\*\* PUBLIC DISCLOSURE COPY \*\*

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning

or	ns)		мв <b>2</b> Оре Ir	<u> </u>	) <b>(</b>	2 P	uk	3	ı		
fie	catio	on n	um	he	•r						١
	Ju 1.1		٠		•						
											١
4	<u>55</u>										
e						7					
_	66	<u>85</u>			1		2	0	_		
		1	, 4	16	7	,		ŏ	6	•	
re	eturr			v.	Į	Г	y	7	N	_	
	: iclude			Ye	es	L	Δ		No		
	list.		in			·ic	n		141	J	
	n nu				101		,, ,,	,			
N	1 Sta	ate o	f le	nal	do	m	ici	le:	0	Η	
				<i>y</i>							
7	JΕS	3 ]	ΙN								
N	D										
SS	ets.										
<u>.</u>									_	4	
Ŀ									_	4	
_								_	_	1	
.   .   a								4	_	1	
						_			0	•	
b					- \	<u> </u>			0	•	
-		1	urr	en 38		_	ar 4		2		
•			, -	0		,	4		<u>0</u>	•	
•				7	0		1	0	<u> </u>	•	
•			_	<u>,</u>	<del>1</del>		÷	$\frac{3}{4}$	÷	•	
•		1	. 4	11	6	<u>,                                     </u>	=	5	8	•	
•		_	_	9	_	<u>,</u>	<del>9</del>	9	<del>9</del>	÷	
•				_	_	_	_	_	0	•	
			4	14	7	,	6	4	3	•	
•						_			0	•	
•			, 6 - 2	23	2	,	8	4	6		
• • • •		1	, 6	8	0	ï	4	8	8	•	
•			- 2	26	4	,	1	3	0	•	
		E	nd	of	Y	ea	ar	_	_		
•		2	, :	35	6	,	7	9	<u>9</u>	•	
									Λ		

Α_	For the	2023 calendar year, or tax year beginning and e	ending					
	Check if applicable	C Name of organization		D Employer identific	eation number			
	Addres change	UNITED WAY OF LICKING COUNTY INC						
	Name change			31-43794	55			
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 4490	Room/suite	E Telephone number 740-345-6685				
	return/ termin- ated			G Gross receipts \$	1,461,286.			
	Ameno return			H(a) Is this a group re				
	Application	F Name and address of principal officer: DEDORALL DINGOS		for subordinates				
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in				
1	Tax-exe	empt status: $X$ 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. See instructions			
_	Websit			H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year	of formation: 1933 N	State of legal domicile: OH			
P		Summary	NITTATO 4	DECRETE A	7EG TV			
ģ	1 .	Briefly describe the organization's mission or most significant activities: IMPRO						
Governance		LICKING COUNTY, OHIO BY RAISING, PRIORITI						
ērī	2	Check this box if the organization discontinued its operations or dispose			ets. 14			
90	3	Number of voting members of the governing body (Part VI, line 1a)		3	14			
		Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2023 (Part V, line 2a)		· · · · · · · · · · · · · · · · · · ·	11			
ties	6	Total number of individuals employed in calendar year 2023 (Fart v, line 2a)  Total number of volunteers (estimate if necessary)			401			
Activities &	72	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ą	'a	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
_	<del>"</del>	Net difficiated business taxable moonic from 1000 1,1 art 1, mile 11		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		1,412,325.	1,387,493.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		37,279.	70,109.			
ă	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-30,070.	-41,244.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,419,534.	1,416,358.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		993,866.	999,999.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		306,813.	447,643.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
χDe	b	Total fundraising expenses (Part IX, column (D), line 25) 215, 47	11.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		249,338.	232,846.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,550,017.	1,680,488.			
_	19	Revenue less expenses. Subtract line 18 from line 12		-130,483.	-264,130.			
Assets or	3		Be	ginning of Current Year	End of Year			
sset	20	Total assets (Part X, line 16)		2,553,711.	2,356,799.			
Net A		Total liabilities (Part X, line 26)		0.	0.			
		Net assets or fund balances. Subtract line 21 from line 20		2,553,711.	2,356,799.			
			and atatama	nto and to the best of my	Impulades and balish it is			
		lties of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of whi			knowledge and belief, it is			
tiue	5, 001160	t, and complete. Declaration of preparer (other than officer) is based on an information of will	icii piepaiei	ilas ally kilowieuge.				
Sig	<b>n</b>	Signature of officer		I Date				
He		DEBORAH DINGUS, EXECUTIVE DIR, SECY						
		Type or print name and title						
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	d	NATOSHA CARR NATOSHA CARR	lo	5/10/24 if self-employed	P01225377			
		Firm's name CLARK, SCHAEFER, HACKETT & CO.	10		1-0800053			
	Only	Firm's address 4449 EASTON WAY, SUITE 400			-			
		COLUMBUS, OH 43219		Phone no. 61	4-885-2208			
Ма	y the IF	as discuss this return with the preparer shown above? See instructions			X Yes No			
					200			

1,287,982.

Total program service expenses

Form 990 (2023)

### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	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, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.41		<del>.</del>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		<u> </u>
u		11d		x
•	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		<del></del>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate 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		X
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		<u> </u>
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		<u> </u>
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
•	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Page 4

I a	Officerist of nequired Scriedules (continued)		1	_
00	Did the experiention was at according 000 of swarts an athern societares to an few demantic individuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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	23	4	Х
24.5	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
<b>24</b> a	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			,
	Schedule K. If "No," go to line 25a	24a	V	x
h	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	240		$\vdash$
·	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		$\vdash$
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		$\vdash$
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<del></del>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<del> </del>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			$\vdash$
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." complete			
	Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		X
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		X
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	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

332004 12-21-23

Form **990** (2023)

Form 990 (2023) UNITED WAY OF LICKING COUNTY INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued).

	continued)				
		1 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	11			
	filed for the calendar year ending with or within the year covered by this return	2a 11	1	37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	v
3a		_	3a	4	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		4.		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country	account)?	4a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	occounts (i BAII).	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
c	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				
	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 contribut				
	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 se	rvices provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
•	sponsoring organization have excess business holdings at any time during the year?		8		
9 a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		35		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	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		
	<b>Note:</b> 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	1401			
_	organization is licensed to issue qualified health plans	13b	-		
C 44a	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	13c	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	do O	14b		- 21
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		145		
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.		,,,		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	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 ac	ctivities			
	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) 332005 12-21-23

Page 6

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 Section 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 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х ...... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х on Schedule O how this was done ..... 12c Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records DEBORAH DINGUS - 740-345-6685 SOUTH SECOND ST., NEWARK, OH 43055 50

Form **990** (2023)

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

Check if Schedule O contains a response or note to any line in this Part VII

#### 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

ded the instructions for the order in which to not the persons above.	
Check this box if neither the organization nor any related organization compensated any current officer, director,	or trustee.

