOUNT FOR DONOR DESIGNATIONS

SCHEDULE (Form 990)

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

► Attach to Form 990. Complete if the organization answered "Yes"

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OMB No. 1545-0047	2015	
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▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

> General Information on Grants and Assistance GREATER STARK COUNTY Department of the Treasury Internal Revenue Service UNITED WAY OF 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

Part I

Employer identification number 13-4254191 ŝ

X Yes

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(a) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ACCESS HEALTH STARK COUNTY							
408 NINTH ST NW CANTON, OH 44707	34-0909974	501(C)(3)	22,500.				GENERAL ALLOCATION
(2) AHEAD							
22 FEDERAL AVENUE NE MASSILLON, OH 44646	34-1800520	501(C)(3)	75,000.				GENERAL ALLOCATION
(3) ALLIANCE AREA DOMESTIC VIOLENCE SHELTER							
PO BOX 3622 ALLIANCE, OH 44601	34-1329875	501(C)(3)	44,540.				GENERAL ALLOCATION
(4) ALLIANCE FOOD PANTRY							
215 EAST MARKET STREET ALLIANCE, OH 44601	27-0890332	501(C)(3)	10,000.				GENERAL ALLOCATION
(5) AMERICAN RED CROSS	_						
525 MARKET AVE NORTH CANTON, OH 44702	53-0196605	501(C)(3)	311,875.				GENERAL ALLOCATION
(6) AULTHAN HOSPICE							
2600 6TH ST SW CANTON, OH 44710	20-8090459 501	501(C)(3)	7, 938.				DESIGNATION
(7) BIG BROTHERS/BIG SISTERS							
408 NINTH STREET NW CANTON, OH 44707	34-1104356	501(C) (3)	75,000.				GENERAL ALLOCATION
(8) BLESSINGS IN A BACKPACK							
4121 SHELBYVILLE RD LOUISVILLE, KY 40207	26-1964620	501(C)(3)	5, 925.				GENERAL ALLOCATION
(9) BOY SCOUTS, BUCKEYE COUNCIL	Ī						
2301 13TH ST N CANTON, OH 44708	34-0714546	501(C)(3)	27,000.				DESIGNATION
(10) BOYS AND GIRLS CLUB							
730 DUNCAN STREET SW MASSILLON, OH 44647	34-0726102	501(C)(3)	70,000.				GENERAL ALLOCATION
(11) CATHOLIC CHARITIES							
3112 CLEVELAND AVE NW CANTON, OH 44709	34-1903648	501(C)(3)	45,750.				GENERAL ALLOCATION
(12) CHILD AND ADOLESCENT CENTER							
919 SECOND STREET NE CANTON, OH 44704	34-1191950 501	501 (C) (3)	107,000.				GENERAL ALLOCATION
2 Enter total number of section 501(c)(3) and government org	d government	organizations I	panizations listed in the line 1 table.	able		A	
3 Enter total number of other organizations listed in the line 1	isted in the lin		table			A	

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

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SCHEDULE (Form 990)

Department of the Treasury Name of the organization 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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OMB No. 1545-0047

Open to Public Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 13-4254191

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UNITED WAY OF GREATER STARK COUNTY

å X Yes 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. the selection criteria used to award the grants or assistance?

