

# FOR PUBLIC INSPECTION

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2019

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning **APR 1, 2019** and ending **MAR 31, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF CENTRAL OHIO, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>360 SOUTH THIRD STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>COLUMBUS, OH 43215</b>	<b>D</b> Employer identification number <b>31-4393712</b>  <b>E</b> Telephone number <b>614-227-2700</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ <b>28,815,838.</b>
<b>J</b> Website: ▶ <b>WWW.LIVEUNITEDCENTRALOHIO.ORG</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1951</b> <b>M</b> State of legal domicile: <b>OH</b>
<b>F</b> Name and address of principal officer: <b>LISA S. COURTICE, PH.D.</b> <b>SAME AS C ABOVE</b>		
<b>H(c)</b> Group exemption number ▶		

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>UWCO PROVIDES RESOURCES TO HELP PEOPLE MEET CRITICAL BASIC NEEDS AND ACHIEVE STUDENT SUCCESS.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <span style="float: right;"><b>23</b></span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float: right;"><b>23</b></span> <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) ..... <b>5</b> <span style="float: right;"><b>0</b></span> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float: right;"><b>3562</b></span> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float: right;"><b>0.</b></span> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 39 ..... <b>7b</b> <span style="float: right;"><b>0.</b></span>																									
<b>Revenue</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">31,048,174.</td> <td style="text-align: right;">27,463,202.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">71,661.</td> <td style="text-align: right;">308,038.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">1,016,532.</td> <td style="text-align: right;">965,062.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">32,136,367.</td> <td style="text-align: right;">28,736,302.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	31,048,174.	27,463,202.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	0.	0.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	71,661.	308,038.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	1,016,532.	965,062.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	32,136,367.	28,736,302.							
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### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>CHERYL NELSON, SENIOR VP OF FINANCE AND CFO</b> Type or print name and title	Date  
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JANE RUMORA</b>	Preparer's signature <b>JANE RUMORA</b>
	Firm's name ▶ <b>GBQ PARTNERS LLC</b>	Date <b>08/14/2020</b>
	Firm's address ▶ <b>230 WEST STREET, SUITE 700 COLUMBUS, OH 43215-2663</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00074247</b>
		Firm's EIN ▶ <b>20-2122306</b>
		Phone no. <b>614-221-1120</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: UNITED WAY OF CENTRAL OHIO IS THE LOCAL ORGANIZATION THAT HARNESSSES THE POWER OF COMMUNITIES WORKING TOGETHER- PEOPLE, NONPROFITS, BUSINESSES, AND GOVERNMENT-TO FIGHT POVERTY, DELIVER SMART SOLUTIONS, AND CREATE CHANGE THAT LASTS.

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 [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 12,861,905. including grants of \$ 11,000,281. ) (Revenue \$ ) PROGRAM FUNDING (FUNDED PARTNERS) ESTABLISHED IN 1923, UNITED WAY HAS SERVED THE COMMUNITY FOR NEARLY 100 YEARS. AS AN INDEPENDENT AFFILIATE OF UNITED WAY WORLDWIDE, WE INVEST IN MORE THAN 80 FUNDED PARTNERS THAT WORK TO ENSURE PEOPLE IN CRISIS GET FOOD, SHELTER AND ASSISTANCE; HELP CHILDREN SUCCEED FROM CRADLE TO CAREER; ENGAGE RESIDENTS, BUSINESSES AND GOVERNMENT IN NEIGHBORHOOD REVITALIZATION EFFORTS; AND TEACH PEOPLE THE SKILLS THEY NEED TO GET AND KEEP A GOOD JOB.

UNITED WAY OF CENTRAL OHIO PROVIDES OPPORTUNITIES FOR PEOPLE TO SUCCEED. BY CONVENING AND CATALYZING PEOPLE AND SYSTEMS, UNITED WAY HELPS CHANGE COMMUNITY CONDITIONS AND IMPROVE OUTCOMES FOR FAMILIES.