(A)	(B)	Jiga	1112a		CO11 C)	<u> iipei</u>	ioati	(D)	(E)	(F)
Name and title	Average		not c	Pos heck	itior more	than		Reportable	Reportable	Estimated
	hours per week					is botl or/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ruste			bensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıal tru	onal t		ploye	ee com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DEBORAH DINGUS	40.00		_			1	C			
EXECUTIVE DIRECTOR				Х				86,400.	0.	14,733.
(2) JOHN BERRY	1.50									
PRESIDENT, RESIGNED 9/26/23		Х		Х				0.	0.	0.
(3) AARON DAGRES	1.50									
VP PLANNING, RESIGNED 10/24/23		X		Х				0.	0.	0.
(4) ANN ROCHE	1.50					1				
VP GOVERNANCE		Х		X				0.	0.	0.
(5) BEN BROYLES	1.50									
VP FUNDS		X		Х				0.	0.	0.
(6) DEBBIE MANOS-MCHENRY	1.50									
VP FINANCE		Х		Х				0.	0.	0.
(7) TOM MEDORS	1.50								_	_
VP OUTREACH		Х		Х				0.	0.	0.
(8) WHITNEY CRANE	1.50								_	_
VP COMMUNITY IMPACT	1	Х		Х				0.	0.	0.
(9) ASHLEY WASHBURN	1.50									
CPC CHAIR		Х				_	_	0.	0.	0.
(10) BOBBY PERSINGER	1.50									
BOARD MEMBER, RESIGNED 11/28/23	4	Х				_		0.	0.	0.
(11) DAN MODER	1.50	ļ								•
PLANNING, RESIGNED 2/28/23	1 50	Х			_	_	_	0.	0.	0.
(12) JANINE WATKINS	1.50								_	•
BOARD MEMBER	1 50	Х				_	_	0.	0.	0.
(13) KIMBERLY WILHELM	1.50	.,							0	•
BOARD MEMBER	1 50	Х				-		0.	0.	0.
(14) LAURA EDELBLUTE	1.50	<b>.</b> ,							_	0
PAST PRESIDENT	1 50	Х			_	$\vdash$	_	0.	0.	0.
(15) LAURAND LEWANDOWSKI	1.50	₩.							_	^
BOARD MEMBER (16) MARK JOHNS	1.50	Х	-	-	$\vdash$	$\vdash$	-	0.	0.	0.
	1.50	Х						0.	0.	^
MAYOR, RESIGNED 2/28/23 (17) MATT MILLER	1.50	Λ				$\vdash$		1	U•	0.
BOARD MEMBER	1.30	Х						0.	0.	0.
332007 12-21-23	1	Λ	L	l	<u> </u>	1	<u> </u>	1 0.	U • ]	Form <b>990</b> (2023)

332007 12-21-23 Form **990** (2023)

Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)			
(A)	(B) (C)							(D)	(E)		(F)	
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable		Estimate	∍d
	hours per week			ss per nd a di				compensation	compensation		amount	of
	(list any		T			1	l	from the	from related organizations		other	tion
	hours for	director				_		organization	(W-2/1099-MISC	,	compensa from th	
	related	e or (	stee			ısatec		(W-2/1099-MISC/	1099-NEC)		organizat	
	organizations	trustee or	Institutional trustee		yee	Highest compensated employee		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,		and relat	
	below	Individual t	tutior	Je.	Key employee	est c	ner				organizati	ons
	line)	ıb di	Insti	Officer	Key	High	Former					
(18) MAX SUTTON	1.50											^
GOVERNANCE, RESIGNED 2/28/23	1.50	X						0.	U			0.
(19) SARAH MATESICH-SCHWAB FUNDS DEVELOPMENT, RESIGNED 2/28/23	1.50	X						0.				0.
(20) SCOTT STEWART	1.50	Α		$\vdash$				0.		)		<u> </u>
BOARD MEMBER	1.30	х						0.				0.
(21) TABBY HAHN	1.50							Ü.		1		
BOARD MEMBER		х						0.	0	۱.		0.
(22) TIM KEITH	1.50									ヿ		
BOARD MEMBER		Х						0.	0	۱. (		0.
										$\Box$		
		-										
										$\dashv$		
		-										
										$\forall$		
1b Subtotal								86,400.		).	14,7	
c Total from continuation sheets to Part VI	I, Section A				4			0.		) .		0.
d Total (add lines 1b and 1c)						<u></u>		86,400.	_	).	14,7	<u>33.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			^
compensation from the organization			_								Vaa	0
0 Dilli										ſ	Yes	No
3 Did the organization list any <b>former</b> officer,										- 1		Х
line 1a? If "Yes," complete Schedule J for s										٠ ١	3	_^
4 For any individual listed on line 1a, is the su											4	х
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>										··	4	
rendered to the organization? If "Yes." com					,			· ·	dual for Scrvides	- 1	5	х
Section B. Independent Contractors	ipicte concaur	C O 1	0/ 00	<u> </u>	2070	011				<u> </u>		
1 Complete this table for your five highest co	mpensated ind	depe	nder	nt co	ntra	acto	rs th	nat received more than \$	3100,000 of comper	ısat	ion from	
the organization. Report compensation for	the calendar y	ear e	endir	ng wi	ith c	or wi	thiņ	the organization's tax y	ear.			
(A)								(B)		_	(C)	
Name and business	address	N	INC	3				Description of s	services	C	ompensatio	n
							$\dashv$					
							1					
										_		
•												
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to t	thos	se lis	ted	above) who received me	ore than			

Form **990** (2023)