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) RC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COLEMAN BEHAVIORAL HEALTH							į
400 WEST TUSCARAWAS STREET CANTON, OH 44702	34-1936439	501 (C) (3)	105, 945.				GENERAL ALLOCATION
(2) COMMUNITY CUPBOARD - LOUISVILLE FOOD PANTRY							
1516 E MAIN ST LOUISVILLE, OH 44641	26-3854598	501 (C) (3)	5,040.				GENERAL ALLOCATION
(3) COMMUNTY LEGAL AID SERVICES							
265 SOUTH MAIN STREET AKRON, OH 44308	34-0753560	501 (C) (3)	12,500.				GENERAL ALLOCATION
(4) CRISIS INTERVENTION	_						
832 MCKINLEY AVE NW CANTON, OH 44703	34-1059822	501 (C) (3)	187,500.				GENERAL ALLOCATION
(5) DOMESTIC VIOLENCE PROJECT							
PO BOX 9432 CANTON, OH 44711	34-1263226	501 (C) (3)	365, 566.				GENERAL ALLOCATION
(6) EARLY CHILDHOOD EDUCATION ALLIANCE							
2412 WEST STATE ST. ALLIANCE, OH 44601	20-4763143	501 (C) (3)	54,075.				GENERAL ALLOCATION
(7) EARLY CHILDHOOD RESOURCE CENTER							
1718 CLEVELAND AVE NW CANTON, OH 44703	53-0196617	501 (C) (3)	40,000.				GENERAL ALLOCATION
(8) GIRL SCOUTS OF NORTHEAST OHIO				-			
1 GIRL SCOUT WAY MACEDONIA, OH 44056	34-0714414	501 (C) (3)	.000.				DESIGNATION
(9) J.R. COLEMAN OUTREACH SERVICES							
1731 GRACE AVENUE NE CANTON, OH 44705	34-1321317	501(C)(3)	219, 225.				GENERAL ALLOCATION
(10) PATHWAY CARING FOR CHILDREN							
6370 WISE AVENUE NW NORTH CANTON, OH 44720	23-7244648	501 (C) (3)	87,500.				DESIGNATION
(11) PLANNED PARENTHOOD							
2663 CLEVELAND AVENUE NW CANTON, OH 44709	34-6578818	501 (C) (3)	46,755.				DESIGNATION
(12) PREGNANCY SUPPORT CENTER							
P.O. BOX 8451 CANTON, OH 44711	34-1461765	501(C) (3)	7, 635.				DESIGNATION
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .	governmen	t organizations l	isted in the line 1 to	able			
3 Enter total number of other organizations listed in the line 1	sted in the lir				table	A	

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

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SCHEDULE (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.

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	Is or assistance?	ires for monitoring the use of grant funds in the United States.	mestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on For
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General Information on Grants and Assistance

Part I

UNITED WAY OF GREATER STARK COUNTY

Department of the Treasury Internal Revenue Service Name of the organization orm 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) RC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) QUEST RECOVERY AND PREVENTION SERVICES							
1341 MARKET AVENUE NORTH CANTON, OH 44714	34-1048990	501(C)(3)	140,000.				GENERAL ALLOCATION
(2) REFUGE OF HOPE MINISTRIES							
PO BOX 9361 CANTON, OH 44711	34-1965221	501(C)(3)	7,688.				DESIGNATION
(3) RIVERTREE CHRISTIAN CHURCH							
7373 PORTAGE ST NW. MASSILLON, OH 44646	34-1003958	501(C) (3)	12,254.	:			DESIGNATION
(4) SALVATION ARMY							
420 MARKET AVENUE, SOUTH CANTON, OH 44702	34-0714378	501(C) (3)	44,200.				GENERAL ALLOCATION
(5) SALVATION ARMY OF ALLIANCE							
57 W. MAIN ST ALLIANCE, OH 44601	13-5562351	501(C)(3)	10,296.				GENERAL ALLOCATION
(6) SALVATION ARMY OF MASSILLON							
143 1ST STREET NORTHEAST	34-0726065	501(C)(3)	26,325.				GENERAL ALLOCATION
(7) STARK EDUCATIONAL PARTNERSHIP							
400 MARKET AVENUE NORTH CANTON, OH 44702	34-1625250	501(C)(3)	35,028.				GENERAL ALLOCATION
(8) STARK PRESCRIPTION ASSISTANCE NETWORK							
408 NINTH ST CANTON, OH 44707	20-0797475	501(C)(3)	83,500.				GENERAL ALLOCATION
(9) STARK STATE COLLEGE OF TECHNOLOGY							
6200 FRANK AVENUE NW NORTH CANTON, OH 44720	34-1055865	501(C) (3)	35, 913.				GENERAL ALLOCATION
(10) TEEN COURT							
STARK COUNTY FAMILY COURT CANTON, OH 44702	34-6002718	501 (C) (3)	68,000.				GENERAL ALLOCATION
(11) THE ARC OF OHIO NEO							
3040 CENTER ROAD YOUNGSTOWN, OH 44514	34-0789759	501(C)(3)	6,000.				GENERAL ALLOCATION
(12) THE ARC OF STARK COUNTY							
BELDEN VILLAGE TOWER CANTON, OH 44718	23-7087879	501 (C) (3)	73,500.				GENERAL ALLOCATION
2 Enter total number of section 501(c)(3) and government or	l government	organizations l	ganizations listed in the line 1 table	able	•	A	
3 Enter total number of other organizations listed in the line	sted in the lin	_			table,	•	

