Form	. 9	90	** PUBLIC DISCLOSURE COPY Return of Organization Exempt Fron Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	n Income Tax	OMB No. 1545-0047
Department of the Treasury			Do not enter social security numbers on this form as it may	•	Open to Public
-		nue Service	Go to www.irs.gov/Form990 for instructions and the late ar year, or tax year beginning OCT 1, 2022 and ending		Inspection
Вс	heck if	C Name o	D Employer identifi	cation number	
	Addre chang	e GREA	TER ALLIANCE FOUNDATION, INC.		
	Name chang Initial	e Doing b	usiness as MALONEY	**-***32	
]return]Final		and street (or P.O. box if mail is not delivered to street address)		
	Ireturn termir		WEST STATE ST Copy 220	(330) 82 G Gross receipts \$	<u>15,211,071.</u>
	ated Amen return	ded אדד ד	ANCE, OH 44601-4685	H(a) Is this a group re	
	Applic tion		nd address of principal officer: DOUG SCHWARZ	for subordinates	
	pendi	^{ng} SAME	AS C ABOVE	H(b) Are all subordinates ir	
<u>I</u> T	ax-ex	empt status:		527 If "No," attach a	list. See instructions
	lebsi		GREATERALLIANCEFOUNDATION.ORG	H(c) Group exemptio	
	orm of rt I	f organization: Summary	X Corporation Trust Association Other L	Year of formation: 1998	A State of legal domicile: OH
Fa			e the organization's mission or most significant activities: SERVING		
ဗ	1		ES & NEEDS THROUGH PHILANTROPIC GIVING		
Governance	2	Check this bo			
ver				3	9
			lependent voting members of the governing body (Part VI, line 1b)		9
Activities &			of individuals employed in calendar year 2022 (Part V, line 2a)		3
/itie		Total number	12		
C ti		Total unrelate	0.		
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)	3,360,626.	931,133.
Revenue	9	•	ce revenue (Part VIII, line 2g)	0.	0. 1,855,874.
Be			come (Part VIII, column (A), lines 3, 4, and 7d)	-23,453.	-25,904.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,080,410.	2,761,103.
-			- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)	1,028,799.	1,559,034.
	13 14		milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	0.	0.
			r compensation, employee benefits (Part IX, column (A), lines 5-10)	125,171.	115,320.
Expenses			undraising fees (Part IX, column (A), line 11e)	0.	0.
per			ing expenses (Part IX, column (D), line 25) 82,165.		
Ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	272,285.	272,540.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,426,255.	1,946,894.
	19	Revenue less	expenses. Subtract line 18 from line 12	3,654,155.	814,209.
ro s				Beginning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)	24,472,364.	25,440,329.
Net Assets or -und Balances			(Part X, line 26)	4,480,777.	4,902,160.
	22 rt II	Net assets or Signature	fund balances. Subtract line 21 from line 20	19,991,587.	20,538,169.
Unde	er pena	alties of perjury,	destate that I have examined this return, including accompanying schedules and sta Declaration of preparer (other than officer) is based on all information of which pre		/ knowledge and belief, it is
uue,	COLLER		. Declaration of preparer (puter than onicer) is based on an information of which pre	Jarei nas any knowledge.	
Sigr			Сору	Date	
Here		DOUG SC Type or print n			
		Print/Type pre		Date Check	PTIN
Paid			PHER B. ANDERSON	self-employ	
Prep		Firm's name	MALONEY + NOVOTNY LLC	Firm's EIN *	*-**7006
Use	Only	Firm's address	A774 MUNSON STREET NW, SUITE 402 CANTON, OH 44718-3634	Phone no. (3	30) 966-9400
May	the II	RS discuss this	s return with the preparer shown above? See instructions		X Yes No
	1 12-1		For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2022)

	GREATER ALLIANCE FOUNDATION, INC.	**-***3212	Page 2
Par			
_	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🛄
1	Briefly describe the organization's mission: TO PROVIDE FOR INDIVIDUALS AND OTHER ENTITIES INTERESTED	ТИ ТНЕ	
	QUALITY OF LIFE IN THE ALLIANCE AREA, THE OPPORTUNITY TO		R
	GIVING TOWARDS IDENTIFIABLE AND WORTHY NEEDS THAT SOMETIM		
	BY ESTABLISHED CHARITABLE RESOURCES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,672,105. including grants of \$1,559,034.) (Revenue		193.)
	MAKING GRANTS TO PUBLIC CHARITIES, COLLEGES, PUBLIC SCHOO		,
	OR GOVERNMENTAL UNITS FOR THE LONG TERM BENEFIT OF THE GR	(EATER	
	ALLIANCE, OHIO COMMUNITY.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	- ¢	<u> </u>
40	(Code:) (Expenses \$) (Revenu	32)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$)
4d	Other program services (Describe on Schedulo O)		
40	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	١	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,672,105.)	
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 Form 990 (2022)
 GREATER ALLIANCE FOUNDATION, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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	Х	
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?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	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? <i>If</i> "Yes,"			.
	complete Schedule G, Part III	19		X X
20a		20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of Rate IX, column (A), line 12, if IV/column (A) approximation of the second domestic organization or other second domestic organization organiza	0.4	х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		l (2022)
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Form 990 (2022) GREATER ALLIANCE FOUNDATION, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
-	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			77
	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			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
~-	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,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
~~	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
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>	00-		v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-	х	
00	"Yes," complete Schedule L, Part IV	28c 29	X	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation	29	<u></u>	
30		30		х
21	contributions? If "Yes," complete Schedule M	31		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		<u></u>
32		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		- 21
55		33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	55		
54		34		х
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
5	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	5.		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	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 1a 16			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	↓ 12-13-22	Form		(2022)

