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

PHONE 330.453.7633

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

Dear Ms. Perisic,

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

2023 990 - Return of Organization Exempt from Income Tax

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

2023 Schedule A - Public Charity Status and Public Support

2023 Schedule B - Schedule of Contributors

2023 Schedule C - Political Campaign and Lobbying Activities

2023 Schedule D - Supplemental Financial Statements

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

2023 Schedule J - Compensation Information

2023 Schedule L - Transactions with Interested Persons

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

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

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

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

Sincerely,

Andrew M. Griffin, CPA

Partner

HALL, KISTLER & COMPANY LLP

Enclosures

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

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

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

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

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

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

Form 990

Return of Organization Exempt From Income Tax

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

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

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

Open to Inspec

OMB No. 1545-0047

2023

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

A F	or th	e 2023 cal	endar year, or tax year beginning 04/01/2023 and ending		03/31,	/2024	
_			C Name of organization	D E	mployer iden	tification n	umber
ВС	heck if a	pplicable:	UNITED WAY OF GREATER STARK COUNTY				
	Addre	ss change	Doing business as	13	3-425419	91	
	Name	change	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Te	elephone num	nber	
	Initial	return	401 MARKET AVENUE N, STE 300	(3	30)491	-0445	
	Final r	eturn/terminated	City or town, state or province, country, and ZIP or foreign postal code	G G	ross receipts	\$	
	Amen	ded return	CANTON, OH 44702		7	,023,8	55.
	Applic	ation pending	F Name and address of principal officer: ANGELA PERISIC	H(a) Is this a grou	up return for	Yes	X No
	_		401 MARKET AVENUE N, STE 300, CANTON, OH 44702	subordinates H(b) Are all subor		Yes	No
ī	Tax-ex	empt status:		⊣ ''	ach a list. See ir	nstructions.	
	Webs		WW.UWSTARK.ORG	H(c) Group exe	mption number		
K	Form	of organization		ation: 2003 M	·	al domicile:	ОН
	art I	Summ		2000			
	1		scribe the organization's mission or most significant activities: WE BUILD OUR COI	Z V V T IMIIMN	CAPACT	רע דר	
ø	'	-	TATE THE IMPACT OF POVERTY AND EMPOWER FAMILIES TO UNL			11 10	
Governance		POTENT		EASH THEIL			
rı	2	Check this		than 2E% of	ita not a	oooto.	
Š	2				1 1	55615.	27
	3		f voting members of the governing body (Part VI, line 1a)		3		27
Activities &	4		f independent voting members of the governing body (Part VI, line 1b)		4		27
Vİ.	5		ber of individuals employed in calendar year 2023 (Part V, line 2a).		5		36
Ė	6		ber of volunteers (estimate if necessary)		6		819
⋖	l		elated business revenue from Part VIII, column (C), line 12		7a		
	b	Net unrela	ated business taxable income from Form 990-T, Part I, line 11		7b		
				Prior Year		Current Y	ear
Ф	8	Contributi	ons and grants (Part VIII, line 1h)	5,228,7	96.	4,718	,231.
nue	9	Program s	service revenue (Part VIII, line 2g)	97,7	97.	660	,025.
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)	141,7	81.	207	,433.
œ	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,094,3		161	,606.
	12		enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,562,7		5,747	
	13		d similar amounts paid (Part IX, column (A), lines 1-3)	3,712,6		4,073	
	14		paid to or for members (Part IX, column (A), line 4)		IONE	,	NONE
"	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,448,5		1,648	
Expenses			nal fundraising fees (Part IX, column (A), line 11e)		IONE		NONE
per			draising expenses (Part IX, column (D), line 25) 778, 672.		ONL		110111
ŭ	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	899,5	55	917	,416.
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,060,7		6,639	
	19			501,9			, 875.
- S	19	Revenue	less expenses. Subtract line 18 from line 12	inning of Current		End of Ye	
Net Assets or Fund Balances		T					
SSE	20		ets (Part X, line 16)	16,627,4		17,557	
et A	21		lities (Part X, line 26)	1,309,2		1,706	
			s or fund balances. Subtract line 21 from line 20	15,318,2	09.	15 , 850	<u>,850.</u>
	rt II		ture Block				
true	der pe e, corre	naities of pe ect, and com	rjury, I declare that I have examined this return, including accompanying schedules and statements, plete. Declaration of preparer (other than officer) is based on all information of which preparer has any	and to the best of knowledge.	of my knowle	edge and b	ellet, it is
Sig	n	0: 1			23/2024	1	
He		Signature of	от опісег	Date			
110			A PERISIC PRESIDENT/CEO				
			nt name and title				
Da!		Print/Type	e preparer's name Preparer's signature Date	Check	_ if PTIN		
Paid		ANDREW	M GRIFFIN CPA ANDREW M GRIFFIN CPA 10/24/2024	self-emplo	yed P01	278362	
	oarer Only	Firm's nam	ne HALL, KISTLER & COMPANY LLP	Firm's EIN	34-07	715770	
use	Only	Firm's add	ress 4505 STEPHEN CIRCLE NW - SUITE 202 CANTON, OH 44718-3682	Phone no.	330-	453-76	 33
May	/ the		uss this return with the preparer shown above? See instructions			Yes	No
_			luction Act Notice, see the separate instructions.			Form 99 (

Form 990 (2023) Page 2

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

Form 990 (2023) Page **3**

Par	Checklist of Required Schedules		V	Na
	1 11 11 11 11 11 11 11 11 11 11 11 11 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		,,	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		3.7
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			3.7
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3.7
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			3.7
0	complete Schedule D, Part III	8		X
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Λ
• • •	VII, VIII, IX, or X, as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
а	complete Schedule D, Part VI	11a	X	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	IIa		
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		- 21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		21	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>		- 21	
~	"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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Ves." complete Schedule I, Parts I and II	21	l v	

Form 990 (2023) Page **4**

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b</i>			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act 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			
- 0 u	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	20a		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,	21		X
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a	Х	
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	21	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	- 21	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Χ
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
10.4	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form 990 (2023) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	14-		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) UNITED WAY OF GREATER STARK COUNTY 13-4254191 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI S