Form 990 (2023) UNITED
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							300010113 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns1a					
ir oui	b	Membership dues 1b					
S, G	С	Fundraising events 1c	98,610.				
a if	d	Related organizations 1d					
s, G	е	Government grants (contributions) 1e					
Sign	f	All other contributions, gifts, grants, and					
uti Per			288,883.				
οĘ	~	Noncash contributions included in lines 1a-1f					
no pu	9			1,387,493.			
Oa	n	Total. Add lines 1a-1f	Business Code	1,307,433.			
			Business Code				
ဗ	2 a						
Program Service Revenue	b						
S Z	С						
au	d						
Pg B	е						
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f		_			
	3	Investment income (including dividends, interes					
	3			32,930.			32,930.
		other similar amounts)		32,330.			32,930.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 37,179.	· ·				
		Less: cost or other basis					
a)	D						
nŭ		and saids superioss					
š	С	Gain or (loss) 7c 37,179.		25 150			20 100
her Revenue		Net gain or (loss)		37,179.			37,179.
her	8 a	Gross income from fundraising events (not					
₹		including \$ 98,610. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	0.				
	b	Less: direct expenses 8b	44,928.				
		Net income or (loss) from fundraising events	,	-44,928.			-44,928.
		Gross income from gaming activities. See					,
	σd						
		Part IV, line 19 9a					
		Less: direct expenses9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
sno	11 a	MISC. INCOME - NON CAM	900099	3,684.			3,684.
ned Tue	b		20000	2,001			,
llar Ven							
Miscellaneous Revenue	c						
Σ	d	All other revenue		2 604			
	е	Total. Add lines 11a-11d		3,684.	_	_	00 05=
	12	Total revenue. See instructions		1,416,358.	0.	0.	28,865.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 999,999. 999,999. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 26,295 101,133. 40,453. 34,385. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 307,699. 123,080. 80,001. 104,618. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,006. 7,515. 1,954. 2,555. Other employee benefits 9 31,296. 12,518. 8,137. 10,641. 10 Payroll taxes Fees for services (nonemployees): 5,061. 5,061. Management 1,764. 1,764, Legal 7,106. 20,900. 8,360. 5,434. Accounting Lobbying Professional fundraising services. See Part IV, line 17 6,781. 6,781. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 24,950. 9,980. 6,487. 8,483. column (A), amount, list line 11g expenses on Sch O.) 6,602. 5,638. 175. 789. 12 Advertising and promotion 13,704. 7,121. 4,461. 2,122. Office expenses 13 29,585. 7,193. 4,366. 18,026. Information technology 14 15 Royalties 11,621. 9,877. 29,052. 7,554 Occupancy 16 18,336. 17,821. 515. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 .... Payments to affiliates .... 21 5,973. 2,389. 1,553. 2,031. Depreciation, depletion, and amortization ..... 22 4,515. 1,806. 1,174. 1,535. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 18,005. 1,500. 6,500. 10,005. CONTRACT SERVICES UNITED WAY WORLDWIDE 16,600. 16,600. 7,188. 3,677. 10,988. 123. SUBSCRIPTIONS 2,188. 1,422. 5,470. 1,860. d BANK FEES 3.724. 14,560. 9,521. 1,315. e All other expenses 1,680,488. 1,287,982. 177,035. 215,471. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Form 990 (2023)

Part X | Balance Sheet

Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	former antial co e perso ied pers in sect	officer, director, ontributor, or 35% ns sons (as defined on 4958(c)(3)(B) 67,643.59,065.	(A) Beginning of year 423,165. 1,366,103.	1 2 3 4 5 6 7 8 9	(B) End of year 335,365 1,150,213			
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or trustee, key employee, creator or founder, substacontrolled entity or family member of any of thes Loans and other receivables from other disqualif under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 1	former antial coe persoied persoin sect	officer, director, ontributor, or 35% ons (as defined from 4958(c)(3)(B) 67,643.	### Reginning of year ### ### ### ### ### ### ### ### ### #	2 3 4 5 6 7 8	End of year 335,365			
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or trustee, key employee, creator or founder, substacontrolled entity or family member of any of thes Loans and other receivables from other disqualif under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 1	former antial coe persoied persoin sect	officer, director, ontributor, or 35% ons (as defined from 4958(c)(3)(B) 67,643.	1,366,103.	2 3 4 5 6 7 8	335,369			
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or trustee, key employee, creator or founder, substacontrolled entity or family member of any of thes Loans and other receivables from other disqualif under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 1	former antial coe persoied persoin sect	officer, director, ontributor, or 35% ons (as defined from 4958(c)(3)(B) 67,643.		3 4 5 6 7 8	1,150,213			
Accounts receivable, net Loans and other receivables from any current or trustee, key employee, creator or founder, substa- controlled entity or family member of any of thes Loans and other receivables from other disqualif- under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 1	former antial co e perso ied pers in sect	officer, director, ontributor, or 35% ns sons (as defined ion 4958(c)(3)(B) 67,643.59,065.	10.111	5 6 7 8				
Accounts receivable, net Loans and other receivables from any current or trustee, key employee, creator or founder, substa- controlled entity or family member of any of thes Loans and other receivables from other disqualif- under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 1	former antial co e perso ied pers in sect	officer, director, ontributor, or 35% ns sons (as defined ion 4958(c)(3)(B) 67,643.59,065.	10.111	5 6 7 8				
Loans and other receivables from any current or trustee, key employee, creator or founder, substacontrolled entity or family member of any of thes Loans and other receivables from other disqualifunder section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 1	former antial content of the person in section 10a 10b	officer, director, ontributor, or 35% ons (as defined on 4958(c)(3)(B) 67,643.59,065.	10 111	6 7 8				
controlled entity or family member of any of thes Loans and other receivables from other disqualif under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 1	e perso ied perso in sect	67,643. 59,065.	10 111	6 7 8				
Loans and other receivables from other disqualifunder section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 1	ied pers in sect	67,643. 59,065.	10 111	6 7 8				
under section 4958(f)(1)), and persons described  Notes and loans receivable, net  Inventories for sale or use  Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other  basis. Complete Part VI of Schedule D  Less: accumulated depreciation  Investments - publicly traded securities  Investments - other securities. See Part IV, line 1	10a 10b	67,643. 59,065.	10 111	7				
Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 1	10a 10b	67,643. 59,065.	10 111	7				
Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 1	10a 10b	67,643. 59,065.	10 111	8				
Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  Less: accumulated depreciation  Investments - publicly traded securities  Investments - other securities. See Part IV, line 1	10a 10b	67,643. 59,065.	10 111					
Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  Less: accumulated depreciation  Investments - publicly traded securities  Investments - other securities. See Part IV, line 1	10a 10b	67,643. 59,065.	10 111	9				
basis. Complete Part VI of Schedule D  Less: accumulated depreciation  Investments - publicly traded securities  Investments - other securities. See Part IV, line 1	10b	59,065.	10 111					
Less: accumulated depreciation	10b	59,065.	10 111					
Investments - publicly traded securities Investments - other securities. See Part IV, line 1		· · · · · ·	10 111					
Investments - other securities. See Part IV, line 1			10,111,	10c	8,57 862,64			
	4		754,332.	11	862,64			
Investments - program-related. See Part IV, line 1	! Investments - other securities. See Part IV, line 11							
			13					
Intangible assets			14					
Other assets. See Part IV, line 11				15				
Total assets. Add lines 1 through 15 (must equa			2,553,711.	16	2,356,79			
				17				
			18					
		21						
		Г		24				
		•						
			0					
	ok boro	<u> </u>	0.	26				
	CK Here	<u> </u>						
			1 574 184.	27	1,511,31			
					845,48			
			37373271	20	010,10			
	JO, 0110							
				29				
			2,553,711.		2,356,79			
					2,356,79			
G D T E L tr c S U C p o <b>T O a</b> N N <b>O a</b> C P R T	Grants payable Deferred revenue Deferred revenue Descrow or custodial account liability. Complete Facans and other payables to any current or formattee, key employee, creator or founder, substantifolded entity or family member of any of these decured mortgages and notes payable to unrelated the liabilities (including federal income tax, payarties, and other liabilities not included on lines of Schedule D Description of the liabilities of the liabilities. Add lines 17 through 25 Descriptions that follow FASB ASC 958, chemical complete lines 27, 28, 32, and 33. Det assets with donor restrictions Descriptions that do not follow FASB ASC 958 and complete lines 29 through 33. Descriptions that do not follow fash as a septial stock or trust principal, or current funds a capital stock or trust principal, or current funds a capital stock or trust principal, or current funds a capital stock or trust principal, or current funds a capital stock or trust principal, or current funds a capital stock or trust principal, or current funds a capital stock or trust principal, or current funds a capital stock or trust principal, or current funds a capital stock or trust principal, or current funds a capital stock or trust principal, or current funds a capital stock or trust principal, or current funds a capital stock or trust principal, or current funds a capital stock or trust principal, or current funds a capital stock or trust principal, or current funds a capital stock or trust principal, or current funds a capital stock or trust principal, or current funds a capital stock or trust principal, or current funds a capital stock or trust principal, or current funds a capital stock or trust principal, or current funds a capital stock or trust principal and a capital stock or funds a cap	Grants payable Deferred revenue Deferred revenue Description of countries of countr	Disecured mortgages and notes payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parties  Disecured notes and loans payable to unrelated third parti	Perents payable Deferred revenue Deferre	Parants payable 18 Deferred revenue 19 Deferre			