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	990 (2022) GREATER ALLIANCE FOUNDATION, INC.		**-***3	212	Р	_{age} 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	3				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	וs?		2b	Х		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	о		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ty over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X	
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	ts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		Х	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
	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 contributi						
	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 ser	vices r	rovided to the pavor?	7a		Х	
				7b			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa						
-	to file Form 8282?			7c		х	
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		•	7e		Х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		•••••••••••••••••••••••••••••••••••••••	7f		х	
g							
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h			
Ŭ		-		8		Х	
9	Sponsoring organizations maintaining donor advised funds.						
a	Did the ensurement of the sector busches distributions under eaching 40000			9a		х	
b				9b		X	
10	Section 501(c)(7) organizations. Enter:			- 55			
	Initiation fees and capital contributions included on Part VIII, line 12	10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	100					
	Gross income from members or shareholders	11a					
	Gross income from other sources. (Do not net amounts due or paid to other sources against	114					
, N	amounts due or received from them.)	11b					
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		۱ ۲	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	' 	120			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		1			
	Is the organization licensed to issue qualified health plans in more than one state?			13a			
a	Note: See the instructions for additional information the organization must report on Schedule O.			154			
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
U	organization is licensed to issue qualified health plans	13b	1				
~		13c		1			
	Enter the amount of reserves on hand		1	14a		x	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14a 14b		- 23	
ы 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner						
15				15		x	
	excess parachute payment(s) during the year?			13		- 23	
16	If "Yes," see the instructions and file Form 4720, Schedule N.	inee	202	40		Х	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	mcor		16		-	
47	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			4-			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	•••••		17			
00000	If "Yes," complete Form 6069.			Form	900	(2022)	
232005	12-13-22			Form	1330	(2022)	

232005	12-13-22		

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Form	990	(2022)

GREATER ALLIANCE FOUNDATION, INC.

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Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and	for a "No" res	ponse
	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		X
Section	A. Governing Body and Management		

			Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
D		76		x
0		7b		- 23
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0	v	
	The governing body?	<u>8a</u>	X X	-
-	Each committee with authority to act on behalf of the governing body?	8b		-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u>`</u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		X
bec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	N
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X
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?	. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<u>12a</u>	_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed OH			
	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 onlv)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	e)e ej)	a rana	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.	and find	Jai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
-0	HEIDI MCCLUNG - 330-823-8560			
	960 WEST STATE STREET, SUITE 220, ALLIANCE, OH 44601			
	12-13-22	Farm	n 990	(000

Part VII	Со	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensate	d
	Em	ployees, and	lindepende	ent Contra	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	(do	not c	(Pos heck	C) itior	ן than o	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)				lirecto	org		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DOUG SCHWARZ	10.00									
EXECUTIVE DIRECTOR				Х				20,620.	0.	0.
(2) ANDREW ZUMBAR	0.20									
PRESIDENT		Х		X				0.	0.	0.
(3) DAMON KELLER	0.20									
VICE PRESIDENT		Х		Х		<u> </u>		0.	0.	0.
(4) BETH MITCHELL	0.20									
TREASURER		Х		X				0.	0.	0.
(5) ELAYNE DUNLAP	0.20									•
SECRETARY		Х		Х				0.	0.	0.
(6) GERARD MASTROIANNI	0.20									•
TRUSTEE		Х						0.	0.	0.
(7) SUE GORIS	0.20									•
TRUSTEE	0.00	Х				-		0.	0.	0.
(8) RANDY HUNT	0.20								0	0
TRUSTEE	0.00	Х				-		0.	0.	0.
(9) MIKE CONNY	0.20								0	0
TRUSTEE	0.00	X						0.	0.	0.
(10) MARK FEDOR	0.20	37							0	0
TRUSTEE		Х				-		0.	0.	0.
						\vdash				
						<u> </u>				
	1			1	1	1		1		Earm 990 (2022)

232007 12-13-22

Form 990 (2022)

19060209 138919 13301.0

2022.05040 GREATER ALLIANCE FOUNDATI 13301.01

Form 990 (2022) GREATER A	ALLIANCE	F	OU	ND	AΤ	'I0	Ν,	INC.	**_**	*3212	2 Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	es,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week (list any hours for	box, offic	not ch unles	s per	nore son is recto	than o s both r/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	co	(F) Estimate amount other mpensa from th	of ation
	related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)			rganizat nd relat ganizati	ion ed
								0.0		_		
1b Subtotal								20,620.		0.		0.
c Total from continuation sheets to Part VI								20,620.		0.		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization										••	1	0
3 Did the organization list any former officer,	-		-	•	-		Ŭ			3	Yes	No X
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su												
and related organizations greater than \$150										4		X
5 Did any person listed on line 1a receive or a										5		x
rendered to the organization? <i>If "Yes," corr</i> Section B. Independent Contractors	plete Schedule	<u>, J T</u>	or su	<u>cn p</u>	bers	on .				5		- 23
1 Complete this table for your five highest co the organization. Report compensation for										ensation 1	rom	
(A) (B) (B) Description of services C									(C) ensatio	n		
							_					
							_					
							-					
2 Total number of independent contractors (ii \$100,000 of compensation from the organia		ot lin	nited	l to t	thos C		ed	above) who received mo	ore than			
										Forr	n 990 (2022)