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 27			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		37
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		Х
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6	X	21
о 7а	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			
ı a	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	40h		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	па	A	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124	21	
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	46		
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed OH,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	, ,550		J 1(U)
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy.
	and 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 books and records. CRISTINA TORRENCE 401 MARKET AVE N, SUITE 300 CANTON, OH 44702-1502 20

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

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

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

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

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

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

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations	box,	unles er and	ss pe	erson	e than o is both tor/trust emplo	an	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	r	,		and related organizations
(15) HENSON, CHRISTOPHER	1.00									
STRATEGIC PLANNING COMMITTEE	NONE	X						NONE	NONE	NONE
(16) BOTZMAN, TOM	1.00									
AUDIT COMMITTEE	NONE	X						NONE	NONE	NONE
(17) ECKELS, MATTHEW	<u>1.00</u>							11011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11011
TRUSTEE	NONE	X						NONE	NONE	NONE
(18) KREITZER, MATTHEW	$-\frac{1.00}{100}$	37						NONE	NONE	NONE
TRUSTEE (19) MAIER, STEPHANIE	1.00	X						NONE	NONE	NONE
TRUSTEE	i-uu- NONE	X						NONE	NONE	NONE
(20) TALBERT, JEFFREY	1.00	Δ.						INOINE	INOINE	NONE
TRUSTEE	NONE	X						NONE	NONE	NONE
(21) LEE, JANELLE	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(22) POPPOVICH, LOU	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(23) DAVENPORT, KIMBERLY	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(24) DURIEUX, JERRY	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(25) HARGROVE, SHAD	1.00									
TRUSTEE	NONE							NONE	NONE	NONE
1b Sub-total								265,868.	NONE	16,851.
c Total from continuation sheets to Part VII,	_							NONE		NONE
d Total (add lines 1b and 1c)								265,868.	NONE	16,851.
2 Total number of individuals (including but no reportable compensation from the organization)		hose	liste	d a	bov	e) who	o re	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former off										
employee on line 1a? If "Yes," complete Sche	dule J for su	ch ind	lividu	ual						3
4 For any individual listed on line 1a, is the	sum of rep	oortab	ole d	com	per	nsatior	ı aı	nd other compens	sation from the	

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

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

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

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

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TRUSTEE NONE X NONE NONE NONE NONE NONE 27) LUNTZ, GREG 1.00 NONE NONE NONE NONE NONE NONE X NONE NONE	Part VII Section A. Officers, Directors, Tru	· ·	/y = 11	. 10			and I	91	·	1	,
related cognizations below dolled for a part of the cognization and related organizations and related organizations. 26) STONE, KYLE TRUSTEE NONE TRUSTEE NONE	Average hours per	box,	unles	Posi neck ss per	ition more rson	is both	an	Reportable compensation	Reportable compensation from	Estimated amount of other	
TRUSTEE NONE X NONE NONE NONE NONE NONE NONE		related organizations below dotted			$\overline{}$				organization		from the organization and related
2023 CAMPAIGN CO-CHAIR NONE X NONE NONE NONE 28) LUNTZ, JAINET 1,00 NONE X NONE NONE NONE 203 CAMPAIGN CO-CHAIR NONE X NONE NONE NONE NONE 203 CAMPAIGN CO-CHAIR NONE X NONE NONE NONE NONE 29) PETE, KEVIN 1,00 NONE X NONE NONE NONE NONE NONE NONE TRUSTEE NONE X NONE NONE NONE NONE NONE NONE		+	X						NONE	NONE	NONE
2023 CAMPAIGN CO-CHAIR NONE X NONE NONE NONE NONE NONE 1.00 NONE X NONE NONE NONE NONE NONE X NONE NONE		+	X						NONE	NONE	NONE
TRUSTEE NONE X NONE NONE NONE NONE NONE 30) MASTROIANNI, FHILLIP 1.00 TRUSTEE NONE X NONE NONE NONE NONE NONE NONE		+	X						NONE	NONE	NONE
TRUSTEE NONE X NONE NONE NONE NONE NONE NONE		+	X						NONE	NONE	NONE
TRUSTEE NONE X NONE NONE NONE 1b Sub-total 1c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		+	X						NONE	NONE	NONE
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		+	×						NONE	NONE	NONE
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Solid the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 □ 2											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Tyes No. Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 □ 2			-								
total (add lines 1b and 1c)											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Tyes No. Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 □ 2											
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A limited to t						> re	ceived more than	\$100,000 of	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	organization and related organizations gro	eater than	\$15	50,0	00?	If	"Yes	," (complete Schedu	le J for such	4 X
Section B. Independent Contractors	5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue co	mpen	satio	on f	rom	any	uni	related organization	on or individual	5 X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of		nonacted :	ndon	nnd -	nt -	20 = 1	rocts	ro t	hat received man-	than \$100 000 -	\f