Form **990** (2023)

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

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

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2023)

За

Х

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

Open to Public

OMB No. 1545-0047

Inspection

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

UNITED WAY OF LICKING COUNTY INC

31-4379455 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? organization (described on lines 1-10 support (see instructions) support (see instructions) above (see instructions))

#### Part II 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						4
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1544095.	1707274.	1037576.	1412325.	1387493.	7088763.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1544095.	1707274.	1037576.	1412325.	1387493.	7088763.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						7088763.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1544095.	1707274.	1037576.	1412325.	1387493.	7088763.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	18,724.	14,962.	7,615.	28,696.	32,930.	102,927.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				88.	3,684.	3,772.
11	<b>Total support.</b> Add lines 7 through 10						7195462.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I					14	98.52 %
	Public support percentage from 2022					15	98.88 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact		•	•	•	VI how the organiz	ation
	meets the facts-and-circumstances te	-		*	-		
b	10% -facts-and-circumstances test	ū				•	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

332022 12-21-23

#### 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	etion A. Public Support	ciow, picase comp	nete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 organ- ization'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				(Q-)		
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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			9			
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(=/ == : =	(1)	(-,	(-,	(-,	(-)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	C					
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	n,
	check this box and stop here						
	ction C. Computation of Publi					т г	
	Public support percentage for 2023 (I		-	column (f))		15	%
_	Public support percentage from 2022	·				16	%
_	ction D. Computation of Inves					т г	
	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	<u>%</u>
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	tion	
k	33 1/3% support tests - 2022. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						H

332023 12-21-23

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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
	1		
١	2		
	3a		
	3b		
	3с		
	4a		
	<del>4</del> a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
	401		
	10b		L

332024 12-21-23

Par	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	,		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			<u> </u>
	mon or type in eappertung organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	INO
1				
	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	_		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	tion B. All Type III Supporting Organizations		V	
	Did the constitution of the control		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	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		
Sec	tion 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 instruction)	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 (see	e instruction	ns).	
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,			
7	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
b				
~	-31 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 202

Schedule A	(Form 990) 2023	UNITED	WAY	OF	LICKING	COUNTY	INC	
Part V	Type III Non-Fi	unctionally Integ	rated 5	509(a	a)(3) Support	ting Organi	izations	
1	Check here if the ord	nanization satisfied th	e Integra	l Part	Test as a qualif	vina trust on N	Joy 20 1970	Lovele