Ра	nt v	VIII	Check if Schedule O c			nonco	or noto to any lin	o in this Part VIII			
				20111		ponse		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns								
Gra Iou			Membership dues								
ts, (Am			Fundraising events								
Gifi İlar			Related organizations								
ini,			Government grants (contr			•	10,000.				
er S		f	All other contributions, gifts,								
ibu			similar amounts not included	abov			921,133.				
ontr of C		g	Noncash contributions included in	lines 1	1a-1f 1 g	\$	55,043.				
<u>a Č</u>		h	Total. Add lines 1a-1f				Business Code	931,133.			
•		2 a					Business Code				
vice	2	b									
Ser		c									
m S ver		d									
gra Re		e e									
Program Service Revenue			All other program service	reve	nue						
			Total. Add lines 2a-2f								
	3		Investment income (includ								
			other similar amounts)	0		,	,	676,242.			676,242.
	4	L	Income from investment of					,			,
	5		Royalties		•						
	-				(i) Re		(ii) Personal				
	6	зa	Gross rents	6a	18	,000.					
			Less: rental expenses	6b		,097.					
			Rental income or (loss)	6c	-26	,097.					
			Net rental income or (loss))				-26,097.			-26,097.
	7		Gross amount from sales of		(i) Secu	irities	(ii) Other				
			assets other than inventory	7a	13,585	,503.					
		b	Less: cost or other basis								
e			and sales expenses	7b	12,405	,871.					
Revenue		с		7c	1,179	,632.					
Rev			Net gain or (loss)			<u>.</u>		1,179,632.			1179632.
er	8		Gross income from fundraisin								
Oth			including \$								
			contributions reported on								
			Part IV, line 18			. 8a					
		b	Less: direct expenses								
		с	Net income or (loss) from	fund	Iraising ev	ent <u>s</u>					
	9) a	Gross income from gamin	g ac	tivities. S	ee					
			Part IV, line 19			. 9a					
		b	Less: direct expenses			. 9b					
		с	Net income or (loss) from	gam	ing activit	ies					
	10) a	Gross sales of inventory, I	ess i	returns						
			and allowances			. 10a					
		b	Less: cost of goods sold			. 10b					
		с	Net income or (loss) from	sales	s of inven	tory					
s							Business Code				
e a	11	la	MISCELLANEOUS INCOME	3			900099	193.	193.		
scellanec Revenue		b									
eve		с									
Miscellaneous Revenue	1	d	All other revenue								
<		е	Total. Add lines 11a-11d					193.			
	12	2	Total revenue. See instruction	ons				2,761,103.	193.	0.	1829777.
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GREATER ALLIANCE FOUNDATION, INC.

232009 12-13-22

Form 990 (2022)

Page **9**

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GREATER ALLIANCE FOUNDATION, 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).

INC.

Check if Schedule O contains a response				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,559,034.	1,559,034.		
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				
5 Compensation of current officers, directors, trustees, and key employees	18,000.	8,100.	3,600.	6,300.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	87,726.	39,477.	17,545.	30,704.
 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 	1,354.	609.	271.	474.
10 Payroll taxes	8,240.	3,708.	1,648.	2,884.
11 Fees for services (nonemployees):				
a Management				
b Legal	57,365.	11,473.	45,892.	
c Accounting d Lobbying	57,505.		45,092.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	99,374.		99,374.	
g Other. (If line 11g amount exceeds 10% of line 25,			-	
column (A), amount, list line 11g expenses on Sch 0.)	6,265.		6,265.	
12 Advertising and promotion	5,174.			5,174. 2,283.
13 Office expenses	9,135.	4,568.	2,284.	2,283.
14 Information technology	14,530.	2,906.	8,718.	2,906.
15 Royalties	00.010	12 000	4 1 6 1	4 642
16 Occupancy	22,010.	13,206.	4,161.	4,643.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings20 Interest				
20 Interest 21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	5,704.	4,278.	1,426.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a <u>NEWSLETTER/ANNUAL REPOR</u>	25,875.			25,875.
b VETERANS BANNER EXPENSE	21,171.	21,171.		
c MEMBERSHIP DUES	1,240.		1,240.	
d DONOR RELATIONS/COMMUNI	922.			922.
e All other expenses	3,775.	3,575.	200.	00 165
25 Total functional expenses. Add lines 1 through 24e	1,946,894.	1,672,105.	192,624.	82,165.
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				
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GREATER	ALLIANCE	FOUNDATION,	INC.
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Fai	ι Λ	Dalalice Sheet						
		Check if Schedule O contains a response or not	e to any	ne in this Part X				
					(A) Beginning o	f year		(B) End of year
	1	Cash - non-interest-bearing				,144.	1	609,107.
	2	Savings and temporary cash investments			1,046		2	339,624.
	3	Pledges and grants receivable, net			_,	/	3	
	4	Accounts receivable, net		1	,565.	4	29.	
	5	Loans and other receivables from any current or				,		
	Ũ	trustee, key employee, creator or founder, subst						
		controlled entity or family member of any of the					5	
	6	Loans and other receivables from other disqualit						
	•	under section 4958(f)(1)), and persons described					6	
6	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
As	9	Prepaid expenses and deferred charges				0.	9	1,474.
		Land, buildings, and equipment: cost or other				-		,
		basis. Complete Part VI of Schedule D	10a	2,194.				
	b	Less: accumulated depreciation		2,194. 2,194.		0.	10c	0.
	11	Investments - publicly traded securities			23,267		11	24,278,974.
	12	Investments - other securities. See Part IV, line 1					12	
	13	Investments - program-related. See Part IV, line			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11		0.	15	211,121.		
	16	Total assets. Add lines 1 through 15 (must equa			24,472		16	25,440,329.
	17	Accounts payable and accrued expenses			-	934.	17	4,842.
	18	Grants payable	61	,200.	18	34,500.		
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete I					21	
s	22	Loans and other payables to any current or form						
itie		trustee, key employee, creator or founder, subst	antial c	tributor, or 35%				
Liabilities		controlled entity or family member of any of thes	se perso				22	
Ľ	23	Secured mortgages and notes payable to unrela	ted thir	parties			23	
	24	Unsecured notes and loans payable to unrelated	d third p	ties			24	
	25	Other liabilities (including federal income tax, pa	yables	related third				
		parties, and other liabilities not included on lines	s 1 7-24)	omplete Part X				
		of Schedule D	4,418		25	4,862,818.		
	26	Total liabilities. Add lines 17 through 25			4,480	<u>,777.</u>	26	4,902,160.
		Organizations that follow FASB ASC 958, che	ck here	X				
ces		and complete lines 27, 28, 32, and 33.						
lan	27	Net assets without donor restrictions			14,390		27	14,481,597.
Ba	28	Net assets with donor restrictions			5,601	,189.	28	6,056,572.
pun		Organizations that do not follow FASB ASC 9	58, che	here				
гF		and complete lines 29 through 33.						
ts o	29	Capital stock or trust principal, or current funds					29	L
sse	30	Paid-in or capital surplus, or land, building, or ec					30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	other funds			31	Ļ	
		-		Г	10 004			00 F00 4 C0
Re	32 33	Total net assets or fund balances			<u>19,991</u> 24,472		32 33	20,538,169. 25,440,329.