4b (Code: ) (Expenses \$ 3,575,548. including grants of \$ ) (Revenue \$ 1,138,731. ) SPECIAL INITIATIVE PROGRAM SERVICES

TAX TIME, A PROGRAM LED BY UNITED WAY OF CENTRAL OHIO IS A PUBLIC-PRIVATE PARTNERSHIP OF MORE THAN 50 CENTRAL OHIO ORGANIZATIONS. TAX TIME PROVIDES THE CENTRAL OHIO COMMUNITY WITH INFORMATION ABOUT, AND ACCESS TO, FREE, HIGH-QUALITY TAX ASSISTANCE SERVICES AND FINANCIAL RESOURCES THAT ENABLE LOW AND MODERATE-INCOME HOUSEHOLDS TO ACHIEVE FINANCIAL STABILITY. FROM LATE JANUARY TO MID-APRIL, TAX TIME OPERATES OVER 40 VOLUNTEER-RUN TAX SITES. OVER THE PAST 14 YEARS, TAX TIME HAS GROWN FROM 12 FREE TAX PREPARATION SITES TO OVER 40 SITES, COLLECTIVELY PROCESSING OVER 140,000 TAX RETURNS, SAVING CLIENTS MORE THAN AN ESTIMATED \$30 MILLION IN TAX PREPARATION FEES, AND RETURNING MORE THAN

4c (Code: ) (Expenses \$ 9,520,975. including grants of \$ 9,520,975. ) (Revenue \$ 956,538. ) UNITED WAY OF CENTRAL OHIO ALLOWS DONORS TO DESIGNATE GIFTS TO OTHER UNITED WAYS OR SPECIFIC AGENCIES. UNITED WAY OF CENTRAL OHIO PROCESSED DONOR DESIGNATIONS TO 2,201 AGENCIES AND OTHER UNITED WAYS DURING THE 2019 CAMPAIGN. ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UNITED WAY UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING. SUCH SCREENING INCLUDES VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT AND VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION.

4d Other program services (Describe on Schedule O.) (Expenses \$ 171,917. including grants of \$ 25,581. ) (Revenue \$ )

4e Total program service expenses 26,130,345.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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 "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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	X	
<b>23</b> 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	X	
<b>24a</b> 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		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</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 Schedule L, Part I		X
<b>26</b> 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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> 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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
<b>2a</b>	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		
	<b>2a</b> 0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 23		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 23		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  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, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **CHERYL NELSON, SENIOR VP OF FINANCE AND CFO - (614) 227-2700**  
**360 SOUTH THIRD STREET, COLUMBUS, OH 43215**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DERRICK ANTWI TRUSTEE	1.00	X					0.	0.	0.	
(2) TRUDY BARTLEY TRUSTEE	1.00	X					0.	0.	0.	
(3) DUANE CASARES TRUSTEE	2.00	X					0.	0.	0.	
(4) JOE CHLAPATY TRUSTEE	1.00	X					0.	0.	0.	
(5) HOPE COTTER TRUSTEE	1.00	X					0.	0.	0.	
(6) TALISA DIXON TRUSTEE	1.00	X					0.	0.	0.	
(7) CARRIE HARRIS-MULLER TRUSTEE	2.00	X					0.	0.	0.	
(8) MSGR. JOSEPH HENDRICKS TRUSTEE	1.00	X					0.	0.	0.	
(9) LANA HILLEBRAND TRUSTEE	2.00	X					0.	0.	0.	
(10) CHAD JESTER TRUSTEE	1.00	X					0.	0.	0.	
(11) TIM KING TRUSTEE	1.00	X					0.	0.	0.	
(12) ADAM LEWIN TRUSTEE	1.00	X					0.	0.	0.	
(13) STEVE MASON TRUSTEE	2.00	X					0.	0.	0.	
(14) AZURE'D METOYER TRUSTEE	1.00	X					0.	0.	0.	
(15) FRED RANSIER TRUSTEE	1.00	X					0.	0.	0.	
(16) MARTYN REDGRAVE TRUSTEE	2.00	X					0.	0.	0.	
(17) MARK FLUHARTY TRUSTEE	2.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TOSHIA SAFFORD TRUSTEE	1.00	X						0.	0.	0.
(19) ELISE SPRIGGS TRUSTEE	1.00	X						0.	0.	0.
(20) ROBERT TANNOUS TRUSTEE	1.00	X						0.	0.	0.
(21) CHRIS BAIR BOARD FELLOW	1.00	X						0.	0.	0.
(22) BARBARA BENHAM INCOMING CHAIR	2.00			X				0.	0.	0.
(23) DONALD BROWN CHAIR	4.00			X				0.	0.	0.
(24) DAN CRANE TREASURER	3.00			X				0.	0.	0.
(25) LISA INGRAM PAST CHAIR	2.00			X				0.	0.	0.
(26) VIRGINIA NUNES GUTIERREZ SECRETARY	2.00			X				0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								791,903.	0.	52,171.
<b>d Total (add lines 1b and 1c)</b>								791,903.	0.	52,171.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
UPIC SOLUTIONS, 334 BEECHWOOD ROAD, STE. 500, FORT MITCHELL, KY 41017	TECHNOLOGY AND PLEDGE PROCESSING	332,790.
FAHLGREN 4030 EASTON STATION, COLUMBUS, OH 43219	MARKETING ADVERTISING	160,960.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	90,546.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	678,998.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	26,693,658.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 365,576.				
	<b>h Total.</b> Add lines 1a-1f .....			27,463,202.			
	<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		308,038.			308,038.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	88,060.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	79,536.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	8,524.				
	<b>d</b> Net rental income or (loss) .....			8,524.		8,524.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> DONOR DESIGNATION PROC. FEES	<b>Business Code</b>	900099	956,538.	956,538.		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			956,538.			
<b>12 Total revenue.</b> See instructions .....			28,736,302.	956,538.	0.	316,562.	

