990 Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2024 Open to Public inspection

Go to www.irs.gov/Form990 for instructions and the latest information. , and ending For the 2024 calendar year, or tax year beginning C Name of organization D Employer Identification number Check if applicable: UNITED WAY OF MUSKINGUM, PERRY, AND Address change MORGAN COUNTIES, INC. Doing business as 31-4379456 Name change Number and street (or P.O. box if mail is not delivered to street address) Roomieutte E Telephone grimber 740-454-6872 Initial return 158 N 5TH ST Final return/ City or town, state or province, country, and ZiP or foreign postal code terminated ZANESVILLE OH 43701 673,255 G Gross receipts\$ Amended return Name and address of principal officer: Yes H(a) Is this a group return for subordinates? Application pending TRACEY BALLAS 158. N FIFTH STREET H/b) Are all subordinates included? If "No." attach a list. See instructions ZANESVILLE OH 43701 X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 WWW.UNITEDWAYOFMPM.ORG Website: H(c) Group exemption number Year of formation: 1954 X Corporation Trust Association M State of legal domicile: OH Form of organization: Part I Summary 1 Briefly describe the organization's mission or most significant activities: UNITED WAY AGENCY Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) భ 4 Number of independent voting members of the governing body (Part VI, line 1b) 13 4 Activities 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 10 5 12 6 Total number of volunteers (estimate if necessary) 6 O 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 8 Contributions and grants (Part VIII, line 1h) 909,229 597,857 2,733 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 71,607 72,665 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 352,958 1,333,794 673,255 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 463,635 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 314,764 0 300,935 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 263,257 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 102, 927 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) _______ 117,726 135,267 695,747 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 899,837 638,047 -226,582 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 197,373 5,490,224 21 Total liabilities (Part X, line 26) 31,027 36,232 5,166,346 5,453,992 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature Sign Here TRACEY BALL CEO Type or print name and title Preparer's name Preparer's signature Date Check Paid self-employed HEATHER DOLEN, HEATHER DOLEN, P01261466 Preparer SEO CPA GROUP LTD 83-1639096 Firm's EIN **Use Only** 3596 MAPLE AVE STE B 740-868-1100 ZANESVILLE. OH 43701 Phone no.

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

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
	<u> </u>	-				<u>а 100ро</u> г	.55 01 11010	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Service Contributions, Gifts, Grants, and Other Similar Amounts	0-	Total. Add lines GRANT/PROGR	es ations contributions) gifts, grants, of included aborincluded in 1a-1f	ve :			597,857 1,865 Business Code	597,857 2,733	2,733		Securis 312-314
Program Service Revenue	f	All other program	n service re					2 722			
Other Revenue	3 4 5	Total. Add lines 2a–2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties						2,733 72,665			72,665
	ď	Gross rents Less: rental expenses Rental inc. or (loss) Net rental income Gross amount from sales of assets	6a 6b 6c or (loss)	(i) Real			Personal Other				
	c d	other than inventory Less: cost or other basis and sales exps. Gain or (loss) Net gain or (loss)									-
	b	Gross income from (not including \$ of contributions rep 1c). See Part IV, lir Less: direct expe	orted on line ne 18 enses	· · · ·	8a 8b						
	9a b c	Ret income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less									
	b	returns and allowances 10a 10b C Net income or (loss) from sales of inventory Business Code									
Miscellaneous Revenue		All other revenue		, .,							
		e Total. Add lines 11a-11d					4	(7) 055	0 833		70 ((5
	12	iotal revenue.	See instruct	ขอทร์			4	673,255	2,733	0	72,665

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			COUNTY (A):				
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations			Barrard advantage	07401000			
	and domestic governments. See Part IV, line 21	463,635	463,635					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and							
	foreign individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members				<u> </u>			
5	Compensation of current officers, directors,							
	trustees, and key employees	82,560	28,896	20,640	33,024			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	154 200		22 722				
7	Other salaries and wages	154,332	54,016	38,583	61,733			
8	Pension plan accruals and contributions (include	0 200		0 306				
_	section 401(k) and 403(b) employer contributions)	8,396		8,396				
9	Other employee benefits Payroll taxes	32,042 23,605		32,042				
10 11	Fees for services (nonemployees):	23,005		23,605				
a	` ' ' '							
a b	Management							
		39,185	18,216	20,969				
d	Accounting Lobbying	337 ±031	10/210	20,505				
	Professional fundralsing services. See Part IV, line 17							
f	Investment management fees	8,046		8,046	, ,			
g	Other, (if line 11g amount exceeds 10% of line 25, column							
·	(A), amount, list line 11g expenses on Schedule O.)	8,989	1,798	4,494	2,697			
12		4,030			4,030			
13	Office expenses	3,448	477	2,016	955			
14	Information technology	10,293		10,293				
15	Royalties	<u> </u>						
16	Occupancy	15,000		15,000				
17	Travel							
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials				 			
19	Conferences, conventions, and meetings							
20	Interest	5 (70)		F 680	·· · · · · · · · · · · · · · · · · · ·			
21	Payments to affiliates	5,678		5,678				
22	Depreciation, depletion, and amortization	4,411		4,411 3,918				
23	Other expenses, Itemize expenses not covered	3,918		3,918				
24	above, (List miscellaneous expenses on line 24e. If		ļ					
	line 24e amount exceeds 10% of line 25, column			1				
	(A), amount, list line 24e expenses on Schedule O.)		1					
а	RECRUITMENT/MOVING	24,380		24,380				
b	TELEPHONE	3,179		3,179				
c	PERMITS & FEES	2,638		2,638				
ď	MISCELLANEOUS	2,072	683	901	488			
	All other expenses							
25	Total functional expenses, Add lines 1 through 24e	899,837	567,721	229,189	102,927			
26	Joint costs. Complete this line only if the							
	organization reported in column (B) joint costs from a combined educational campaign and	1						
	fundraising solicitation. Check here if							
	following SOP 98-2 (ASC 958-720)				Form 990 (2024)			
DAA					En. 44() (2024)			