Form **990** (2022)

Form 990 (2022) GREATER ALLI Part X Balance Sheet

Form	1990 (2022) GREATER ALLIANCE FOUNDATION, INC.	**_*	**3212	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,761	,10)3.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,946		
3	Revenue less expenses. Subtract line 2 from line 1	3	814	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,991	· ·	
5	Net unrealized gains (losses) on investments	5	-58	,10)6.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-209	, 52	<u>21.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	20,538	,16	59.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>x</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization	on
--------------------------	----

Nam	e of t	he organization				~	Emplo	over identification number			
Dr		GREA	TER ALLIAN	CE FOUNDATIO	N, INC			**-***3212			
Pa		Reason for Public (ee instructions.				
The		zation is not a private found									
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section									
3		A hospital or a cooperative									
4		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:									
5		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). (C					()				
6		A federal, state, or local gov	-								
7		An organization that norma		ntial part of its support fi	om a gove	ernmentai	unit or from the gene	ral public described in			
•		section 170(b)(1)(A)(vi). (C A community trust describe		(1)(A)(ui) (Complete Der							
8 9		An agricultural research org				nd in coniu	unction with a land ar	ant collogo			
9		or university or a non-land-g									
		university:	grant conege of agric			name, ony		egeoi			
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontributior	ns membership fees	and gross receipts from			
		activities related to its exem		••				•			
		income and unrelated busir									
		See section 509(a)(2). (Cor					, ,	, , , , , , , , , , , , , , , , , , ,			
11		An organization organized a		vely to test for public sa	fety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to carry out	the purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 509(a)(3	Check the box on			
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and 12g.				
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), typically	by giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of th	e supporting			
		organization. You must c	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by	having			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the s	supported			
		organization(s). You mus									
С		Type III functionally inte						rated with,			
		its supported organization		-							
d		Type III non-functionally									
		that is not functionally int			•			entiveness			
~		requirement (see instructi	,	. ,	,			ш			
e		Check this box if the orga functionally integrated, or					турет, турет, туре				
f	Ente	er the number of supported of									
a		vide the following information	•								
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of moneta	ry (vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instruction	ns) support (see instructions)			
			1	1			1	1			

Schedule	A (Form 990)) 2022
Part II	Suppor	t Sc

GREATER ALLIANCE FOUNDATION, INC.

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	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1557030.	1278355.	5074862.	3360626.	931,133.	12202006.	
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	1557030.	1278355.	5074862.	3360626.	931,133.	12202006.	
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)						5948490.	
	Public support. Subtract line 5 from line 4.						6253516.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	1557030.	1278355.	5074862.	3360626.	931,133.	12202006.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots	288,022.	272,284.	295,616.	586,434.	650,145.	2092501.	
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.)	18,349.	17,925.			193.		
11	Total support. Add lines 7 through 10						14330974.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)		
	organization, check this box and stop						·····	
	ction C. Computation of Publi						12 64	
	Public support percentage for 2022 (I		•			14	43.64 %	
	Public support percentage from 2021					15	41.10 %	
16a	33 1/3% support test - 2022. If the c							
	stop here. The organization qualifies		-					
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
4-	and stop here. The organization qual							
17a	10% -facts-and-circumstances test	•						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
-	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets th							
40	organization meets the facts-and-circu				• •			
18	Private foundation. If the organization	on ala not check a l	box on line 13, 16a	a, 160, 17a, or 17b	, check this box a			
	Schedule A (Form 990) 2022							

232022 12-09-22

GREATER ALLIANCE FOUNDATION, INC. 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	_ •					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
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 t	the organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	ization,
check this box and stop here						
Section C. Computation of Pub						
15 Public support percentage for 2022			column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve						
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If th						ine 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If th						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizat	on did not check a	box on line 14, 19	ia, or 19b, check t	nis box and see in		
232023 12-09-22		15	5		Sched	lule A (Form 990) 2022

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

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.)