**Part IX Statement of Functional Expenses**

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

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

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	20,521,106.	20,521,106.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	25,731.	25,731.		
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	854,203.	277,982.	335,213.	241,008.
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	3,503,544.	1,218,824.	899,675.	1,385,045.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	214,928.	82,369.	80,484.	52,075.
9 Other employee benefits	647,526.	202,076.	189,389.	256,061.
10 Payroll taxes	278,801.	75,112.	105,095.	98,594.
11 Fees for services (nonemployees):				
a Management				
b Legal	14,980.	9,130.	5,850.	
c Accounting	40,800.		33,800.	7,000.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	212,851.	63,680.	141,440.	7,731.
12 Advertising and promotion	262,143.	3,743.	129,175.	129,225.
13 Office expenses	378,137.	143,903.	61,634.	172,600.
14 Information technology	781,834.	63,341.	176,312.	542,181.
15 Royalties				
16 Occupancy	116,299.	45,166.	35,827.	35,306.
17 Travel	49,204.	11,762.	25,882.	11,560.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	425,805.	211,625.	91,548.	122,632.
22 Depreciation, depletion, and amortization	161,922.	80,475.	34,813.	46,634.
23 Insurance	37,600.	9,984.	14,067.	13,549.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM CONTRACTED AGEN	3,071,083.	3,070,689.	394.	
b SPECIAL EVENTS	68,046.	6,786.	6.	61,254.
c MISCELLANEOUS	36,239.	6,861.	6,667.	22,711.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	31,702,782.	26,130,345.	2,367,271.	3,205,166.
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)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	9,007,502.	<b>1</b>	7,000,256.
	<b>2</b> Savings and temporary cash investments .....	502,847.	<b>2</b>	797,903.
	<b>3</b> Pledges and grants receivable, net .....	17,920,998.	<b>3</b>	16,083,234.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	70,279.	<b>9</b>	45,787.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,483,203.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,326,748.	<b>10c</b>	1,156,455.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,390,829.	<b>12</b>	3,156,725.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,077,881.	<b>15</b>	2,061,303.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	34,253,869.	<b>16</b>	30,301,663.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	417,881.	<b>17</b>	389,531.
	<b>18</b> Grants payable .....	10,575,920.	<b>18</b>	9,591,808.
	<b>19</b> Deferred revenue .....	175,000.	<b>19</b>	15,000.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	466,797.	<b>21</b>	766,872.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	138,044.	<b>24</b>	96,252.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	11,773,642.	<b>26</b>	10,859,463.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	20,498,563.	<b>27</b>	19,146,932.
	<b>28</b> Net assets with donor restrictions .....	1,981,664.	<b>28</b>	295,268.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	22,480,227.	<b>32</b>	19,442,200.
<b>33</b> Total liabilities and net assets/fund balances .....	34,253,869.	<b>33</b>	30,301,663.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,736,302.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,702,782.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,966,480.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,480,227.
5	Net unrealized gains (losses) on investments	5	-71,547.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,442,200.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	48,954,684.	48,758,587.	47,417,468.	31,040,742.	30,132,673.	206,304,154.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	48,954,684.	48,758,587.	47,417,468.	31,040,742.	30,132,673.	206,304,154.
<b>5</b> 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) .....						65,435,206.
<b>6 Public support.</b> Subtract line 5 from line 4.						140,868,948.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	48,954,684.	48,758,587.	47,417,468.	31,040,742.	30,132,673.	206,304,154.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	14,728.	19,741.	34,445.	71,661.	122,995.	263,570.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....				7,003.	88,060.	95,063.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,121,680.	1,233,987.	941,417.	1,016,961.	956,538.	5,270,583.
<b>11 Total support.</b> Add lines 7 through 10						211,933,370.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	66.47 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	65.98 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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 <b>Part VI</b> 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>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