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

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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,

Part IV, line 21 or 22. Complete if the organization answer

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▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization	Employer identification number
UNITED WAY OF GREATER STARK COUNTY	13-4254191
Part I General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance the grants for the grants or assistance and	assistance and

The selection criteria used to award the grants or assistance, and 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. Antile Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 200 Dart IV line 21 for any recipiant that received more than \$5,000 Dart III can be duriticated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE STUCKEY FAMILY INTER CHILD DEVEL CNT							
205 SOUTH UNION AVE ALLIANCE, OH 44601	34-1033910	501 (C) (3)	.000,89			i	GENERAL ALLOCATION
(2) UNITED WAY OF SUMMIT COUNTY						•	
90 NORTH PROSPECT STREET AKRON, OH 44304	34-1169257	501(C) (3)	20,807.				DESIGNATION
(3) UNITED WAY OF TUSCARAWAS COUNTY							
P.O. BOX 525 NEW PHILADELPHIA, OH 44663	34-1008773	501(C) (3)	13,482.				DESIGNATION
(4) VOYAGER PROGRAM, INC.							
624 MARKET AVE N, SUITE 245	31-1662958	501 (C) (3)	60,000.				GENERAL ALLOCATION
(5) WESTARK FAMILY SERVICES							
42 1ST STREET NE MASSILLON, OH 44646	34-0735604	501(C) (3)	32,900.				GENERAL ALLOCATION
(6) YHCA OF WESTERN STARK COUNTY							
131 TREMONT AVENUE S.E. MASSILLON, OH 44646	34-0719180	501(C) (3)	61,500.				GENERAL ALLOCATION
(7) YWCA - ALLIANCE							
239 E MARKET STREET ALLIANCE, OH 44601	34-0714731	501 (C) (3)	66,700.				GENERAL ALLOCATION
(8) COMMUNITY SERVICES OF STARK COUNTY							
625 CLEVELAND AVENUE NW CANTON, OH 44702	34-0737793	501 (C) (3)	350,078.				GENERAL ALLOCATION
(9) UNITED WAY OF WAYNE 4 HOLMES COUNTIES							
215 S WALNUT STREET WOOSTER, OH 44691	34-0946973	501(C)(3)	7,158.				DESIGNATION
(10) WILES WELLNESS FOUNDATION							
3116 CROYDON AVE NW CANTON, OH 44718	27-1018106	501(C)(3)	5,392.				DESIGNATION
(11) YWCA- CANTON							
231 SIXTH STREET NE CANTON, OH 44702	34-0714799	501(C)(3)	501,235.				GENERAL ALLOCATION
(12) STARK COUNTY EDUCATIONAL SERVICE CENTER							
2100 38TH STREET NW CANTON, OH 44709	34-1181718	501 (C) (3)	141,416.				GENERAL ALLOCATION
2 Enter total number of section 501(c)(3) and government or	d governmen	organizations l	ganizations listed in the line 1 table.	able		A : : : : : : : : : : : : : : : : : : :	
3 Enter total number of other organizations listed in the line	isted in the lin	e 1 table				A : : : : : : : : : : : : : : : : : : :	

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

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SCHEDULE I (Form 990)

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

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

▶ Attach to Form 990.

2015 Open to Public Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 13-4254191

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UNITED WAY OF GREATER STARK COUNTY

Department of the Treasury Internal Revenue Service Name of the organization

- Š X Yes 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 (a) Name and address of organization or government	(b) EIN	(c) RC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CARE TEAM							
STARK COUNTY ED SERVICE CENTER	34-1181718	501(C)(3)	93,494.				GENERAL ALLOCATION
(2) GREATER STARK COUNTY URBAN LEAGUE							
1400 SHERRICK RD SE CANTON, OH 44707	20-3863189	501(C)(3)	15,583.				GENERAL ALLOCATION
(3) YMCA - CENTRAL STARK COUNTY							
1201 30TH ST NW CANTON, OH 44709	34-0714392	501(C) (3)	152,729.			!	GENERAL ALLOCATION
(4)							
(5)	I						
						:	
(9)							
(2)	-						
(8)							
(6)							
(10)							
(11)							i
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	d government	organizations li	sted in the line 1 ta	able	•	A	i
3 Enter total number of other organizations listed in the line	isted in the lin	e 1 table	1 table	•	•	A	