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

		Check if Schedule O co	ontains a respo	onse or note to ar	ny line in this Part V	/		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	С	Fundraising events	1c					
	d	Related organizations	1d					
	е	Government grants (contribu	utions) 1e					
Sir	f	All other contributions, gifts,	grants,					
声		and similar amounts not include	ed above . 1f	4,718,231.				
턀된	g	Noncash contributions inclu	ıded in					
בק ק		lines 1a-1f	1g	\$				
ತ್ ಏ	h	Total. Add lines 1a-1f		<u> </u>	4,718,231.			
				Business Code				
<u>:</u>	2a	EMERGENCY ASSISTANCE		900099	190,478.	190,478.		
e S	b	FINANCIAL PROSPERITY CENT	ER.	900099	168,394.	168,394.		
n S	С	STRONG NEIGHBORHOODS		900099	301,153.	301,153.		
ran	d							
	е							
ਕ ∣	f	All other program service rev	venue					
	g	Total. Add lines 2a-2f			660,025.			
Revenue Revenue	3	Investment income (inclu	ding dividends	, interest, and				
		other similar amounts)			190,401.			190,401.
	4	Income from investment of	•	•	NONE			
	5	Royalties			NONE			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	C .	Rental income or (loss) 6c	NO					
	d 	Net rental income or (loss).			NONE			
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets		1 202 007				
		other than inventory 7a		1,292,807.				
ng	b	Less: cost or other basis		1,276,560.				
, Ke		and sales expenses 7b		16,247.				
	c d	Gain or (loss)			17,032.			
her		• ,			17,002.			
ŏ	8a	Gross income from 1	٥					
		events (not including \$						
		of contributions reported 1c). See Part IV, line 18	_	NONE				
	b	Less: direct expenses			1			
	C	Net income or (loss) from fu		•	NONE			
	9a	Gross income from	gaming					
	""	activities. See Part IV, line 19	0 0	NONE				
	b	Less: direct expenses						
	С	Net income or (loss) from g		3	NONE			
	10a	Gross sales of invent						
		returns and allowances	•	none				
	b	Less: cost of goods sold	101	b NONE				
	С	Net income or (loss) from sa	ales of inventory		NONE			
<u>s</u>				Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS		900099	161,606.	161,606.		
lan	b							
e e	С							
Nis	d	All other revenue						
	е	Total. Add lines 11a-11d .			161,606.			
	12	Total revenue. See instruction	ons		5,747,295.	821,631.		190,401.

13-4254191

Part IX Statement of Functional Expenses

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

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

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	500.	1	500.
	2	Savings and temporary cash investments	1,509,528.	2	1,336,230.
	3	Pledges and grants receivable, net	2,007,059.	3	1,810,246.
	4	Accounts receivable, net	307,241.	4	182,886.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
Ř	9	Prepaid expenses and deferred charges SEE SCHEDULE .O	20,742.	9	25,955.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 663,385.			
	b	Less: accumulated depreciation 10b 610,395.	77,359.	10c	52,990.
	11	Investments - publicly traded securities SEE SCHEDULE .Q	6,582,676.	11	7,188,649.
	12	Investments - other securities. See Part IV, line 11	4,934,878.	12	5,408,884.
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	1,187,449.	15	1,551,314.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	16,627,432.	16	17,557,654.
	17	Accounts payable and accrued expenses	270,789.	17	393,014.
	18	Grants payable	53,750.	18	40,625.
	19	Deferred revenue SEE SCHEDULE O	429,092.	19	207,345.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
S	22	Loans and other payables to any current or former officer, director,	IVOIVE		11011
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iq		controlled entity or family member of any of these persons	NONE	22	NONE
Ľ.	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	NONE	24	INOINE
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	555 , 592.	25	1,065,820.
	26	Total liabilities. Add lines 17 through 25	1,309,223.		1,706,804.
	20	Organizations that follow FASB ASC 958, check here	1,303,223.	20	1,700,004.
Ç		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	8,715,434.	27	9,907,320.
Ä	28	Net assets with donor restrictions	6,602,775.	28	5,943,530.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
×t ⊅	32	Total net assets or fund balances	15,318,209.	32	15,850,850.
Ž	33	Total liabilities and net assets/fund balances	16,627,432.	33	17,557,654.
_		. State maximum drift in a description of a particular	10,021,132.		Form 990 (2023)

Form **990** (2023)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	ļ	5,7	47,	<u> 295</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,6	39,	<u>170</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		-8	91,	<u>875</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1.	5,3	18,	<u> 209</u> .
5	Net unrealized gains (losses) on investments	5		1,4	24,	<u>516</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1.	5,8	50,	<u>850</u> .
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain c	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled (or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	•		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, e		- 1			
	Schedule O.	•				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th	ne			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo					
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

omb No. 1545-0047

2023

Open to Public Inspection

13-4254191

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER STARK COUNTY

Employer identification number

Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this _l	part.) See instruction	is.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated to		a college or universit	y owne	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	J			,	,,,,,,,	
7	X	An organization that norma	=	•	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		•				
8		A community trust describe	-		-			
9		An agricultural research org	=			-	=	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization	ited to its exempt finent income and upon after June 30, 1	functions, subject to controlled business tax 1975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (les Complete	s; and (2) no more than s section 511 tax) from e Part III.)	n 331/3 % of its
11		An organization organized	•	•	•		. , . ,	
12		An organization organized a	•	•				
		one or more publicly suppo	_					
		the box on lines 12a throug		**			·	<u> </u>
а	L	Type I. A supporting orga	•	•	•		•	
		the supported organization	. , .	• • • • • • • • • • • • • • • • • • • •		ajority of	the directors or truste	es of the
		supporting organization.	•					()
b		Type II. A supporting org	•					. , .
		control or management of		=	tne sam	e persor	is that control or man	age the supported
_		organization(s). You must				4! _		
С	L	Type III functionally integ						ny integrated with,
4		its supported organization Type III non-functionally		•				tod organization(s)
d		that is not functionally into			-			
		requirement (see instruct	•		-		•	an allenliveness
е		Check this box if the orga	•	-				I Type III
·	_	functionally integrated, or						i, Type iii
f	Fn	ter the number of supported						
q		ovide the following information						
		ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	-	-		(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))	Yes	Ment?	instructions)	instructions)
/A)								
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,199,919.	5,190,838.	5,294,187.	5,228,796.	4,718,231.	26,631,971.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 5	Total. Add lines 1 through 3	6,199,919.	5,190,838.	5,294,187.	5,228,796.	4,718,231.	26,631,971.
	shown on line 11, column (f)						3,561,640.
6	Public support. Subtract line 5 from line 4						23,070,331.
	tion B. Total Support				ı		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4	6,199,919. 127,237.	5,190,838. 90,795.	5,294,187. 101,830.	5,228,796. 138,619.	4,718,231. 190,401.	26,631,971.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	219,822.	531,568.	1,025,443.	1,192,139.	821,631.	3,790,603.
11	Total support. Add lines 7 through 10						31,071,456.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.			, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2023 (lin		•	. , , ,	i i	14	74.25 %
15	Public support percentage from 2022					15	76.42 %
16a	331/3% support test - 2023. If the org	•		•		-	
	box and stop here . The organization qu		• • •	•			
D	331/3% support test - 2022. If the org						
172	this box and stop here . The organization 10%-facts-and-circumstances test - 2	-		-			
IIa	10% or more, and if the organization	_					
	Part VI how the organization meets t					•	•
	organization			•	•		
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organiz in Part VI how the organization meets	2022. If the org	ganization did no e facts-and-circo	ot check a box umstances test,	on line 13, 16a check this box	a, 16b, or 17a, and stop here	and line . Explain
18	organization						
	instructions						<u> L</u>