1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 2 Average monthly value of securities b Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets 1b 1c 1 Total (add lines 1a, 1b, and 1c) 9 Discount claimed for blockage or other factors (avoian in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness aspelicable to non-exempt-use assets 2 Acquisition indebtedness aspelicable to non-exempt-use assets 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 4 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 5 Income tax imposed in prior year. 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Rection B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of securities 1 Agregate fair market value of other non-exempt-use assets 1 b 1 C 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indetedness applicable to non-exempt-use assets 2 C 2 Acquisition indetedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Aginess of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A) line 8, column A) 1 Aginess amount for prior year (from Section B, line 8, column A) 1 Aginess amount for prior year (from Section B, line 8, column A) 2 Enter 0.85 of line 1. 5 Distributable Amount 6 Distributable Amount Subtract line 2 from line 4, unless subject to	Net short-term capital gain	1		
4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Rection B - Minimum Asset Amount 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 b Average monthly value of securities c Fair market value of other non-exempt-use assets 1 to 1 Total (add lines 1a, 1b, and 1c) c Piscount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 A Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Aminimum Asset Amount (add line 7 to line 6) 8 Multiply line 5 by 0.035. 9 All distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Adjusted net income for prior year (from Section B, line 8, column A) 2 Enter 0.85 of line 1. 2 Can distributable Amount 5 Current Year 6 Distributable Amount Subtract line 2 from line 4, unless subject to	· -	2		
4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Dectron B - Minimum Asset Amount 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 b Average monthly value of securities c Fair market value of other non-exempt-use assets 1 to 1 Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 A Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3). 5 Net value of non-exempt-use assets (subtract line 4 from line 3). 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Aminimum Asset Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A). 2 Enter 0.85 of line 1. 2 Center 0.85 of line 1. 2 Center 0.85 of line 1. 3 Minimum asset amount for prior year (from Section A, line 8, column A). 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year. 5 Distributable Amount. Subtract line 5 from line 4, unless subject to	• •	3		
5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 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 1 Average monthly value of securities 1 Average monthly value of securities 1 A Total (add lines 1a, 1b, and 1c) 1 Poiscount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 A Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Aljusted net income for prior year (from Section A, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year		4		
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)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  8 cection B - Minimum Asset Amount  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  b Average monthly value of securities  c Fair market value of other non-exempt-use assets  d Total (add lines 1a, 1b, and 1c)  e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets  2 Acquisition indebtedness applicable to non-exempt-use assets  2 Acquisition indebtedness applicable to non-exempt-use assets  3 Subtract line 2 from line 1d.  4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6)  8 Minimum Asset Amount (add line 7 to line 6)  8 Minimum Asset Amount for prior year (from Section A, line 6, column A)  1 Adjusted net income for prior year (from Section B, line 8, column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to	<u>*</u>	5		
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  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  1 Average monthly value of securities  4 Average monthly value of securities  5 Average monthly cash balances  1 Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets  2 Acquisition indebtedness applicable to non-exempt-use assets  3 Subtract line 2 from line 1d.  4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6)  8 Minimum Asset Amount  Current Year  1 Adjusted net income for prior year (from Section A, line 6, column A)  2 Enter 0.85 of line 1.  2 Adjusted net income for prior year (from Section B, line 8, column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year	Portion of operating expenses paid or incurred for production or			
7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract line 4 from line 3) 8 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 5, from line 8, column A) 9 Adjusted Net Income (subtract line 5, from line 8, column A) 9 Adjusted Net Income (subtract line 5, from line 8, column A) 9 Adjusted Net Income (subtract line 5, from line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8, column A) 9 Adjusted Net Income (subtract line 8,				
A Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  Bection 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  b Average monthly cash balances  1 Total (add lines 1a, 1b, and 1c)  c Fair market value of other non-exempt-use assets  1 to  d Total (add lines 1a, 1b, and 1c)  e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets  3 Subtract line 2 from line 1d.  4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3).  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6).  8 Minimum Asset Amount  1 Adjusted net income for prior year (from Section A) line 8, column A)  2 Enter 0.85 of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, column A)  5 Income tax imposed in prior year  5 Income tax imposed in prior year  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 4, unless subject to	maintenance of property held for production of income (see instructions)	6		
A Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  Rection B - Minimum Asset Amount  (B) Current Year (optional)  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  b Average monthly cash balances  1b  C Fair market value of other non-exempt-use assets  1c  d Total (add lines 1a, 1b, and 1c)  e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets  2 Subtract line 2 from line 1d.  4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3).  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6).  8 Minimum Asset Amount  1 Adjusted net income for prior year (from Section A; line 8, column A).  1 Adjusted net income for prior year (from Section B, line 8, column A).  5 Income tax imposed in prior year  6 Distributable Amount. Subtract Line 4, unless subject to		7		
Rection B - Minimum Asset Amount  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  b Average monthly cash balances  c Fair market value of other non-exempt-use assets  d Total (add lines 1a, 1b, and 1c)  d Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets  2 Acquisition indebtedness applicable to non-exempt-use assets  3 Subtract line 2 from line 1d.  4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6)  8 Minimum Asset Amount (add line 7 to line 8)  1 Adjusted net income for prior year (from Section A, line 8, column A)  3 Minimum asset amount for prior year (from Section B, line 8, column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  5 Income tax imposed in prior year	·	8		
instructions for short tax year or assets held for part of year):  a Average monthly value of securities  b Average monthly cash balances  c Fair market value of other non-exempt-use assets  d Total (add lines 1a, 1b, and 1c)  e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets  3 Subtract line 2 from line 1d.  4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6)  8 Minimum Asset Amount  Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A)  2 Enter 0.85 of line 1.  2 Adjusted net income for prior year (from Section B, line 8, column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  6 Distributable Amount. Subtract-line 5 from line 4, unless subject to			(A) Prior Year	. , ,
a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract-line 5 from line 4, unless subject to	Aggregate fair market value of all non-exempt-use assets (see			
b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 A Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 A Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Recoveries of prior-year distributions 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Adjusted net income for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to	instructions for short tax year or assets held for part of year):			
c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3). 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Microtton C - Distributable Amount Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract-line 5 from line 4, unless subject to	Average monthly value of securities	1a		
d Total (add lines 1a, 1b, and 1c) e 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 Cash deemed held for exempt use assets (subtract line 4 from line 3). 5 Net value of non-exempt-use assets (subtract line 4 from line 3). 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6). 8 Minimum Asset Amount (add line 7 to line 6). 1 Adjusted net income for prior year (from Section A, line 8, column A). 2 Enter 0.85 of line 1. 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A). 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to	b Average monthly cash balances	1b		
e 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 Cash deemed held for exempt use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 ection C - Distributable Amount Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Enter greater of line 2 or line 3. 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract-line 5 from line 4, unless subject to	c Fair market value of other non-exempt-use assets	1c		
(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 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Adjusted net income for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to	d Total (add lines 1a, 1b, and 1c)	1d		
2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Nection C - Distributable Amount (add line 7 to line 6) 8 Cection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Adjusted net income for prior year (from Section B, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to	e Discount claimed for blockage or other factors			
3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to	(explain in detail in Part VI):			
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6)  8 ection C - Distributable Amount  Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A)  2 Enter 0.85 of line 1.  2 Minimum asset amount for prior year (from Section B, line 8, column A)  3 Henter greater of line 2 or line 3.  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Acquisition indebtedness applicable to non-exempt-use assets	2		
see instructions).  Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035.  Recoveries of prior-year distributions  Minimum Asset Amount (add line 7 to line 6)  Rection C - Distributable Amount  Current Year  Adjusted net income for prior year (from Section A, line 8, column A)  Enter 0.85 of line 1.  Minimum asset amount for prior year (from Section B, line 8, column A)  Enter greater of line 2 or line 3.  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to	Subtract line 2 from line 1d.	3		
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to	see instructions).	4		
7 Recoveries of prior-year distributions 7 B Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Henter greater of line 2 or line 3. 4 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
8 Minimum Asset Amount (add line 7 to line 6)  8 Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A)  2 Enter 0.85 of line 1.  2 Minimum asset amount for prior year (from Section B, line 8, column A)  3 Henter greater of line 2 or line 3.  4 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Multiply line 5 by 0.035.	6		
Current Year  Adjusted net income for prior year (from Section A, line 8, column A)  Enter 0.85 of line 1.  Minimum asset amount for prior year (from Section B, line 8, column A)  Enter greater of line 2 or line 3.  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to	Recoveries of prior-year distributions	7		
1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to	Minimum Asset Amount (add line 7 to line 6)	8		
2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to	ction C - Distributable Amount			Current Year
3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Adjusted net income for prior year (from Section A, line 8, column A)	1		
4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Enter 0.85 of line 1.	2		
5 Income tax imposed in prior year 5  6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
emergency temporary reduction (see instructions).	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2023

Sche <b>Pa</b> r		LICKING COUNTY			1-4379455 Page 7	7
	on D - Distributions	aj(o) oupporting orga	nizations (contin	uea)	Current Year	_
	Amounts paid to supported organizations to accomplish exe	mnt nurnoses		1	Current rear	_
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			+ '		_
_	organizations, in excess of income from activity	or purposes or supported		2		1
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	3		٦
4	Amounts paid to acquire exempt-use assets	or supported organizations	•	4		
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5		_
6	Other distributions (describe in Part VI). See instructions.	ovide details in a see a sey		6		_
7	Total annual distributions. Add lines 1 through 6.			7		_
8	Distributions to attentive supported organizations to which the	ne organization is responsive				_
	(provide details in <b>Part VI</b> ). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		_
10	Line 8 amount divided by line 9 amount			10		
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ons	(iii) Distributable Amount for 2023	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
С	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					_
<u>i</u>	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					_
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					_
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
•	Excess from 2010					

Schedule A (Form 990) 2023

**b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Part VI 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 Iine 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 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.)	C, t V,

# Schedule B

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Schedule B (Form 990) (2023)