**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.)

**PART II, LINE 10**

**DONOR DESIGNATION PROCESSING FEE INCLUDES PUBLIC SECTOR CAMPAIGN**

**ADMINISTRATIVE FEES ASSOCIATED WITH UNITED WAY'S ROLE AS THE CAMPAIGN**

**COORDINATING ORGANIZATION AND COST RECOVERY FEES ASSESSED ON PRIVATE**

**SECTOR CAMPAIGN DONOR DESIGNATED PLEDGES FOR FUNDRAISING, MANAGEMENT**

**AND GENERAL EXPENSES, BASED ON ACTUAL HISTORICAL COSTS, IN ACCORDANCE**

**WITH UNITED WAY WORLDWIDE MEMBERSHIP REQUIREMENTS.**

Multiple horizontal lines for supplemental information.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

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

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

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

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

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>UNITED WAY OF CENTRAL OHIO, INC.</b>	Employer identification number <b>31-4393712</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	8,734.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	34,938.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	43,672.													
<b>d</b>	Other exempt purpose expenditures .....	35,016,994.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	35,060,666.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	156,120.	148,641.	43,427.	43,672.	391,860.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	31,224.	29,728.	8,685.	8,734.	78,371.

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

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

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

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

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

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

**PART II-A**

**990 LOBBYING STATEMENT**

UNITED WAY OF CENTRAL OHIO EMPLOYED A SENIOR IMPACT DIRECTOR WHO WORKED PART-TIME ON PUBLIC POLICY DURING 2018/19. STAFF IS REGISTERED WITH THE OHIO OFFICE OF THE LEGISLATIVE INSPECTOR GENERAL (JOINT LEGISLATIVE ETHICS COMMITTEE) AND THE CITY OF COLUMBUS AS A LEGISLATIVE AGENT. UNITED WAY'S



**Part IV** Supplemental Information (continued)

PUBLIC POLICY STAFF SUPPORTED THE ORGANIZATION'S PUBLIC POLICY COMMITTEE, KEPT STAFF AND VOLUNTEERS APPRISED OF POLICIES AND PUBLIC FUNDING DECISIONS THAT IMPACTED UNITED WAY'S MISSION, AND REPRESENTED THE ORGANIZATION ON REGIONAL AND STATEWIDE ADVOCACY COALITIONS. POLICY STAFF ALSO MET WITH PUBLIC OFFICIALS AND STATE ADMINISTRATORS REGARDING PUBLIC POLICY PRIORITIES, TESTIFIED BEFORE KEY COMMITTEES, MOBILIZED DONORS AND VOLUNTEERS TO RESPOND TO ADVOCACY ALERTS, AND SERVED AS A RESOURCE AND THOUGHT-PARTNER FOR STAFF THROUGHOUT THE ORGANIZATION.

## LOCAL ADVOCACY

UNITED WAY MAINTAINED STRONG RELATIONSHIPS WITH COLUMBUS CITY COUNCIL AND THE MAYOR'S OFFICE. CITY COUNCIL MEMBERS AND LEADERSHIP IN THE MAYOR'S OFFICE RECEIVED IN-PERSON UPDATES REGARDING POLICY PRIORITIES AS NEEDED. UNITED WAY PARTNERED WITH COLUMBUS CITY COUNCIL ON A FREE TAX PREPARATION PROGRAM FOR LOW- TO MODERATE-INCOME FAMILIES (TAX TIME) AND NEIGHBORHOOD PARTNERSHIP GRANTS. UNITED WAY OBTAINED FRANKLIN COUNTY FUNDING FOR ITS TAX TIME INITIATIVE AND COVID-19 COMMUNITY RESPONSE FUND.

## STATE ADVOCACY

UNITED WAY PARTICIPATED IN STATE BUDGET DELIBERATIONS, ADVOCATED FOR SUFFICIENT PUBLIC FUNDING FOR FAMILY HOMELESSNESS PREVENTION AND WORKED CLOSELY WITH STATEWIDE COALITIONS TO ADVOCATE FOR POLICY CHANGES THAT HELP FAMILIES TRANSITION TO SELF-SUFFICIENCY AND PROVIDE MORE ACCESS TO CHILD CARE.

## FEDERAL ADVOCACY

UNITED WAY ADVOCATED ON THE FOLLOWING ISSUES: EARNED INCOME TAX CREDIT, VOLUNTEER INCOME TAX ASSISTANCE PROGRAM, ACCESS TO HEALTHCARE, THE CHILDREN'S HEALTH INSURANCE PROGRAM, AND THE CHARITABLE TAX DEDUCTION.