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	-			•		` ' ' '
	organization, check this box and stop here						
	tion C. Computation of Public Sup						
15	Public support percentage for 2023 (line 8					15	%
16	Public support percentage from 2022 Sche					16	%
	tion D. Computation of Investmen					1. 1	
17	Investment income percentage for 2023 (lin					17	%
18	Investment income percentage from 2022					18	%
19 a	331/3% support tests - 2023. If the or						
	17 is not more than 331/3 %, check this	=	-	•	•		
b	331/3% support tests - 2022. If the organization						
	line 18 is not more than 331/3 %, check		•				
20	Private foundation If the organization	did not check :	a hox on line	14 19a or 19h	check this ho	y and see instru	ıctions

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

		Yes	No
ig Dy			
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ıs ed			
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id ie			
	3b		
3)			
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dul	10b		1) 2023

	(A full of the Source of the S			age C
Part	Supporting Organizations (continued)		Vaa	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1 62	140
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
-	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		l	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
3ecti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously		Yes	No
2	provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		/	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990) 2023

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	8	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.			
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
_ a	Average monthly value of securities	1a		
_	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
_	I Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	E	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		lly integra	ted Type III supportin	g organization

Schedule A (Form 990) 2023

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	าร	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2					
	Underdistributions, if any, for years prior to 2023				
	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.				
3	(reasonable cause required - explain in Part VI). See				
3 a	(reasonable cause required - <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2023				
	(reasonable cause required - <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2023 From 2018				
а	(reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019				
a b	(reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020				
a b c	(reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020				
a b c	(reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020				
a b c d e	(reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020 From 2021				

Schedule A (Form 990) 2023

5

6

Carryover from 2018 not applied (see instructions)
Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

Applied to underdistributions of prior years
Applied to 2023 distributable amount

Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Remaining underdistributions for 2023. Subtract lines 3h

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2024. Add lines 3j

Distributions for 2023 from

Part VI. See instructions.

Breakdown of line 7:

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

Excess from 2022 . . .

Excess from 2023 . . .

and 4c.

Section D, line 7:

Part VI

Schedule A (Form 990 or 990-EZ) 2023

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

SCHEDULE A, PART II - OTHER INCOME	Ε					
DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
MISCELLANEOUS	219,822.	531,568.	1,025,443.	1,192,139.	821,631.	3,790,603.
TOTALS	,	·	, ,	1,192,139.	821,631.	3,790,603.

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number Name of the organization UNITED WAY OF GREATER STARK COUNTY 13-4254191 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ **501(c)(** 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

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

Schedule B (Form 990) (2023)

Name of organization
UNITED WAY OF GREATER STARK COUNTY

Employer identification number 13-4254191

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

	4.	()	/ B
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AULTMAN HEALTH FOUNDATION		Person X
	2600 SIXTH STREET SW	\$243,633.	Payroll Noncash
	CANTON, OH 44710		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HOOVER FOUNDATION		Person X
	400 MARKET AVE N	\$315,000.	Payroll Noncash
	<u>CANTON</u> , OH 44702		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TIMKEN COMPANY		Person X
	4500 MOUNT PLEASANT ST NW	\$193,922.	Payroll Noncash
	NORTH CANTON, OH 44720		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	Type of contribution Person X
No.	Name, address, and ZIP + 4	(c) Total contributions \$120,000.	Type of contribution
No.	Name, address, and ZIP + 4 THE BEAVER EXCAVATING COMPANY	Total contributions	Type of contribution Person X Payroll
No.	Name, address, and ZIP + 4 THE BEAVER EXCAVATING COMPANY 2000 BEAVER PLACE AVE SW	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 4 (a)	Name, address, and ZIP + 4 THE BEAVER EXCAVATING COMPANY 2000 BEAVER PLACE AVE SW CANTON, OH 44706 (b)	\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 THE BEAVER EXCAVATING COMPANY 2000 BEAVER PLACE AVE SW CANTON, OH 44706 (b) Name, address, and ZIP + 4	\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
(a) No.	Name, address, and ZIP + 4 THE BEAVER EXCAVATING COMPANY 2000 BEAVER PLACE AVE SW CANTON, OH 44706 (b) Name, address, and ZIP + 4 FRESHMARK INC	\$120,000. (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll
(a) No.	Name, address, and ZIP + 4 THE BEAVER EXCAVATING COMPANY 2000 BEAVER PLACE AVE SW CANTON, OH 44706 (b) Name, address, and ZIP + 4 FRESHMARK INC 1888 SOUTHWAY SE MASSILLON, OH 44646 (b)	\$ 120,000. (c) Total contributions \$ 124,500.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 THE BEAVER EXCAVATING COMPANY 2000 BEAVER PLACE AVE SW CANTON, OH 44706 (b) Name, address, and ZIP + 4 FRESHMARK INC 1888 SOUTHWAY SE MASSILLON, OH 44646	\$ 120,000. (c) Total contributions \$ 124,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 THE BEAVER EXCAVATING COMPANY 2000 BEAVER PLACE AVE SW CANTON, OH 44706 (b) Name, address, and ZIP + 4 FRESHMARK INC 1888 SOUTHWAY SE MASSILLON, OH 44646 (b)	\$ 120,000. (c) Total contributions \$ 124,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Person X Payroll Noncash (Complete Part II for noncash contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.
(a) No.	Name, address, and ZIP + 4 THE BEAVER EXCAVATING COMPANY 2000 BEAVER PLACE AVE SW CANTON, OH 44706 (b) Name, address, and ZIP + 4 FRESHMARK INC 1888 SOUTHWAY SE MASSILLON, OH 44646 (b) Name, address, and ZIP + 4	\$ 120,000. (c) Total contributions \$ 124,500.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll 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 co	pies of Part II if additiona	I snace is needed
aitii	140110a3111110pcity		7. Obc auplicate co	pico di i art il il additiona	i apace is necessa.

	i i ait ii ii additional opaco io no	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
	Description of noncash property given (b) Description of noncash property given	Description of noncash property given (c) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (see instructions.) (f) FMV (or estimate) (see instructions.) (c) FMV (or estimate) (see instructions.) (d) FMV (or estimate) (see instructions.) (e) FMV (or estimate) (see instructions.) (f) FMV (or estimate) (see instructions.) (g) FMV (or estimate) (see instructions.) (g) FMV (or estimate) (see instructions.) (h) Description of noncash property given (g) FMV (or estimate) (see instructions.)