Name of the organization

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

**Schedule of Contributors** 

Employer identification number

UI	NITED WAY OF LICKING COUNTY INC	31-4379455
Organization type (check o	one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	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 Ru	e. See instructions.
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1) contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ang the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) IZ, line 1. Complete Parts I and II.	d that received from any one
For an organization	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	any one
-	g the year, total contributions of more than \$1,000 exclusively for religious, charitable, so	•
	ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e	
"N/A" in column (l	o) instead of the contributor name and address), II, and III.	
For an organization	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	any one contributor, during the
	s <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled m	· ·
	here the total contributions that were received during the year for an exclusively religiou	
purpose. Don't co	mplete any of the parts unless the General Rule applies to this organization because it	received nonexclusively
religious, charitab	le, etc., contributions totaling \$5,000 or more during the year	\$
Caution. An expeniention th	hat ignit covered by the Coneral Pulls and/or the Coneral Pulls decemb file Colored to P./C	orm 000) but it most
	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF.	• •
	ng requirements of Schedule B (Form 990).	, . a.c., 2, to oortiny

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

# UNITED WAY OF LICKING COUNTY INC

31-4379455

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 388,789.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 113,922.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>74,259.</u>	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 47,364.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 29,847.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 28,384.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# UNITED WAY OF LICKING COUNTY INC

31-4379455

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	1
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	$\sim$
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26		\$	Schedule R (Form 990) (2023)

Schedule B (Form 990) (2023) Page **4** 

Name of organization **Employer identification number** UNITED WAY OF LICKING COUNTY INC 31-4379455 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 info. once.) \$ 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 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 Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift from (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

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **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.

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

2023
Open to Public Inspection

Name of the organization

UNITED WAY OF LICKING COUNTY INC

Employer identification number 31-4379455

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or A	Accounts. Complete if the
	organization answered fes on Form 990, Part IV, line	(a) Donor advised	d funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised	a lulius	(b) i unus and other accounts
1	Total number at end of year			
2 3				
4	Aggregate value at and of year			
5	Aggregate value at end of year	writing that the accets hal	d in donor advised fu	nds
3	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor ac			
Ü	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?		1 1	Yes No
Par				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat		Preservation of a his	storically important land area
	Protection of natural habitat	,		rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribu	tion in the form of a c	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru	cture included on line 2a		2c
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, a	nd not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	d enforcing conservat	ion easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enf	orcing conservation e	easements during the year
•	Door and agreement in a dad to line Od above		of opening 470/b)/4\/D	\(\frac{1}{2}\)
8	Does each conservation easement reported on line 2d above			
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation			
9	balance sheet, and include, if applicable, the text of the footnote			
	organization's accounting for conservation easements.	ote to the organization's	ililariciai staterrierits t	nat describes the
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		ŕ	
1a	If the organization elected, as permitted under FASB ASC 958		nue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	'		
	service, provide in Part XIII the text of the footnote to its finance	·		
<b>▲</b> b	If the organization elected, as permitted under FASB ASC 958			ce sheet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items.			•
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea	sures, or other similar as	sets for financial gain	
	the following amounts required to be reported under FASB AS	SC 958 relating to these i	tems:	
а	Revenue included on Form 990, Part VIII, line 1			\$
				_
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2023

	t III Organizations Maintaining Col		Historical Tr		r Othe	r Similar Ass	edte /		Yage Z
	•							<u>ıtınued)</u>	)
3	Using the organization's acquisition, accession	, and other records	s, check any of the	following that	t make si	ignificant use of	its		
	collection items (check all that apply).								
а	a Public exhibition d Loan or exchange program								
b	Scholarly research	е	Other						_
С	c Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain	how they further t	he organizatio	on's exer	npt purpose in F	art XIII.		
5	During the year, did the organization solicit or re	eceive donations o	f art, historical trea	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No								
Par	t IV Escrow and Custodial Arrange	ements Complet	te if the organizatio	n answered "	Yes" on	Form 990, Part I	V, line 9,	or	
	reported an amount on Form 990, Part >	K, line 21.							
1a	Is the organization an agent, trustee, custodian	, or other intermed	liary for contributio	ns or other as	sets not	included			
	on Form 990, Part X?						Yes		☐ No
b	If "Yes," explain the arrangement in Part XIII an								
	, ,	·	J				Amo	unt	
С	Beginning balance					1c			
	Additions during the year								
	Distributions during the year								
f	Ending balance					1f			
	Did the organization include an amount on Forr				unt liabil		Yes		No
	If "Yes," explain the arrangement in Part XIII. Cl					шу,	163	F	╡'`
Par						Λ			
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years b	ack (a) F	our years	s hack
4	_	401,779.	473,156	+ 1	0,013.	365,85			,891.
1a	Beginning of year balance	401,773.	473,130	43	0,013.	303,0	,,,,		,091.
b	Contributions	EQ 740	-66 330		F 420	07.00	<u> </u>	17	0.01
С	Net investment earnings, gains, and losses	58,748.	-66,330.		5,432.	87,29	13.		,981.
d	Grants or scholarships			1			$-\!\!\!\!+\!\!\!\!-$		
е	Other expenditures for facilities								
	and programs			1			-		
f	Administrative expenses	7,873.	5,047	+	2,289.	3,13			,017.
g	End of year balance	452,654.	401,779	47	3,156.	450,01	13.	365	,855.
2	Provide the estimated percentage of the current		(line 1g, column (a	ı)) held as:					
а	Board designated or quasi-endowment	3.9110	_%						
b	Permanent endowment 96.0890	%							
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.							
3a	Are there endowment funds not in the possessi	ion of the organiza	tion that are held a	nd administe	red for th	ie			
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(	i) X	
	(ii) Related organizations?						3a(	ii)	X
b	If "Yes" on line 3a(ii), are the related organization	ns listed as require	ed on Schedule R?						
4	Describe in Part XIII the intended uses of the or								
Par	t VI Land, Buildings, and Equipmer								
	Complete if the organization answered "	Yes" on Form 990	, Part IV, line 11a.	See Form 990	), Part X,	line 10.			
	Description of property	(a) Cost or of	ther (b) Cos	t or other	(c) A	ccumulated	(d) B	ook valı	ue
	Company property	basis (investm		(other)		preciation	(, -		
	Land	<u> </u>		•					
b									
	Buildings Leasehold improvements			24,988.		23,728.		1 2	260.
				2,655.		35,337.		7 3	318.
	Equipment			<u> </u>		33,3310		1,3	, ± 0 •
	Other	1						0 F	70
<u>ı otal</u>	. Add lines 1a through 1e. (Column (d) must equ	al Form 990. Part 2	X. line 10c. columr	(B))				0,5	78.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 UNITED WAY	OF LICKING CO	OUNTY INC	31-4379455 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	•	_	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	et or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			·
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11c See Form 990 Part X line 19	3
(a) Description of investment	(b) Book value		st or end-of-year market value
	(b) Book value	(c) Welfied of Valuation.	of or or year market value
<u>(1)</u>			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 1	5.
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co.	I. (B))		
Part X Other Liabilities			Fr. 05
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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 ... X