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

Schedule 1 (Form 990) (2015)

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

	(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
1 MEDICAL	1 MEDICAL ASSISTANCE		17,166.			
2 SHELTER	2 SHELTER ASSISTANCE		36,970.			
3 UTILITI	3 UTILITIES ASSISTANCE		44,276.			
4						
r2						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part tinformation.	s part to prov	ide the informati	ion required in	Part I, line 2, Part III,	to provide the information required in Part I, line 2, Part III, column (b), and any other additional

GRANT MONITORING PROCEDURE

AUDITED FINANCIAL STATEMENTS AND TAX RETURNS OF AGENCIES RECEIVING GRANT

AGENCIES ARE ALSO SUBJECT TO AN ONSITE FUNDS YRE REVIEWED ANNUALLY.

THE ONSITE REVIEW REVIEW BY A VOLUNTEER AGENCY REVIEW TEAM BIENNIALLY.

EVALUATES ORGANIZATIONAL MANAGEMENT, STRATEGIC AND LONG-RANGE PLANNING,

IMPACT COUNCILS FINANCE AND FACILITIES AND INFRASTRUCTURE. GOVERNANCE,

REVIEW PROGRAM DOCUMENTS, INCLUDING STATISTICAL REPORTS OF NUMBERS OF

PEOPLE SERVED, STATISTICAL INDICATORS RELATING TO COMMUNITY OUTCOMES, AND

PROGRAM FINANCIAL PERFORMANCE

SCHEDULE L

Department of the Treasury Internal Revenue Service

Name of the organization

(6)

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open To Public Inspection Employer identification number

UNITE	D WAY OF GREATER STARK	COUNTY		13-4254191	
Part 1		section 501(c)(3), section 501(c)(4), and 5 nswered "Yes" on Form 990, Part IV, line 2).
1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(a) [escription of transaction	(d) (a
	(a) Name of disquamed paraon	organization	(6) 8	escription or transaction	Yes
(1)					
(2)					
(3)					\top
(4)					
(5)		· -			

2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year
	under section 4958
3	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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In c	lefault?		ard or	(i) W agreer	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												$\overline{}$
(8)												
(9)												$\overline{}$
(10)		<u> </u>					\vdash					
Total					•	\$	III 8.T					- 177

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 person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
_(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2015

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	_	aring of zation's tues?
				Yes	No
(1) LINDA DEHOFF, TRUSTEE	OWNER/SHAREHOLDER	144,000.	BUILDING LEASE		х
(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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER STARK COUNTY

Employer identification number 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:

A. WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION AND THE RESULT OF ARM'S LENGTH BARGAINING. B. 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

Name of the organization
UNITED WAY OF GREATER STARK COUNTY

Employer identification number 13-4254191

TRANSACTION.

PART VI, SECTION B, QUESTION 15A

THE RANGE FOR THE UNITED WAY CEO SALARY IS DETERMINED BY THE UNITED WAY'S

PERSONNEL 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 OF AMERICA 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 AND 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.

FORM 990, PART VIII - INVESTMENT INCOM	E		ATTACHMENT 1	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST & DIVIDENDS, NET OF FEES	52,02	25.		52,025.
TOTALS	52,02	25.	_	52,025.

UNITED WAY WORLDWIDE

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

13-4254191

FORM 990, PART IX - PAYMENTS TO AFFILIATES

(A) TOTAL

(B) PROGRAM

ATTACHMENT 2

(C) MANAGEMENT FUNDRAISING

(D)

DESCRIPTION

EXPENSES

SERVICE EXP. AND GENERAL EXPENSES

66,067.

40,169.

8,192.

17,706.

TOTALS

66,067.

40,169.

8,192.

17,706.

ATTACHMENT 3

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER:

COMMUNITY SERVICES

ORIGINAL AMOUNT:

269,226.