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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

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

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

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

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

•	Section 50 f(c)(5) organizations	that have NOT filed Forth 3700 (elec	ilon under section 50 f(n)). Complete Fait II-b. Do lit	ot complete Fart II-A.
Tax)	(see separate instructions), ther		/ Tax) (see separate ii	nstructions) or Form 990-l	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	e of organization			' '	ntification number
	ITED WAY OF GREATER S	STARK COUNTY			254191
Pa		organization is exempt under			
1	•	ne organization's direct and inc	lirect political camp	aign activities in Part	IV. See instructions for
	definition of "political campa				
2	Political campaign activity e	xpenditures. See instructions		\$	
	Volunteer hours for political	campaign activities. See instruction	ons		
Pai	rt I-B Complete if the c	organization is exempt under	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organizati	on under section 495	55 \$	
2		cise tax incurred by organization r			
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.		(* 504/)	4 4 504/ \/0	
Pai		organization is exempt under			5).
1		xpended by the filing organizatio			
2		g organization's funds contributedes			
3		enditures. Add lines 1 and 2. Er			
	line 17b			\$	
5	Did the filing organization file Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification num s. For each organization listed, e ributions received that were pro- nd or a political action committee	ber (EIN) of all section ter the amount pain mptly and directly de	on 527 political organiz d from the filing organiz divered to a separate po	Yes No No ations to which the filing ration's funds. Also enter blitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2023

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

Schedule C (Form 990) 2023

Sched	ule C (F	orm 990)	2023		UNI	TED	WAY	OF	GREATE	R STARI	K CC	YTNUC	<i>7</i> -				13-4	2541
Part	i II-B	Con (ele	nplete if t	he d ler s	organi sectio	izatio n 501	on is (l(h)).	exen	npt unde	er sectio	on 50	01(c)(3) an	d has	TON	filed Fo	orm 57	68
	oooh	"\/oo."	response	on	linoo	10	throug	h 1;	i holow	provido	in	Dort 1	11/ 0	dotoi	lod	(a)		(
-UI	eacri	res,	response	OH	iiries	ıa ı	unoug	11 II	DEIOW,	provide	111 1	rail I	v a	uelai	ieu [

	· · · · · · · · · · · · · · · · · · ·			
-or	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)
	cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to not be described in section $501(c)(3)$?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Supplemental Information Part IV

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (attiliated group ils	st); Part II-A, Ilnes	1 and
2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.		

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

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

2023
Open to Public Inspection

OMB No. 1545-0047

Nam	e of the organization	Employer identification number
UNI	TTED WAY OF GREATER STARK COUNTY	13-4254191
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year.	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
5	funds are the organization's property, subject to the organization's exclusive legal control?	
•		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
D	conferring impermissible private benefit?	tes No
Pa		
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	_
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		f a historically important land area
		f a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		2b
С	•••	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and	
	5	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	nated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing c	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement and balance
	sheet, and include, if applicable, the text of the footnote to the organization's financial statement	ents that describes the
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and balance sheet works
	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, of service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or research	
	provide the following amounts relating to these items:	arch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
-	following amounts required to be reported under FASB ASC 958 relating to these items:	5000 for initiational gain, provide the
2	Revenue included on Form 990, Part VIII, line 1	\$
a h		
	Assets included in Form 990, Part X	

Sche				EATER ST							1254191		2
Pa	rt III Organizations Maintaini												_
3	Using the organization's acquisition		sion, and	other reco	ds, chec	k any o	f the	follow	ing that r	nake sigr	nificant u	se of its	3
	collection items (check all that appl	y).			¬ .								
а	Public exhibition			d _	=	or excha	ange	progra	m				
b	Scholarly research			е	Other								
С	Preservation for future gener												
4	Provide a description of the organ	nization's	collections	s and expl	ain how	they fur	ther	the or	ganization	's exemp	t purpose	e in Par	t
	XIII.												
5	During the year, did the organizatio									_			
_	assets to be sold to raise funds rath			ained as pa	irt of the	organiza	ation'	s collec	ction?		Yes	No)
Pa	rt IV Escrow and Custodial A				000			•					
	Complete if the organiza	tion ans	werea "Ye	es" on For	m 990, i	art IV,	line	9, or r	eported a	ın amoui	nt on Foi	rm	
_	990, Part X, line 21.						.,						_
1 a	Is the organization an agent, trust				-					ets not			
	included on Form 990, Part X?									L	Yes	No)
b	If "Yes," explain the arrangement in	n Part XII	ii and com	piete the to	llowing ta	bie.				A			_
	De alteration in the Leaves						_			Amount			_
C	Beginning balance						1c						_
	Additions during the year						1d						_
e	Distributions during the year						1e						_
f	Ending balance						1f	otodial	account lic	hilitu?	Vac	N.	_
	If "Yes," explain the arrangement in										Yes	Ŭ No	J
	rt V Endowment Funds	I Fall All	II. CHECK II	ere ii tile e	хріапацы	Thas be	en pi	ovided	III Falt Alli			<u>- </u>	_
га	Complete if the organiza	tion ans	wered "Ye	es" on For	m 990 l	Part IV	line	10					
	Complete ii the organiza		rrent year	(b) Pric		(c) Two			(d) Three y	/ears back	(e) Four v	ears back	-
4.	Danimina of warm balance	(4) 54		(2)	,	(-)			(4)	, our buon	(0) . 5)	, our o puor	-
	Beginning of year balance												-
b													-
С	Net investment earnings, gains,												
اہ	and losses												-
	Grants or scholarships												-
е	Other expenditures for facilities												
_	and programs												-
	Administrative expenses												_
9 2	End of year balance	of the cu	rrent vear	end halanc	e (line 1a	column	(2))	hald ac					-
	Board designated or quasi-endowm			end balanc %	e (iiile 19	, coluitiii	(a))	iliciu as	•				
b	Permanent endowment	%											
С	Term endowment %												
	The percentages on lines 2a, 2b, a	nd 2c sh	ould equal	100%.									
3a	Are there endowment funds not in				ation that	are held	d and	d admir	nistered for	the			
	organization by:	·		Ü							Y	'es No)
	(i) Unrelated organizations?										3a(i)		
	(ii) Related organizations?										3a(ii)		_
b	If "Yes" on line 3a(ii), are the relate										3b		_
4	Describe in Part XIII the intended u	U											_
	rt VI Land, Buildings, and Equ	ipment					ī.	44 4		000 5	1.37	40	_
	Complete if the organization of property	ation ans											_
	Description of property			r other basis stment)		or other ba other)	asis		cumulated eciation	(c	d) Book valu	л е	
1a	Land												_
b	Buildings						T						