Schedule D (Form 990) 2023

	date D (Form 990) 2023 ONTIED WAT OF DICKING COUNT				TOTOTO Page T
Par	•	its With I	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				1 501 700
				1	1,521,723.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		67 210		
	Net unrealized gains (losses) on investments	1 1	67,218.		
	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d		0.	67,218.
	Add lines 2a through 2d			2e 3	1,454,505.
3	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	1,434,303.
		4a	6,781.		
		4a 4b	-44,928.		
			-	4c	-38 147.
	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	-38,147. 1,416,358.
Par	t XII   Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F		n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,718,635.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, ,
	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	44,928.		
е	Add lines 2a through 2d			2e	44,928.
3	Subtract line 2e from line 1			3	1,673,707.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,781.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	6,781.
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,680,488.
	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			; Part )	X, line 2; Part XI,
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional inform	nation.		
חאם	m v time 2.				
PAR	T X, LINE 2:				
тис	AGENCY IS EXEMPT FROM FEDERAL INCOME TAX	משרואוו	CECTION 50	1/0	\/3\ OF
1111	AGENCI IS EXEMPT FROM PEDERAL INCOME TAX	OMDEK	BECTION 30	<u> </u>	/(3/ OF
тнт	INTERNAL REVENUE CODE. IN ADDITION, THE A	GENCY	OUALIFIES	FOR	тне
	INTERIOR REPORT OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF	021101	ZOLIDIT IDD		11111
CHA	RITABLE CONTRIBUTION DEDUCTION UNDER SECTI	ON 170	(B)(1)(A)	AND	HAS BEEN
			(= / (= / (= /		
CLA	SSIFIED AS AN ORGANIZATION THAT IS NOT A P	RIVATE	FOUNDATIO	N U	NDER
SEC	TION 509(A)(2). AS SUCH, NO PROVISION HAS	BEEN M	ADE FOR FE	DER	AL INCOME
TAX	ES IN THE FINANCIAL STATEMENTS.				
PAR	T XI, LINE 4B - OTHER ADJUSTMENTS:				
FUN	DRAISING EXPENSES				-44,928.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2023

#### **SCHEDULE G** (Form 990)

Department of the Treasury

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number UNITED WAY OF LICKING COUNTY INC 31-4379455 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List	events with gross receipt	ts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			SPONSORSHIP		NONE	1 ' '
			CAMPAIGN			(add col. (a) through
				(a) (ant time)	(total number)	col. <b>(c)</b> )
Revenue			(event type)	(event type)	(total number)	
ek	1	Gross receipts	98,610.			98,610.
Ω						
	9	Less: Contributions	98,610.			98,610.
	_	Legg. Contributions	20,0201			70,7201
		Out to the same (line of maintain line of)				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
S						
Direct Expenses	6	Rent/facility costs				
g be	٥	Tienth acinty costs				
ŵ	_					
6	7	Food and beverages				
ة						
	8	Entertainment				
	9	Other direct expenses	44,928.			44,928.
	10	Direct expense summary. Add lines 4 through	-			44,928.
	11	Net income summary. Subtract line 10 from li	. ,			-44,928.
Da	rt I	II Gaming. Complete if the organization a			roported more than	11,5201
			answered res on Form	990, Part IV, line 19, Or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.			Г	
ام			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Š			(,9-	bingo/progressive bingo	(-, 99	col. (a) through col. (c))
Revenue						
ď	1	Gross revenue				
	,	Cash prizes				
Direct Expenses		Oasii prizes				-
eus						
×	3	Noncash prizes				
垬						
<u>e</u>	4	Rent/facility costs				
	5	Other direct expenses				
	Ť		Yes %	Yes %	Yes %	
	_	Volunteer labor				
	ט	volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Fn	ter the state(s) in which the organization condu	cts gaming activities.			
	_	he organization licensed to conduct gaming ac				Yes No
						res No
b	If "	No," explain:				
7						
10a		ere any of the organization's gaming licenses re	woked suspended or te	rminated during the tax	year?	Yes No
	We	re any or the organization's garming ildenses re	volted, suspended, or te			
b			•	·		
b		Yes," explain:	•	·		· 
b			•	·		
b			•	·		

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 UNITED WAY OF LICKING COUNTY INC 31-4	1379455	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		100	04
	The organization's facility	13a	<u>%</u>
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	4	
	Name		
	Address		
	Address		
		N.	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	L No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Nome		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Coming manager companation		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
47	Mandaton, diatributions		
	Mandatory distributions:		
а	s the organization required under state law to make charitable distributions from the gaming proceeds to		<b></b>
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			-
-			
7			
_			
			_

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

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

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

UNITED WA	Y OF LICK	ING COUNTY	INC				31-4379455
Part I General Information on Grants a	ınd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant f	funds in the United	States.		_	
Part II Grants and Other Assistance to recipient that received more than s					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
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
ACTION FOR CHILDREN 78 JEFFERSON AVE COLUMBUS, OH 43215	31-0820393	501 (C) 3	35,400.				CHILDREN, YOUTH, &
AMERICAN RED CROSS EAST CENTRAL OHIO CHAPTER - 143 S 30TH ST NEWARK, OH 43055	53-0196605		48,100.	0.			CHILDREN, YOUTH, & FAMILIES; POVERTY
BEHAVIORAL HEALTHCARE PARTNERS OF CENTRAL OHIO, INC - 65 MESSIMER DRIVE - NEWARK, OH 43055	31-6402630	501(C)3	98,474.	0.			BEHAVIORAL HEALTH; HOMELESSNESS
BUCKEYE VALLEY FAMILY YMCA 470 W CHURCH ST. NEWARK, OH 43055	31-6053101	501(C)3	45,000.	0.			CHILDREN, YOUTH, &
CAMP O'BANNON OF LICKING COUNTY, INC 9688 BUTLER RD. NE - NEWARK, OH 43055	31-6401440		58,000.	0.			CHILDREN, YOUTH, & FAMILIES
CANAL MARKET DISTRICT AND ENTERPRISE HUB - PO BOX 4217							

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

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

47-3293365 501(C)3

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

Schedule I (Form 990) 2023

21.

POVERTY

NEWARK, OH 43058

7,000.

Part II Continuation of Grants and Other		nestic Organizations		vernments (Sch	edule I (Form 990), Par		1 13/3433
(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 non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC SOCIAL SERVICES					(		
1031 BRICE ST							
NEWARK, OH 43055	31-4379437	501(C)3	29,000.	0.			POVERTY
FAMILY HEALTH SERVICES OF EAST CENTRAL OHIO - 100 MCMILLEN DR NEWARK, OH 43055	31-0785627	501(C)3	45,000.	0.	0		POVERTY
FRIENDS OF THE LICKING COUNTY LIBRARY, INC 101 W MAIN ST NEWARK, OH 43055	46-5177930	501(C)3	25,000.	0.			CHILDREN, YOUTH, & FAMILIES
GIRL SCOUTS OF OHIO'S HEARTLAND 1700 WATERMARK DR. COLUMBUS, OH 43215	31-4379475	501(C)3	14,000.	0.			CHILDREN, YOUTH, & FAMILIES
LICKING COUNTY ALCOHOLISM  PREVENTION PROGRAM - 62 E. STEVENS ST NEWARK, OH 43055	31-0805576	501(C)3	53,000.	0.			BEHAVIORAL HEALTH
LICKING COUNTY AGING PROGRAM  1058 E MAIN ST  NEWARK, OH 43055	31-0787851	501(C)3	39,761.	0.			POVERTY
LICKING COUNTY CHILDREN AND FAMILIES FIRST COUNCIL - 74 S 2ND ST - NEWARK, OH 43055	31-6400074		36,000.	0.			BEHAVIORAL HEALTH
LICKING COUNTY HOPE 12 NEAL AVE NEWARK, OH 43055	82-3291462		20,000.	0.			CHILDREN, YOUTH, &
MENTAL HEALTH AMERICA OF LICKING COUNTY - 65 MESSIMER DR., UNIT 3 - NEWARK, OH 43055	31-4421855		88,000.	0.			BEHAVIORAL HEALTH; CHILDREN, YOUTH, & FAMILIES; POVERTY