## COALITIONS/PUBLIC POLICY COMMITTEES

UNITED WAY SERVED ON THE FOLLOWING COALITIONS OR ADVOCACY COMMITTEES:

**Part IV** Supplemental Information *(continued)*

AFFORDABLE HOUSING ALLIANCE OF CENTRAL OHIO AND GROUNDWORD OHIO

GRASSROOTS LOBBYING (ADVOCACY ALERTS): 30%

DIRECT LOBBYING: 70%

(MEETINGS WITH PUBLIC OFFICIALS AND THEIR STAFF,  
STRATEGIZING/PREPARATION FOR MEETINGS WITH PUBLIC  
OFFICIALS, PUBLIC TESTIMONIES, WRITTEN MATERIAL  
DESIGNED TO INFLUENCE PUBLIC OFFICIALS)

Multiple horizontal lines for supplemental information.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization** UNITED WAY OF CENTRAL OHIO, INC. **Employer identification number** 31-4393712

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2019

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,127,501.	1,112,142.	1,092,253.	1,046,710.	1,013,780.
b Contributions					66,165.
c Net investment earnings, gains, and losses	-10,463.	74,506.	79,439.	102,147.	21,195.
d Grants or scholarships	57,456.	55,825.	56,035.	53,237.	51,138.
e Other expenditures for facilities and programs					
f Administrative expenses	3,628.	3,322.	3,515.	3,367.	3,292.
g End of year balance	1,055,954.	1,127,501.	1,112,142.	1,092,253.	1,046,710.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (ii) Related organizations   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/>            | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		266,846.		266,846.
b Buildings		2,006,195.	1,881,898.	124,297.
c Leasehold improvements		442,287.		442,287.
d Equipment		746,438.	433,058.	313,380.
e Other		21,437.	11,792.	9,645.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,156,455.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) CERTIFICATES OF DEPOSIT	1,238,482.	END-OF-YEAR MARKET VALUE
(B) BANKERS ACCEPTANCES	797,778.	END-OF-YEAR MARKET VALUE
(C) HUNTINGTON INVESTMENTS	1,120,465.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>3,156,725.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) QUASI-ENDOWMENT	1,110,923.
(2) CASH SURRENDER VALUE OF LIFE INSURANCE	908,322.
(3) MISCELLANEOUS ASSETS	32,058.
(4) DONOR ADVISED FUND - WL @ COLUMBUS FOUNDATION	10,000.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>2,061,303.</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	19,128,832.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	7,990.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	7,990.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	19,120,842.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	9,615,460.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	9,615,460.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	28,736,302.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	22,166,859.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	22,166,859.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	9,535,923.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	9,535,923.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	31,702,782.

**Part 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 IV, LINE 2B:**

**ESCROW FUNDS**

UNITED WAY MAINTAINS A SEGREGATED ESCROW ACCOUNT FOR SELF-FUNDED

UNEMPLOYMENT CLAIMS FOR SEVERAL FUNDED PARTNERS. UNEMPLOYMENT CLAIMS ARE

PAID TO THE OHIO DEPARTMENT OF JOBS AND FAMILY SERVICES FOR UNITED WAY AND

PARTICIPATING AGENCIES FROM THIS ESCROW ACCOUNT. UNITED WAY RECEIVES

RESOURCES IN CERTAIN TRANSACTIONS WHERE IT IS ACTING AS AN INTERMEDIARY

FOR THE RESOURCE PROVIDERS. THE RESOURCES ARE THEN DELIVERED TO

THIRD-PARTY RECIPIENTS AND SERVICE PROVIDERS. ACCORDINGLY, THESE

TRANSACTIONS ARE RECOGNIZED AS CHANGES IN ASSETS AND LIABILITIES AND DO

NOT AFFECT THE STATEMENT OF ACTIVITIES. AGENCY LIABILITIES ARE CLASSIFIED

ON THE STATEMENT OF FINANCIAL POSITION AS "FUNDS HELD FOR OTHERS." UNITED

**Part XIII** Supplemental Information (continued)

WAY HAD AGENCY RELATIONSHIPS WITH THE FOLLOWING GEORGE MEANY BANQUET, L BRANDS VOLUNTEER FUND, CITY OF COLUMBUS NEIGHBORHOODS, GIVEBACKHACK, INNOVATION CATALYST, CIVIL RIGHTS HALL OF FAME, NBC4I STUFF THE BACKPACK, 2020 CENSUS SUPPORT - CITY OF COLUMBUS, CARDINAL HEALTH STUDENT SUCCESS AND THRIVE EMC - RACIAL EQUITY.