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Sche	dule A	(Form 990) 2022	GREATER	ALLIANCE	FOUNDATION,	INC.	**-***321	2 Pa	age 5
Par	t IV	Supporting Org	anizations (contin	ued)					
								Yes	No
11	Has t	the organization accep	ted a gift or contributio	on from any of the	following persons?				
а	A per	rson who directly or inc	directly controls, either	alone or together	with persons described	on lines 11b and			
	11c b	below, the governing b	ody of a supported org	anization?			11a		
b	A fan	nily member of a perso	on described on line 11	a above?			11b		
с	A 359	% controlled entity of a	a person described on I	line 11a or 11b ab	ove? If "Yes" to line 11a	a, 11b, or 11c, provide			
	detail	<i>in</i> Part VI.					11c		
Sec	tion	B. Type I Support	ting Organization	S					

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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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</i>	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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 the supported organization(s) 1

	bonce organ	112au011(3).	
Section D.	All Type	III Supporting	Organizations

			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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section 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 du	ring the year (see instructions).

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

c T	he organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction	<u>s).</u>
------------	--	--	------------

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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 Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes No

No

Yes No

2

GREATER ALLIANCE FOUNDATION. INC. Schedule A (Form 990) 2022

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	(Form 990) 2022	
Part V	Type III Nor	n-Functio

(Form 990) 2022 GREATER ALLIANCE FOUNDATION, INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			Part VI). See instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 GREATER ALLIANCE FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Par	t v Type III Non-Functionally integrated 509	a)(S) Supporting Orga	inizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	6	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022 GREATER ALLIANCE FOUNDATION, INC. **-**3212 Page 8
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 C,
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
TRUSTEE FEES CHARGED
2018 AMOUNT: \$ 18,349.
2019 AMOUNT: \$ 17,925.
2020 AMOUNT: \$ 0.
2021 AMOUNT: \$ 0.
2022 AMOUNT: \$ 0.
MISCELLANEOUS INCOME
2018 AMOUNT: \$ 0.
2019 AMOUNT: \$ 0.
2020 AMOUNT: \$ 0.
2021 AMOUNT: \$ 0.
2022 AMOUNT: \$ 193.

232028 12-09-22

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	GREATER ALLIANCE FOUNDATION, INC.	**-***3212
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set in t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

GREATER ALLIANCE FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>40,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>31,625.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>40,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>32,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

223452 11-15-22

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Employer identification number

-*3212

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

-*3212

GREATER ALLIANCE FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions - \$ 24,971. - *	Type of contribution Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions - \$24,971.	Type of contribution Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZiF + 4	- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
7	PUBLICLY-TRADED SECURITIES			
/				
_		\$24,971.	08/04/23	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	PUBLICLY-TRADED SECURITIES			
8				
_		\$24,971.	08/04/23	
(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	
		\$		

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

Part II

GREATER ALLIANCE FOUNDATION, INC.

Employer identification number

-*3212

223453 11-15-22

Schedule B (Form 990) (2022)

19060209 138919 13301.0

2022.05040 GREATER ALLIANCE FOUNDATI 13301.01

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	B (Form 990) (2022)		Page 4				
Name of c	organization		Employer identification number				
	ER ALLIANCE FOUNDATION,		**-***3212				
Part III	from any one contributor. Complete columns (a	a) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations ess for the year. (Enter this info. once.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(_) Turn of a of a iff					
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
223454 11-1	5-22		Schedule B (Form 990) (2022)				

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(Form	990)
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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.

INC.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

GREATER ALLIANCE FOUNDATION,

Employer identification number **-**3212

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ACCOUNTS. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	28	
2	Aggregate value of contributions to (during year)	100,255.	
3	Aggregate value of grants from (during year)	806,525.	
4	Aggregate value at end of year	8,929,346.	
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's e	xclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose confe	erring
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreati	ion or education)	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of a c	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic struct		2c
d	Number of conservation easements included in (c) acquired af		
-	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the orga	inization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it l		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
U			tion casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservation e	easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statements t	hat describes the
Dec	organization's accounting for conservation easements.		Oinsiler Acceste
Par	t III Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" on Form		
1 a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publ		ance of public
	service, provide in Part XIII the text of the footnote to its finance		a ala at walls of
a	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public or provide the following employee relating to these items:	exhibition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:		¢
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	ourse, or other similar aposts for financial asin	
2			i, provide
•	the following amounts required to be reported under FASB AS Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		
	09-01-22		
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2022.05040 GREATER ALLIANCE FOUNDATI 13301.01