52,990. Schedule D (Form 990) 2023

13,234.

39,756.

227,228.

383,167

240,462.

422,923.

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

c Leasehold improvements.....

d Equipment......

Schedule D (Form 990) 2023 UNITED WAY OF	GREATER STARK C	OUNTY 13-4254191 Pag	ge 🕯
Part VII Investments - Other Securities			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) STARK COMMTY FND POOLED FUNDS	5,408,884.		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	5,408,884.		
Part VIII Investments - Program Related Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
_(8)			
_(9)			
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.	
	escription	(b) Book value	
(1)INTEREST RECEIVABLE	oon paon	21,41	
(2)CAPITAL CAMPAIGN		709,000	
(3)RIGHT OF USE ASSET		820,900	
(4)		0207300	•
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, or	col. (B))	1,551,314	4.
Part X Other Liabilities		· · · · · · · · · · · · · · · · · · ·	
	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,	
line 25.			
1. (a) Descrip	otion of liability	(b) Book value	
(1) Federal income taxes			
(2)DESIGNATED CONTRIBUTIONS		244,920	0.
(3)CURRENT PORTION - OPERATING LE		128,940	
(4)LONG TERM PORTION - OPERATING		691,954	
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (h) must equal Form 900, Part V line 25, col. (R))		1 065 920	

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

	e D (Form 990) 2023 UNITED WAY OF GREATER STARK COUNTY		254191	Page 4
Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n		
1	Total revenue, gains, and other support per audited financial statements	1	6,892,	024.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	1,144,	
3	Subtract line 2e from line 1	3	5,747,	295.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,747,	295.
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn		
1	Total expenses and losses per audited financial statements	1	6,359,	383.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	-279 ,	
3	Subtract line 2e from line 1	3	6,639,	170.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	4c	((20	170
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,639,	1/0.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V lin	ne 4: Part	X line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	10 1, 1 dit 2	τ, πτο
SEE S	SUPPLEMENTAL PAGE			

Part XIII Supplemental Information (continued)

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

A CONTRA INCOME ACCOUNT FOR DONOR DESIGNATED FUNDS

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

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	2023
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Open to Public

Inspection

Employer identification number

13-4254191

Go to www.irs

	Assistance
STARK COUNTY	ants and
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L		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	the selection criteria used to award the grants or assistance?	2 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	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACCESS HEALTH STARK COUNTY							
408 NINTH ST NW CANTON, OH 44707	34-0909974	501(C)(3)	87,954.				GENERAL ALLOCATION
(2) AHEAD							
1237 16TH ST NE MASSILLON, OH 44646	34-1800520	501(C)(3)	51,458.				GENERAL ALLOCATION
(3) ALLIANCE FOR CHILDREN & FAMILIES, INC.							
624 SCRANTON AVE ALLIANCE, OH 44601	34-1590276	501(C)(3)	65,229.				GENERAL ALLOCATION
(4) COMMUNITY LEGAL AID SERVICES INC.							
50 S MAIN STREET AKRON, OH 44308	34-0753560	501(C)(3)	18,342.				GENERAL ALLOCATION
(5) CATHOLIC CHARITIES							
800 MARKET AVE N CANTON, OH 44702	34-1903648	501(C)(3)	10,000.				GENERAL ALLOCATION
(6) CHILD AND ADOLESCENT BEHAVIORAL HEALTH							
919 SECOND STREET NE CANTON, OH 44704	34-1191950	501(C)(3)	192,852.				GENERAL ALLOCATION
(7) COLEMAN PROFESSIONAL SERVICES, INC.							
5982 RHODES ROAD KENT, OH 44240	34-1936439	501(C)(3)	110,248.				GENERAL ALLOCATION
(8) COMMQUEST SERVICES, INC.							
1341 MARKET AVE N CANTON, OH 44714	34-0737793	501(C)(3)	147,850.				GENERAL ALLOCATION
(9) COMPASS							
PO BOX 481 NEW PHILADELPHIA, OH 44663	34-1841381	501(C)(3)	56,644.				GENERAL ALLOCATION
(10) DOMESTIC VIOLENCE PROJECT							
PO BOX 9459 CANTON, OH 44711	34-1263226	501(C)(3)	152,232.				GENERAL ALLOCATION
(11) EARLY CHILDHOOD EDUCATION ALLIANCE							
285 W OXFORD STREET ALLIANCE, OH 44601	20-4763143	501(C)(3)	67,500.				GENERAL ALLOCATION
(12) EARLY CHILDHOOD RESOURCE CENTER							
1718 CLEVELAND AVE NW CANTON, OH 44703	53-0196617	501(C)(3)	101,661.				GENERAL ALLOCATION
2 Enter total number of section $501(c)(3)$ and government organizations listed in the line 1 table.	government c	rganizations lis	ted in the line 1 tab	le .			
• Enter total primpler of other ergenizations lieted in the land of table	odi odt di bot	4 toblo					

3 Enter total number of other organizations listed in the line 1 table................. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

41

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

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

Attach to Form 990.