## PART V, LINE 4:

## ENDOWMENT FUNDS

UNITED WAY MAINTAINS A BOARD DESIGNATED QUASI-ENDOWMENT FUND WHICH IS HELD AND MANAGED BY THE COLUMBUS FOUNDATION. THE INTENDED USE OF THE FUND IS FOR THE PRINCIPAL TO BE MAINTAINED IN PERPETUITY AND THE INVESTMENT EARNINGS TO BE USED TO OFFSET INTERNAL OPERATING COSTS FOR THE PLANNED GIVING AND LEADERSHIP GIVING DEPARTMENTS.

## PART X, LINE 2:

UNITED WAY PERFORMS AN ANNUAL ASSESSMENT FOR ANY UNCERTAINTY IN INCOME TAX POSITIONS WHICH INCLUDE AN ANALYSIS OF WHETHER THERE ARE ANY TAX POSITIONS TAKEN WITH REGARD TO UNRELATED BUSINESS INCOME, RELATED DEDUCTIONS APPLIED, OR OTHER ACTIVITIES THAT MAY JEOPARDIZE THEIR TAX EXEMPT STATUS AND THUS WOULD MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION. AS OF MARCH 31, 2020, TAX FILING PERIODS FOR THE YEARS ENDED 2016 AND PRIOR ARE CLOSED. NO TAX LIABILITY ACCRUAL WAS RECORDED AS OF THE YEARS ENDED MARCH 31, 2020 OR 2019 RELATING TO MATERIAL UNCERTAIN POSITIONS TAKEN AS MANAGEMENT BELIEVES THERE ARE NONE.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

OTHER: DONOR DESIGNATIONS (NET OF INTERNAL INITIATIVE PROGRAM DESIGNATIONS)

9,615,460.

Schedule D (Form 990) 2019

**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

OTHER: DONOR DESIGNATIONS (NET OF INTERNAL INITIATIVE

PROGRAM DESIGNATIONS)

9,535,923.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF CENTRAL OHIO, INC.** Employer identification number **31-4393712**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACTION FOR CHILDREN 78 JEFFERSON AVENUE COLUMBUS, OH 43215	31-0820393	501 (C) (3)	50,000.	0.			PROGRAM OPERATING COSTS
ALVIS HOUSE 2100 STELLA COURT COLUMBUS, OH 43215	31-1440073	501 (C) (3)	200,000.	0.			PROGRAM OPERATING COSTS
AMERICAN RED CROSS 995 EAST BROAD STREET COLUMBUS, OH 43205	31-0642918	501 (C) (3)	450,000.	0.			PROGRAM OPERATING COSTS
BIG BROTHERS BIG SISTERS OF CENTRAL OHIO, INC. - 1855 EAST DUBLIN-GRANVILLE ROAD 1ST FLOOR - COLUMBUS, OH 43229	31-4379429	501 (C) (3)	310,000.	0.			PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF COLUMBUS 115 SOUTH GIFT STREET COLUMBUS, OH 43215	31-4387575	501 (C) (3)	245,000.	0.			PROGRAM OPERATING COSTS
CATHOLIC SOCIAL SERVICES 197 EAST GAY STREET COLUMBUS, OH 43215	31-4379437	501 (C) (3)	50,000.	0.			PROGRAM OPERATING COSTS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 294.