Sche		ALLIANCE F					**321		age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or O [.]	ther S	imilar Asset	: s (contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that ma	ke signi	ficant use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	exempt	purpose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other sir	nilar as	sets			
	to be sold to raise funds rather than to be ma			lection?			Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Yes	" on Fo	orm 990, Part IV,	line 9, or		
10	Is the organization an agent, trustee, custodi		ny for contribution	or other accete	not inc	udod			
Id	on Form 990, Part X?		•			_	Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:			L		L	
D			Swing table.				Amoun	t	
с	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.								Ī
Par	t V Endowment Funds. Complete i	f the organization and	wered "Yes" on Fo	rm 990, Part IV,	ine 10.				
		(a) Current year	(b) Prior year	(c) Two years ba		Three years back	(e) Four	r years	back
1a	Beginning of year balance	808,915.	798,339.	440,40	06.	412,002.	. 2	,069,	,662.
b	Contributions	100,000.	114,645.	338,33	L8.	18,000.		122,	,304.
с	Net investment earnings, gains, and losses	27,444.	-64,747.	58,62	25.	32,463.		22,	,020.
d	Grants or scholarships	46,574.	39,322.	39,0:	L0.	17,964.	. 1	,769,	805.
	Other expenditures for facilities								
	and programs							16,	,250.
f	Administrative expenses					4,095.		15,	,929.
g	End of year balance	889,785.	808,915.	798,33	39.	440,406.		412,	,002.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	89.2960	_%						
b	Permanent endowment 10.7040	%							
С		%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	nd administered f	or the		1		
	organization by:							Yes	No
	(i) Unrelated organizations								X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza						. 3 b		
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm	ŭ	ment funds.						
Fai	Complete if the organization answered		Part IV line 11a S	oo Eorm 000 Ba	rt V lin/	- 10			
							(.1) D		
	Description of property	(a) Cost or ot basis (investm	.,	or other (other)		umulated ciation	(d) Boo	k valu	e
4-	Land		5.19 04315		acpie				
	Land								
	Buildings								
	Leasehold improvements			2,194.		2,194.			0.
	EquipmentOther			<u>-,-,-</u>		-,-,			<u> </u>
	. Add lines 1a through 1e. (Column (d) must e		(oolump (D) lim = 1						0.
Total	COUMN (Q) MUST e	<u>quai rui 990, Part X</u>	<u>, column (b), line 1</u>	JC.J			e D (Forn	n 990	
						Concau	1. 0.11		,

Complete if the organization answered "" (a) Description of security or category (including name of secu		(c) Method of valuation: Cost or	end-of-vear market value
Closely held equity interests Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related			
Complete if the organization answered "		11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
	(5) 20011 14140		
(1)		1	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	\		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets.)		
Complete if the organization answered "	(es" on Form 990 Part IV line	11d See Form 990 Part X line 15	
	(a) Description		(b) Book value
(4)			
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (E Part X Other Liabilities.	3) line 15.)		
Complete if the organization answered "	(es" on Form 000 Part IV/ line	11e or 11f See Form 990 Part X line	25
(a) Description of lightlity			(b) Book value
(1) Federal income taxes (2) GIFT ANNUITIES PAYABLE			199,521
			199,541
(3) LIABILITIES UNDER CHARI (4) REMAINDER TRUSTS	TUDUU		1,712,219
			2,738,483
			2,738,483
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (E			4,862,818

X 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

Schedule D (Form 990) 2022

232053 09-01-22

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GREATER ALLIANCE FOUNDATION, INC. Schedule D (Form 990) 2022

	dule D (Form 990) 2022 GREATER ALLIANCE FOUNDATIO		**-***3212 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	enue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	. 2a	
b	Donated services and use of facilities	_ 2 b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	=	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	. 2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	. 2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION HAS BEEN CLASSIFIED AS A FOUNDATION WHICH IS NOT A PRIVATE
FOUNDATION AND IS EXEMPT FROM FEDERAL INCOME TAX UNDER PROVISIONS OF
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE EXCEPT FOR TAXES ON
UNRELATED BUSINESS INCOME. NO PROVISION FOR INCOME TAXES HAS BEEN
RECORDED AS OF SEPTEMBER 30, 2023 AND 2022. MANAGEMENT BELIEVES THAT IT
HAS APPROPRIATE SUPPORT FOR TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT
HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL
STATEMENTS.

232054 09-01-22

Part XIII S	Supplemental Information	(continued)		
				Schedule D (Form 990) 2022

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service	Attach to Form 990. Open to Public Go to www.irs.gov/Form990 for the latest information. Inspection								
Name of the organization GREATEN	R ALLIANCE F	OUNDATION,	INC.				Employer identification number **-***3212		
Part I General Information on Gra							-		
 Does the organization maintain record criteria used to award the grants or Describe in Part IV the organization 	assistance?	toring the use of grant	funds in the United	States.		· · · · · · · · · · · · · · · · · · ·	X Yes No		
Part II Grants and Other Assistance recipient that received more t	_				anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
1 (a) Name and address of organizati or government		(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		
ALLIANCE AREA DOMESTIC VIOLENCE SHELTER - PO BOX 3622 - ALLIANC OH 44601		501(C)(3)	26,246.	0.			HUMAN SERVICES		
ALLIANCE AREA HABITAT FOR HUMAN PO BOX 2655 ALLIANCE, OH 44601	ITY **_**6774	501(C)(3)	10,450.	0.			HUMAN SERVICES		
ALLIANCE COMMUNITY PANTRY 200 E. STATE STREET ALLIANCE, OH 44601	**-***4581	501(C)(3)	9,333.	0.			FOOD SECURITY		
ALLIANCE FAMILY HEALTH CENTER I 1401 S ARCH AVENUE ALLIANCE, OH 44601	NC. **-***9614	501(C)(3)	67,000.	0.			HEALTH & WELLNESS		
ALLIANCE FAMILY YMCA 205 SOUTH UNION AVENUE ALLIANCE, OH 44601	**_**4792	501(C)(3)	21,330.	0.			HEALTH & WELLNESS		
ALLIANCE FRIENDS CHURCH 1307 W STATE STREET ALLIANCE, OH 44601	**_**0201		7,600.	0.			EDUCATION		
2 Enter total number of section 501(c		•	e line 1 table				35.		