INTEREST RATE:

4.0000 %

DATE OF NOTE:

12/19/2012

MATURITY DATE:

12/19/2022

REPAYMENT TERMS:

\$2,444 MONTHLY

SECURITY PROVIDED:

FUTURE UNITED WAY ALLOCATIONS

PURPOSE OF LOAN:

TO FUND THE UNFUNDED LIABILITY OF DBP

DESCRIPTION AND FMV

NONE

OF CONSIDERATION:

RELATIONSHIP:

NONE

BEGINNING BALANCE DUE

208,629. 181,266.

ENDING BALANCE DUE

BORROWER:

URBAN LEAGUE

ORIGINAL AMOUNT:

31,718.

INTEREST RATE:

4.0000 % 12/19/2012

DATE OF NOTE: MATURITY DATE:

12/19/2022

REPAYMENT TERMS:

\$287.96 MONTHLY

SECURITY PROVIDED: PURPOSE OF LOAN:

FUTURE UNITED WAY ALLOCATIONS

DESCRIPTION AND FMV

TO FUND THE UNFUNDED LIABILITY OF DBP

NONE

OF CONSIDERATION:

RELATIONSHIP:

NONE

BEGINNING BALANCE DUE

24,579.

ENDING BALANCE DUE

23,508.

Schedule O (Form 990 or 990-EZ) 2015	Page 2
Name of the organization	Employer identification number
UNITED WAY OF GREATER STARK COUNTY	13-4254191
	ATTACHMENT 3 (CONT'D)
TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	233,208.
TOTAL ENDING NOTES AND LOANS RECEIVABLES	204,774.
	ATTACHMENT 4
	777 1770 1770 1770 1770 1770 1770 1770
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES	
	ENDING
DESCRIPTION	BOOK VALUE
	DOOK VAHOL
PREPAID EXP & DEFERRED CHARGES	14,030.
TOTALS	14,030.
	ATTACHMENT 5
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES	
	=
	ENDING
DESCRIPTION	BOOK VALUE
US GOVERNMENT OBLIGATIONS	2,790,506.
	= , = - , =

MARKETABLE EQUITY	SECURITIES	1,291,208.
MUTUAL FUNDS		990,259.
	TOTALS	5,071,973.

FORM 990, PART VIII - CONTRIBUTIONS

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		FEDERATED		FUNDRAISING	RELATED	GOVERNMENT	ALL OTHER
NAME AND ADDRESS	DATE	CAMPAIGNS	MEMBERSHIP DUES	EVENTS	ORGANIZATIONS	GRANTS	CONTRIBUTIONS
AULTMAN HEALTH FOUNDATION							301,875.
2600 SIXTH STREET SW							
CANTON, OH 44710							
DIEBOLD, INC.							154,508.
P.O. BOX 8230							
CANTON, OH 44711							
HOOVER FOUNDATION							310,000.
101 EAST MAPLE STREET							
NORTH CANTON, OH 44720							
TIMEN CAMBANY							174 611
No district departs and 300 t							
TOOD DOEDER AVENOE OF							
CANTON, OH 44706							
MISCELLANEOUS - NONCASH UNDER 2%							
401 MARKET AVE N, SUITE 300							
CANTON, OH 44702							
UNITED WAY FOUNDATION		217,852.					
401 MARKET AVE N STE 300							
CANTON, OH 44702							
MISCELLANEDIS CASH INDER 28							s 200 218
401 MARKET AVE N, SUITE 300							
CANTON, OH 44702							

ATTACHMENT 6

6,140,612.

217,852,

TOTALS

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part 1

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Employer identification number Inspection

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

13-4254191

Identification of Disregarded Entitles Complete if the organization answered "Yes" on Form 990, Part IV, line 33. UNITED WAY OF GREATER STARK COUNTY

	(0)	(4)	(4)		3	9
	(a) Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legat domicile (state or foreign country)	(a) Total income	End-of-year assets	Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(2)						
(9)						
Part II	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	organization answ	vered "Yes" on Fo	orm 990, Part IV,	line 34 because	it had

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) billed ly?
						Yes	2
(1) UNITED WAY OF GREATER STARK COUNTY FOUND 34-1828490 400 MARKET AVENUE NORTH CANTON, OH 44720	PRIVATE FDN	НО	509 (A) 3		N/A		×
(2)							
(3)							
(4)							
(5)							
(6)							
(2)							