**3** Enter total number of other organizations listed in the line 1 table ▶ 294.

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

Schedule I (Form 990) (2019)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR EMPLOYMENT OPPORTUNITIES - 33 NORTH THIRD ST, #620 - COLUMBUS, OH 43215	13-3843322	501 (C) (3)	50,000.	0.			PROGRAM OPERATING COSTS
CENTER FOR HEALTHY FAMILIES 500 S FRONT ST., STE 930 COLUMBUS, OH 43215	20-8701526	501 (C) (3)	35,000.	0.			PROGRAM OPERATING COSTS
CENTRAL COMMUNITY HOUSE 1150 EAST MAIN STREET COLUMBUS, OH 43205	31-4379438	501 (C) (3)	147,000.	0.			PROGRAM OPERATING COSTS
CHARITABLE PHARMACY OF CENTRAL OHIO, INC. - 200 E. LIVINGSTON AVE - COLUMBUS, OH 43215	27-0147099	501 (C) (3)	45,000.	0.			PROGRAM OPERATING COSTS
CHILDHOOD LEAGUE CENTER 670 S. 18TH ST COLUMBUS, OH 43205	31-6400177	501 (C) (3)	60,000.	0.			PROGRAM OPERATING COSTS
CITY YEAR COLUMBUS 37 NORTH 3RD STREET COLUMBUS, OH 43215	22-2882549	501 (C) (3)	110,000.	0.			PROGRAM OPERATING COSTS
CLINTONVILLE BEECHWOLD COMMUNITY RESOURCES CENTER - 14 WEST LAKEVIEW AVENUE - COLUMBUS, OH 43202	31-0834578	501 (C) (3)	95,000.	0.			PROGRAM OPERATING COSTS
COLUMBUS EARLY LEARNING CENTERS 40 NORTH GRUBB STREET COLUMBUS, OH 43215	31-4379619	501 (C) (3)	540,000.	0.			PROGRAM OPERATING COSTS
COLUMBUS SPEECH & HEARING CENTER 510 EAST NORTH BROADWAY COLUMBUS, OH 43214	31-4379449	501 (C) (3)	125,000.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS URBAN LEAGUE 788 MOUNT VERNON AVENUE COLUMBUS, OH 43203	31-4379453	501 (C) (3)	135,000.	0.			PROGRAM OPERATING COSTS
COLUMBUS WORKS 750 MOUNT CARMEL MALL, SUITE 300 COLUMBUS, OH 43222	38-4015966	501 (C) (3)	100,000.	0.			PROGRAM OPERATING COSTS
COMMUNITIES IN SCHOOLS OF CENTRAL OHIO - 510 E.NORTH BROADWAY ST SUITE 4A - COLUMBUS, OH 43214	31-1390077	501 (C) (3)	60,000.	0.			PROGRAM OPERATING COSTS
COMMUNITY DEVELOPMENT FOR ALL PEOPLE - 946 PARSONS AVENUE - COLUMBUS, OH 43206	51-0476886	501 (C) (3)	180,000.	0.			PROGRAM OPERATING COSTS
COMMUNITY KITCHEN 640 SOUTH OHIO AVENUE COLUMBUS, OH 43205	31-1124774	501 (C) (3)	30,000.	0.			PROGRAM OPERATING COSTS
COMMUNITY PROPERTIES OF OHIO IMPACT CORPORATION - 910 E. BROAD STREET - COLUMBUS, OH 43205	31-1707264	501 (C) (3)	56,250.	0.			PROGRAM OPERATING COSTS
COMMUNITY SHELTER BOARD 111 WEST LIBERTY STREET SUITE 150 COLUMBUS, OH 43215	31-1181284	501 (C) (3)	982,000.	0.			PROGRAM OPERATING COSTS
DIRECTIONS FOR YOUTH AND FAMILIES 1515 INDIANOLA AVENUE COLUMBUS, OH 43201	31-4407642	501 (C) (3)	588,000.	0.			PROGRAM OPERATING COSTS
DOMINICAN SISTERS OF PEACE 2320 AIRPORT DRIVE COLUMBUS, OH 43219	26-3550703	501 (C) (3)	10,000.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECONOMIC & COMMUNITY DEVELOPMENT INSTITUTE - 475 EAST MOUND STREET - COLUMBUS, OH 43215	31-1145544	501 (C) (3)	30,000.	0.			PROGRAM OPERATING COSTS
ETHIOPIAN TEWAHEDO SOCIAL SERVICES 1060 MT. VERNON AVE. COLUMBUS, OH 43203	20-3525591	501 (C) (3)	100,000.	0.			PROGRAM OPERATING COSTS
FAITH MISSION, INC. 500 W WILSON BRIDGE RD, #245 COLUMBUS, OH 43085	31-0809759	501 (C) (3)	45,000.	0.			PROGRAM OPERATING COSTS
FREEDOM A LA CART PO BOX 21987 COLUMBUS, OH 43221	26-3114093	501 (C) (3)	30,000.	0.			PROGRAM OPERATING COSTS