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THURSA MOUNTAINE STREET DEPAREMENT					,		DEMANATORAL MEALEN
NEWTON TOWNSHIP FIRE DEPARTMENT PO BOX 182					,		BEHAVIORAL HEALTH; CHILDREN, YOUTH, &
ST LOUISVILLE, OH 43071	31-6400805	NON 501/C\3	10,000.	0.			FAMILIES; POVERTY
51 LOOISVILLE, ON 43071	31 0400003	NON 301(C/3	10,000.	<u> </u>			PAMIDIES; FOVERIT
PATHWAYS OF CENTRAL OHIO							
1627 BRYN MAWR DR.							BEHAVIORAL HEALTH;
NEWARK, OH 43055	31-0836725	501(C)3	79,764.	٥.			POVERTY
·			,				
PBJ CONNECTIONS							
9734 JUG ST NW							
PATASKALA, OH 43062	20-5935457	501(C)3	20,000.	0.			BEHAVIORAL HEALTH
SIMON KENTON COUNCIL, BOY SCOUTS							
OF AMERICA - 807 KINNEAR RD -							CHILDREN, YOUTH, &
COLUMBUS, OH 43212	31-4388520	501(C)3	5,500.	0.			FAMILIES
THE SALVATION ARMY							
PO BOX 774							
NEWARK, OH 43058	13-5562351	501(C)3	95,000.	0.			HOMELESSNESS
Marian, on 19050	13 3302331	301(0/3	33,000.	••			NOTIFIED BOX LOS
THE WOODLANDS SERVING CENTRAL OHIO							
195 UNION ST, SUITE B-1			)				
NEWARK, OH 43055	31-0711374	501(C)3	95,000.	0.			BEHAVIORAL HEALTH
TOGETHER WE GROW, INC.							
777 E MAIN ST							CHILDREN, YOUTH, &
NEWARK, OH 43055	46-4936087	501(C)3	23,000.	0.			FAMILIES; POVERTY
	. ( 1						
WHOLE LIVING RECOVERY							
4167 NORTHRIDGE RD	04 5456000	501/a)2	05.000	_			
ALEXANDRIA, OH 43023	84-5456083	DU1(C)3	25,000.	0.			HOMELESSNESS

Part III Grants and Other Assistance to Domestic Individuals.  Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(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 noncash assistance
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:	C				
PROCEDURES FOR MONITORING THE USE	F GRANT	FUNDS			
THE COMMUNITY IMPACT DIVISION REVIE	EWS AND E	VALUATED A	LL REQUEST	S FOR	
PROGRAM FUNDING AND RECOMMENDS ACTI	ON FOR A	LLOCATIONS	S, AND THEI	R APPEAL TO	
THE BOARD IN ACCORDANCE WITH EXIST	NG POLIC	IES. THE D	OIVISION AL	SO MONITORS	
PROGRAM AND AGENCY OPERATIONS TO AS	SURE ADH	ERENCE TO	ACCEPTED P	URPOSE,	
REVIEW ALL REQUESRS FOR NEW AGENCIE	ES AND PR	OGRAM, AND	CONDUCTS	ANNUAL SITE	
VISTS TO PARTICIPATING UNITED WAY A		-			

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

UNITED WAY OF LICKING COUNTY INC

**Employer identification number** 31-4379455

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MONITORING FUNDS ALLOCATED TO PROGRAMS THAT DEMONSTRATE SUCCESS IN THE

AREAS OF EDUCATION, INCOME, HEALTH, AND BASIC NEEDS.

FORM 990, PART VI, SECTION A, LINE 6:

EACH CONTRIBUTOR SHALL BE A MEMBER OF THE ORGANIZATION WITH THE RIGHT TO

VOTE AT THE MEETING OF THE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE BOARD OF DIRECTORS SHALL BE ELECTED BY THOSE MEMBERS OF

THE ORGANIZATION PRESENT EACH YEAR AT THE ANNUAL MEETING

SECTION B, LINE 11B: FORM 990, PART VI,

THE EXECUTIVE DIRECTOR ALONG WITH THE EXECUTIVE COMMITTEE CONDUCTS A DETAIL

REVIEW OF THE FORM 990 PRIOR TO FILING. EACH BOARD MEMBER IS FURNISHED A

COPY OF THE FORM 990 AND GIVEN AMPLE TIME TO REVIEW AND COMMENT PRIOR TO

FILING.

PART VI, SECTION B, LINE 12C: FORM 990

DIRECTORS, AND KEY EMPLOYEES CONFIRM ON AN ANNUAL BASIS THAT THEY

HAVE NO CONFLICTS OF INTEREST. DURING BOARD AND COMMITTEE MEETINGS, MEMBERS

AN OPPORTUNITY TO DECLARE A CONFLICT OF INTEREST AND ABSTAIN FROM

ON ANY ISSUES THAT RELATES TO THE ORGANIZATION WHERE A CONFLICT HAS

BEEN DECLARED

FORM 990, PART VI, SECTION B, LINE 15:

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** UNITED WAY OF LICKING COUNTY INC 31-4379455 THE ORGANIZATION'S EXECUTIVE DIRECTORS SETS THE COMPENSATION FOR ALL OTHER STAFF MEMBERS WITHIN THE CONFINES OF THE APPROVED BUDGET FOR THE FISCAL YEAR FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PROVIDES ACCESS TO REQUIRED DOCUMENTATION AND INFORMATION UPON WRITTEN REQUEST. FORM 990, PART XII, LINE 2C: THE FINANCE COMMITTEE HAS OVERSIGHT OF THE FINANCIAL STATEMENTS. FORM 990, PART VI, SECTION A, LINE 15A THE PERSONNEL COMMITTEE IS RESPONSIBLE FOR REVIEWING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR. THE COMMITTEE MEETS TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS TO THE EXECUTIVE COMMITTE. FOLLOWING THIS REVIEW, THE EXECUTIVE COMMITTE PUTS FORTH A SALARY RECOMMENDATION TO THE BOARD OF DIRECTORS FOR APPROVAL.