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

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

GREATER ALLIANCE FOUNDATION, INC. Schedule I (Form 990)

Part II Continuation of Grants and Other A		DONDATION,		vernments (Sch	edule I (Form 990) Pa		
(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
ALLIANCE HISTORICAL SOCIETY 530 HOMEWORTH ROAD ALLIANCE, OH 44601	**-***0762	501(C)(3)	14,315.	0.			PROGRAM
ALLIANCE MIDDLE SCHOOL 3205 SOUTH UNION AVENUE ALLIANCE, OH 44601	**-***0040	115	5,500.	0.			EDUCATION
ALLIANCE PREGNANCY CENTER 75 GLAMORGAN STREET, SUITE 103 ALLIANCE, OH 44601	**-***1372	501(C)(3)	8,150.	0.			HEALTH & WELLNESS
BEECH CREEK BOTANICAL GARDEN AND NATURE PRESERVE – 11929 BEECH STREET – ALLIANCE, OH 44601	**_**4977	501(C)(3)	46,497.	0.			ENVIRONMENT
BUCKEYE COUNCIL, BSA 2301 13TH STREET NW CANTON, OH 44708	**-***6300	501(C)(3)	9,325.	0.			PROGRAM
CITY OF ALLIANCE 504 EAST MAIN STREET ALLIANCE, OH 44601	**-***0043	115	21,367.	0.			PROGRAM
EARLY CHILDHOOD EDUCATION ALLIANCE 1490 PARKWAY BLVD. ALLIANCE, OH 44601	**-***3143	501(C)(3)	85,842.	0.			EDUCATION
FRIENDS OF THE PARKS, INC. 2930 SOUTH UNION AVE ALLIANCE, OH 44601	**-***1052	501(C)(3)	93,561.	0.			CAPITAL
HARMONY CREEK CHURCH 5280 BIGGER ROAD KETTERING, OH 45440	**-***6126	501(C)(3)	20,000.	0.			FAITH BASED

Schedule I (Form 990) GREATER ALLIANCE FOUNDATION, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
INVENT NOW, INC.							
3701 HIGHLAND PARK NW							
NORTH CANTON, OH 44720	**-***0038	501(C)(3)	10,400.	0.			EDUCATION
,							
LOVE, INC. OF MARION COUNTY, OHIO							
PO BOX 6107							
MARION, OH 43301	**-***1396	501(C)(3)	35,000.	0.			FAITH BASED
MARION COMMUNITY FOUNDATION							
504 SOUTH STATE STREET							
MARION, OH 43302	**-***6189	501(C)(3)	20,000.	0.			HEALTH & WELLNESS
MARLINGTON ALUMNI ASSOCIATION							
PO BOX 6001							
ALLIANCE, OH 44601	**-***0638	501(C)(3)	23,000.	0.			EDUCATION
PEGASUS FARMS							
7490 EDISON STREET NE	** ***2007	F01/(0)/(2)	12 000	0			ANTWAL WELEADE
HARTVILLE, OH 44632	**-***2997	501(C)(3)	12,000.	0.			ANIMAL WELFARE
RAPTOR HALLOW SANCTUARY							
12600 DUCK CREEK ROAD							
SALEM, OH 44460	**-***1286	501(C)(3)	40,000.	0.			ANIMAL WELFARE
,		/					
REGINA COELI SCHOOL							
733 FERNWOOD BLVD							
ALLIANCE, OH 44601	**-**3458	501(C)(3)	80,000.	0.			EDUCATION
RODMAN PUBLIC LIBRARY							
215 E BROADWAY ST							
ALLIANCE, OH 44601	**-**5430	501(C)(3)	7,736.	0.			PROGRAM
ST. JOSEPH CATHOLIC CHURCH							
427 E BROADWAY							
ALLIANCE, OH 44601	**-**7952	501(C)(3)	7,000.	Ο.			FAITH BASED

GREATER ALLIANCE FOUNDATION, INC. Schedule I (Form 990)

(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
STARK COUNTY DISTRICT LIBRARY							
715 MARKET AVENUE NORTH							
CANTON, OH 44702	**-***0510	115	5,040.	0.			EDUCATION
STARK COUNTY HUNGER TASK FORCE							
408 9TH STREET SW							
CANTON, OH 44707	**-***4549	501(C)(3)	10,000.	0.			FOOD SECURITY
STARK FRESH							
321 CHERRY ST	**-***0426	F(1/2)/2	104,000.	0.			FOOD CECUDIMY
CANTON, OH 44702	- 0420	501(C)(3)	104,000.	0.			FOOD SECURITY
STUCKEY FAMILY INTERFAITH							
DEVELOPMENT CENTER - 205 SOUTH							
UNION AVENUE - ALLIANCE, OH 44601	**-***3910	501(C)(3)	51,609.	0.			EDUCATION
,,,,							
UNION AVENUE UNITED METHODIST							
CHURCH - 1843 S UNION AVE -							
ALLIANCE, OH 44601	**-***3196	501(C)(3)	20,000.	0.			FAITH BASED
			, ,				
UNITED WAY OF GREATER STARK COUNTY							
401 MARKET AVENUE, NORTH #300							
CANTON, OH 44702	**-***4191	501(C)(3)	10,000.	0.			PROGRAM
UNIVERSITY OF AKRON							
302 BUCHTEL MALL							
AKRON, OH 44325	**-***2924	115	6,000.	0.			EDUCATION
UNIVERSITY OF MOUNT UNION							
1972 CLARK AVENUE							
ALLIANCE, OH 44601	**-***4687	501(C)(3)	464,837.	0.			EDUCATION
, ••• •••••	1007			.			
WAYNESBURG UNIVERSITY							
51 W COLLEGE ST							
WAYNESBURG, PA 16370	**-***5603	501(C)(3)	6,000.	Ο.			EDUCATION