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Open to Public Inspection

> Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 13-4254191

Assistance
Grants and
nformation on (
General Ir
Part I

UNITED WAY OF GREATER STARK COUNTY

- 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) J.R. COLEMAN FAMILY SERVICES CORP 3300 PARKWAY ST CANTON, OH 44708 (2) PATHWAY CARING FOR CHILDREN 4895 DRESSLER RD NW CANTON, OH 44718 (3) PLANNED PARENTHOOD 25350 ROCKSIDE ROAD (4) SALVATION ARMY OF CANTON, OH 44701 (5) SALVATION ARMY OF ALLIANCE PO BOX 22249 CANTON, OH 44701 (6) SALVATION ARMY OF MASSILLON 315 GTH STREET NE MASSILLON 315 GTH STREET NE MASSILLON, OH 44707 (7) STARK HOUSING NETWORK INC 408 NINTH ST SW CANTON, OH 44707 (8) UNITED WAY OF SUMMIT AND MEDINA 37 N HIGH ST ARRON, OH 44325 (9) UNITED WAY OF TUSCARAWAS COUNTY P.O. BOX 525 NEW PHILADELPHIA, OH 4466 (10) WESTARK FAMILY SERVICES 42 1ST STREET NE MASSILLON, OH 44466 (11) YMCA OF WESTERN STARK COUNTY (11) YMCA OF WESTERN STARK COUNTY (11) YMCA OF WESTERN STARK COUNTY	,335. ,275.	GENERAL ALLOCATION
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HION ARMY OF MASSILLON FREET NE MASSILLON, OH 44646 HOUSING NETWORK INC ST SW CANTON, OH 44707 ST SW CANTON, OH 44325 ST AKRON, OH 44325 ST AKRON, OH 44633 ST SK FAMILY SERVICES SE NEW PHILADELPHIA, OH 44663 SE NEM FAMILY SERVICES SE WASSILLON, OH 44646 SHOOFT ST SC (C) (3) SET OF (C) (3)	,000.	GENERAL ALLOCATION
FREET NE MASSILLON, OH 44646 HOUSING NETWORK INC ST SW CANTON, OH 44707 WAY OF SUMMIT AND MEDINA ST AKRON, OH 44325 DWAY OF TUSCARAWAS COUNTY ST AKRON, OH 44663 ST ON (C) (3)		
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STREET NE MASSILLON, OH 44646 34-0735604 501(C)(3) 2. OF WESTERN STARK COUNTY		
(11) YMCA OF WESTERN STARK COUNTY	,424.	GENERAL ALLOCATION
1226 E MARKET ST NAVARRE, OH 44662 34-0719180 501(C)(3) 16,521	,521.	GENERAL ALLOCATION
(12) CHILDREN'S DYSLEXIA CENTER		
836 MARKET AVE N CANTON, OH 44702 10,899.	,899.	DESIGNATION

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

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

Schedule I (Form 990) 2023

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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Open to Public Inspection Attach to Form 990.

	Employer Identification number
STARK COUNTY	13-4254191
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General I Part I

UNITED WAY OF GREATE!

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YWCA- CANTON							
231 SIXTH STREET NE CANTON, OH 44702	34-0714799	501(C)(3)	313,463.				GENERAL ALLOCATION
(2) YWCA OF ALLIANCE							
239 E MARKET STREET ALLIANCE, OH 44601	34-0714731	501(C)(3)	52,256.				GENERAL ALLOCATION
(3) MARGARET B. SHIPLEY CHILD HEALTH CLINIC, IN							
919 2ND STREET NE CANTON, OH 44704	34-1552956	501(C)(3)	75,526.				GENERAL ALLOCATION
(4) STARK COUNTY EDUCATIONAL SERVICE CENTER							
6057 STRIP AVE NW NORTH CANTON, OH 44720	34-1181718	501(C)(3)	35,424.				GENERAL ALLOCATION
(5) BEACON CHARITABLE PHARMACY							
408 NINTH STREET SW CANTON, OH 44707	20-0797475	501(C)(3)	49,564.				GENERAL ALLOCATION
(6) TOWTOD IDEAS							
715 MARKET AVE N CANTON, OH 44702	46-0732616	501(C)(3)	16,823.				GENERAL ALLOCATION
(7) BRIDGE POINT COMMUNITY SERVICES							
2701 CLEVELAND AVE S CANTON, OH 44707	45-3395210	501(C)(3)	13,797.				DESIGNATION
(8) ORRVILLE AREA UNITED WAY INC.							
140 E MARKET ST ORRVILLE, OH 44667	34-1017865	501(C)(3)	9,869.				DESIGNATION
(9) STARK COUNTY DISTRICT LIBRARY							
715 MARKET AVE N CANTON, OH 44702	34-6000510	501(C)(3)	26,369.				DESIGNATION
(10) ALLIANCE COMMUNITY PANTRY							
PO BOX 2581 ALLIANCE, OH 44601	27-0890332	501(C)(3)	5,604.				DESIGNATION
(11) COMPASSION CHRISTIAN CHURCH							
41 FIRESTONE DR DELEWARE, OH 43015	81-2485171	501 (C) (3)	12,500.				DESIGNATION
(12) STARK COUNTY HUNGER TASK FORCE							
408 9TH ST SW #213 CANTON, OH 44707	34-1374549	501 (C) (3)	11,329.				GENERAL ALLOCATION
2 Enter total number of section $501(c)(3)$ and government org	overnment o	rganizations lis	anizations listed in the line 1 table.	le			

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

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

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Schedule I (Form 990) 2023

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes'

Attach to Form

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Open to Public OMB No. 1545-0047 2023