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

Schedule R (Form 990) 2015

13-4254191

Page 2

Schedule R (Form 990) 2015

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

(k) Percentage ownership														8
Perce														3
(i) General or managing partner?	S No				-				4				<u>∓</u>	Ľ
Code V-UBI Ge amount in box 20 ms of Schedule K-1 ps (Form 1065)	Yes												Form 990, Pa	(6)
	No		+										es" on f	
(h) Oneproportomes absorborn	Yes												λ pa	9
(g) Share of end-of- year assets													Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, ons treated as a corporation or trust during the tax year.	(a)
(f) Share of total income													corporation or Trust Complete if the organization answins treated as a corporation or trust during the tax year.	9
(e) Predominant Income (related, unrelated, excluded from tax under sections 512-514)													r Trust Compl a corporation o	9
(d) Direct controlling tr andity				_									Corporation on treated as	(g)
Direct o													e as a (anization	-
(c) Legal domicile (state or foreign													Taxable	
(b) Primary activity													ted Organizations	
(a) Name, address, and EIN of related organization													Identification of Related Organizations Taxable as a line 34 because it had one or more related organizations.	(e)
_		(1)		(2)	167	િ		(4)		(2)	(9)	(2)	Part IV	

				,				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	(I) Section
		(state or foreign country)	entity	(C corp, S corp, or trust)		end-of-year assets ownership 512(b)(13) controlled entity?	ownership	12(b)(13) controlled entity?
		_						es No
(1)								
(2)								_
(3)								_
(4)								
(5)								_
(9)								
(7)								

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Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

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

Note. C	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	ş
1 Dui	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	anizations liste	d in Parts II-IV?			
a Re	Receipt of (I) interest, (II) annuities, (III) royalties, or (Iv) rent from a controlled entity.			1a	8	×
P Giff	Gift, grant, or capital contribution to related organization(s)			2	×	
9	Ciff great or capital contribution from related organization(s)			-	×	
	t, grant, or capital contribution from related organization(s)			= .	1	;
d Los	Loans or loan guarantees to or for related organization(s)	•	• • • • • • • • • • • • • • • • • • • •	[일 : :	9	4
e Los	Loans or loan quarantees by related organization(s)	•		10	•	×
						180
. <u>.</u>	Dividends from related organization(s)			94	-	
					I	13
g Sal	Sale of assets to related organization(s),			19	6	×
h Pu	Purchase of assets from related organization(s).			1h	_	×
i Exc	· · · · · ·			Ŧ		×
- 1	Joseph Chailline aminous or alkar accase to related amonicalizate.				Į.	×
רננ	ase of lactilities, equipment, of other assets to related organization(s),	•		=1 ::		١
k Lea	Lease of facilities, equipment, or other assets from related organization(s)	**		*	7	×
– Pe	Performance of services or membership or fundraising solicitations for related organization(s)			=	_	×
⊞ Per	Performance of services or membership or fundraising solicitations by related organization(s)	4		1m	X	
n Sha	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				_	×
o Sh	Sharing of paid employees with related organization(s)			100	0	×
n Rei	Reimbursement paid to related organization(s) for expenses			-	×	
	Reimbursement paid hy related proparity for expenses			-	┸	×
Š	Other transfer of cash or property to related organization(s)			+		×
	Other tensions of each or measure from related enteringful.			: ;		>
- 100	for information on what would to this	ding of the			-	-
	IOI IIIIOI IIII MIIO IIIOSI COIIIDIEIE IIIIS	cidoing covere	me, including covered relationships and transaction intespolds	ction inresno	Jas.	
	(a) Name of related organization M	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved) eterminir involved	Ē
(1) UN	UNITED WAY OF GREATER STARK COUNTY FOUND			FORMULA		
(2)						
(3)						:
(4)						
(2)						
9)						
JSA 5E1309 1.000			Sche	Schedule R (Form 990) 2015	m 990) ;	2015

Schedule R (Form 990) 2015

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene Gene mana partr	General or managing partner?	(k) Percentage ownership
			_	Yes No			Yes	No		Yes	Š	
(1)												
(2)							+					
(3)											-	
(4)												
(5)												
(9)												
(1)												
(8)												
(6)												
(10)												
(11)												
(12)												
(13)												
(14)	:											
(15)												
(16)												
JSA 5E1310 1,000									Sche	adule R	(Form	Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

Page 5

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see