Schedule I (Form 990) GREATER ALLIANCE FOUNDATION, INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
YMCA OF CENTRAL STARK COUNTY 4700 DRESSLER RD NW CANTON, OH 44718	**-***4792	501(C)(3)	32,250.	0.			PROGRAM
YWCA OF ALLIANCE 239 EAST MARKET STREET ALLIANCE, OH 44601	**-***4731	501(C)(3)	77,784.	0.			EDUCATION
,							

GREATER ALLIANCE FOUNDATION, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Schedule I (Form 990) 2022

WE PROVIDE THE GRANTEE A GRANT AGREEMENT, WHICH THEY SIGN. THIS AGREEMENT

DISCLOSES THE PURPOSE OF THE GRANT AND GIVES THEM A DEADLINE BY WHICH THEY

MUST PROVIDE DOCUMENTATION TO US SHOWING USAGE OF THE GRANT (FINANCIAL

REPORT, RECEIPT FOR MATERIALS/LABOR).

-*3212

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Pa

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

OMB	No.	1545-0047

2022
Open To Public
Inspection

Name of the organization

REATER ALLIANCE FOUNDATION.	TNC.	

Employer identification number **ب** ب ***2010

	GREATER	ALLIANCE	FOUNDATION	I, INC.	**-***3212	
rtI	Excess Benefit Transac	ctions (section 5	501(c)(3), section 50 ⁻	1(c)(4), and section	501(c)(29) organizations only).	
	Complete if the organization a	nswered "Yes" on	Form 990, Part IV, I	ine 25a or 25b, or I	Form 990-EZ, Part V, line 40b.	

1		(b) Relationship between disqualified			(d) Corrected		
	(a) Name of disqualified person	person and organization	(c) Description of transaction		Yes	No	
2	Enter the amount of tax incurred by section 4958	the organization managers or disqualifie	d persons during the year under	\$			
3	3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$\$						

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose	(d) Lo	an to or n the	(e) Original principal amount	(f) Balance due	(g) defa	In iult?	(h) Ap by bo comm	proved ard or littee?	(i) W agreer	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
Total				•	\$							

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2022

232131 11-01-22

Schedule L (Form 990) 2022 GREATE	R ALLIA	ANCE FOUNDATI	ON, INC.	**_**3	212	Page 2
Part IV Business Transactions Involvi	ng Interes	sted Persons.				
Complete if the organization answered	"Yes" on For	m 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization		(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
					Yes	No
ALLIANCE VENTURES, INC.	GERARD	MASTROIANNI,	19,600.	OFFICE RENT		Х
Part V Supplemental Information.			•			
Provide additional information for respo	nses to ques	tions on Schedule L (see	instructions).			
I	1	(,			

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ALLIANCE VENTURES, INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

GERARD MASTROIANNI, BOARD MEMBER, OWNS MORE THAN 35% OF ALLIANCE VENTURES

232132 11-01-22

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

. Z

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

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Name of the organization

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Employer identification number **-***3212

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GREATER	ALLIANCE	FOUNDATION,	INC
-			

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	3	55,043.	FAIR MARKET	VAI	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24 05	Archeological artifacts							
25 26	Other ()							
26 27	Other ()							
21 28	Other () Other ()							
29	Number of Forms 8283 received by the organiz	l zation during	l the tax year for o	ontributions				
25	for which the organization completed Form 828							
	for which the organization completed form oze	50,1 art v, E					Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part L lines 1 throug	h 28 that it		100	
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period?					30a		х
b	b If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			_	
	contributions?					32a	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	/ for which column (a) is cheo	;ked,			
	describe in Part II.				Cale adula N			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

Schedule M (Form 990) 20	22 GREATER	ALLIANCE	FOUNDATION,	INC
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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE FOUNDATION USES ONE OR MORE SECURITIES BROKERS TO SELL DONATED

SERVICES. THE FEES CHARGED BY THE BROKERS ARE AT OR BELOW THE FAIR

MARKET VALUE FOR SUCH SERVICES.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

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.



Employer identification number **-***3212

GREATER ALLIANCE FOUNDATION, INC.

FORM 990, PART VI, SECTION A, LINE 2:

DOUG SCHWARZ AND GERARD MASTROIANNI HAVE A BUSINESS RELATIONSHIP.

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

FORM 990 IS SENT TO THE BOARD MEMBERS FOR APPROVAL PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH THE BOARD MEMBERS AT THE

ANNUAL MEETING. BOARD MEMBERS ARE REQUIRED TO ABSTAIN FROM VOTING ON ANY

ITEMS WHICH HAVE CONFLICTS.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY AVAILABLE UPON REQUEST AND ITS FINANCIAL STATEMENTS ARE AVAILABLE ON

THE FOUNDATION'S WEBSITE.

PART XI, LINE 9, CHANGES IN NET ASSETS: FORM 990,

CHANGE IN AGENCY ENDOWMENTS

-209,521.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22