Inspection

Employer identification number 13-4254191 Go to www.irs.gov/Form990 for the latest information. UNITED WAY OF GREATER STARK COUNTY

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Part I

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

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

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70/104 11/3/2010 04			
33-013881/ 301(C)(3)	1718 CLEVELAND AVE NW CANTON, OH 44703 53-0196617 501(C)(3) 81,958.	,958.	STRATEGIC INVESTMENT

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

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

Schedule I (Form 990) 2023

44

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.

	ww.irs.gov/Form990 for the latest information.
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	Form990
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Open to Public Inspection

Employer identification number

LACK-LED ALLOCATION LACK-LED ALLOCATION LACK-LED ALLOCATION LACK-LED ALLOCATION LACK-LED ALLOCATION LACK-LED ALLOCATION FRATEGIC INVESTMENT LACK-LED ALLOCATION BLACK-LED ALLOCATION Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (g) Description of noncash assistance 13-4254191 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 10,000. 10,000. 10,000. 11,000. 10,000. 10,000. 10,000. 10,000. 10,000. (c) IRC section (if applicable) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) General Information on Grants and Assistance 56-2669063 27-0959574 34-1321317 84-2782228 80-0700449 34-1224120 86-2449332 46-0741021 86-3459997 (b) EIN 1 (a) Name and address of organization or government .0037 KINGSBURY BLVD CLEVELAND, OH 44104 2646 CLEVELAND AVE NW CANTON, OH 44709 4110 MEADOWVIEW DR NW CANTON, OH 44718 (7) FAMILY EMPOWERMENT MINISTRIES INC (1) JR COLEMAN FAMILY SERVICES CORP 1823 SEVENTH ST NE CANTON, OH 44704 UNITED WAY OF GREATER STARK COUNTY 425 E MARKET ST ALLIANCE, OH 44601 141 1ST ST NE MASSILLON, OH 44646 3300 PARKWAY ST CANTON, OH 44708 320 3RD ST NW CANTON, OH 44702 PO BOX 80213 CANTON, OH 44708 (4) APOSTOLIC FAITH ASSEMBLY (5) EKAZA - BRIDGING THE GAP (3) A.S.P.I.R.E TODAY INC (9) TIQVAH HANDS OF HOPE (8) GROW INTO GREATNESS (6) EN-RICH-MENT (2) 4KIDZ KORNER Part II Part I

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

Schedule I (Form 990) 2023

(10)

(11)

(12)

Schedule I (Form 990) (2023)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 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
SHELTER ASSISTANCE	56	59,645.			
2UTILITIES ASSISTANCE	ဇ	14,207.			
3 auto repair assistance	91	155,304.			
4 TRANSPORTATION ASSISTANCE	122	2,697.			
5 CLOTHING ASSISTANCE	705	4,988.			
6medical assistance	100	2,585.			
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	information re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional

information.

GRANT MONITORING PROCEDURE

PEOPLE SERVED, STATISTICAL INDICATORS RELATING TO COMMUNITY OUTCOMES, AND AUDITED FINANCIAL STATEMENTS AND TAX RETURNS OF AGENCIES RECEIVING GRANT THE ONSITE REVIEW EVALUATES ORGANIZATIONAL MANAGEMENT, STRATEGIC AND LONG-RANGE PLANNING, REVIEW PROGRAM DOCUMENTS, INCLUDING STATISTICAL REPORTS OF NUMBERS OF SUBJECT TO AN ONSITE IMPACT COUNCILS REVIEW BY A VOLUNTEER AGENCY REVIEW TEAM BIANNUALLY. FACILITIES AND INFRASTRUCTURE. AGENCIES ARE ALSO REVIEWED ANNUALLY. FINANCE, GOVERNANCE, FUNDS ARE

PROGRAM FINANCIAL PERFORMANCE

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

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

13-4254191

UNI	TED WAY OF GREATER STARK COUNTY 13-4254191			
Par				
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
9	in Part III	8		X
	, , , , , , , , , , , , , , , , , , , ,			

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

Schedule J (Form 990) 2023

Page 2

13-4254191

Schedule J (Form 990) 2023

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

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

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

		, c /// 30 mm/p/1002 a (a)	000 F 10/F	Control Control				
		(b) Dieakdowii oi W-Z alid/oi 1039-MiSC alid/oi 1039-MEC collipelisation	10/01 1088-1MISC 8110/01	1099-IVEC COMPENSATION	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benents	(B)(l)-(D)	in column (b) reported as deferred on prior Form 990
PERISIC, ANGELA	Ξ	147,756.	NONE			10,611.	158,367.	
1 PRESIDENT/CEO	€	NONE	NONE	NONE			NONE	
	Ξ							
2	=							
	Ξ							
3	=							
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							Sch	Schedule J (Form 990) 2023

JSA

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open To Public Inspection

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

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

Schedule L (Form 990) 2023

(9) (10) Schedule L (Form 990 or 990-EZ) 2023 Page 2

Part IV Business Transactions Involving Interested Persons.

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

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

Part V **Supplemental Information**

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

UNITED WAY OF GREATER STARK COUNTY

13-4254191

PART VI, SECTION B, LINE 12C

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

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

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

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

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

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

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

PART VI, SECTION B, QUESTION 15A

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

13-4254191

UNITED WAY OF GREATER STARK COUNTY

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

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

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

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

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

PART VI, SECTION C, LINE 19

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

PART III, LINE 4D

OTHER PROGRAM SERVICES INCLUDE:

VOLUNTEER AND COMMUNITY SERVICES THAT PROMOTES EFFECTIVE VOLUNTEER

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

COUNTY RESIDENTS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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Employer identification number 13-4254191

UNITED WAY OF GREATER STARK COUNTY

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

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

Name of the organization

UNITED WAY OF GREATER STARK COUNTY

Employer identification number

13-4254191

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION BOOK VALUE OR FMV

US GOVERNMENT OBLIGATIONS 3,363,359.

MARKETABLE EQUITY SECURITIES 2,889,034.

MUTUAL FUNDS 936,256.

TOTALS 7,188,649.

TOTALS

207,345.

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