FURNITURE BANK OF CENTRAL OHIO 118 SOUTH YALE AVE. COLUMBUS, OH 43222	31-1600869	501 (C) (3)	50,000.	0.			PROGRAM OPERATING COSTS
GLADDEN COMMUNITY HOUSE 183 HAWKES AVENUE COLUMBUS, OH 43223	31-4379476	501 (C) (3)	146,000.	0.			PROGRAM OPERATING COSTS
GODMAN GUILD ASSOCIATION 303 EAST SIXTH AVENUE COLUMBUS, OH 43201	31-4379478	501 (C) (3)	429,020.	0.			PROGRAM OPERATING COSTS
GOODWILL COLUMBUS 1331 EDGEHILL ROAD COLUMBUS, OH 43212	31-4379448	501 (C) (3)	280,000.	0.			PROGRAM OPERATING COSTS
HANDSON CENTRAL OHIO 1105 SCHROCK ROAD, SUITE 100 COLUMBUS, OH 43229	31-1084722	501 (C) (3)	100,000.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMEPORT 3443 AGLER RD COLUMBUS, OH 43219	31-1208260	501 (C) (3)	80,000.	0.			PROGRAM OPERATING COSTS
HOMES ON THE HILL, CDC 3659 SOLDANO BLVD. COLUMBUS, OH 43228	31-1349995	501 (C) (3)	40,000.	0.			PROGRAM OPERATING COSTS
HUCKLEBERRY HOUSE, INC. 1421 HAMLET STREET COLUMBUS, OH 43201	31-0795573	501 (C) (3)	121,000.	0.			PROGRAM OPERATING COSTS
JEWISH FAMILY SERVICES 1421 HAMLET STREET COLUMBUS, OH 43201	31-0795573	501 (C) (3)	350,000.	0.			PROGRAM OPERATING COSTS
KALEIDOSCOPE YOUTH CENTER 26 BROADWAY, 14TH FLOOR NEW YORK, NY 10004	23-1907729	501 (C) (3)	50,000.	0.			PROGRAM OPERATING COSTS
LEGAL AID SOCIETY OF COLUMBUS 1108 CITY PARK AVENUE COLUMBUS, OH 43206	31-4416407	501 (C) (3)	75,000.	0.			PROGRAM OPERATING COSTS
LIFECARE ALLIANCE 1699 WEST MOUND STREET COLUMBUS, OH 43223	31-4379494	501 (C) (3)	240,000.	0.			PROGRAM OPERATING COSTS
LSS CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE - 500 W. WILSON BRIDGE RD. SUITE 245 - WORTHINGTON, OH 43085	31-0910779	501 (C) (3)	80,000.	0.			PROGRAM OPERATING COSTS
LUTHERAN SOCIAL SERVICES 750 EAST BROAD STREET COLUMBUS, OH 43205	31-4412586	501 (C) (3)	75,000.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH AMERICA OF FRANKLIN COUNTY, INC. - 538 EAST TOWN STREET SUITE D - COLUMBUS, OH 43215	31-4412697	501 (C) (3)	50,000.	0.			PROGRAM OPERATING COSTS
MID-OHIO FOODBANK 11625 W. MOUND ST. COLUMBUS, OH 43223	31-0865343	501 (C) (3)	80,000.	0.			PROGRAM OPERATING COSTS
NNEMAP, INC. 677 EAST 11TH AVE. COLUMBUS, OH 43211	31-0896363	501 (C) (3)	30,000.	0.			PROGRAM OPERATING COSTS
OHIO HEALTH FOUNDATION 700 CHILDREN'S DR. COLUMBUS, OH 43205	01-0782751	501 (C) (3)	45,000.	0.			PROGRAM OPERATING COSTS
PER SCHOLAS INC. 804 EAST 138TH STREET, 2ND FLOOR BRONX, NY 10454	04-3252955	501 (C) (3)	90,000.	0.			PROGRAM OPERATING COSTS
SALVATION ARMY - COLUMBUS 966 E. MAIN ST. COLUMBUS, OH 43205	13-5562351	501 (C) (3)	437,333.	0.			PROGRAM OPERATING COSTS
SERVING OUR NEIGHBORS MINISTRIES INC. - 4567 COOLBROOK - HILLIARD, OH 43026	26-4449380	501 (C) (3)	30,000.	0.			PROGRAM OPERATING COSTS
SOUTH SIDE LEARNING & DEVELOPMENT CENTER - 255 REEB AVENUE - COLUMBUS, OH 43207	31-4379811	501 (C) (3)	404,000.	0.			PROGRAM OPERATING COSTS
ST. STEPHEN'S COMMUNITY HOUSE 1500 EAST 17TH AVENUE COLUMBUS, OH 43219	31-4379568	501 (C) (3)	160,000.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. VINCENT FAMILY CENTERS 1490 EAST MAIN STREET COLUMBUS, OH 43205	31-4379572	501 (C) (3)	130,000.	0.			PROGRAM OPERATING COSTS
STAR HOUSE FOUNDATION 1220 CORRUGATED WAY COLUMBUS, OH 43201	47-1857320	501 (C) (3)	50,000.	0.			PROGRAM OPERATING COSTS
THE OHIO STATE UNIVERSITY FOUNDATION - 1480 W. LANE AVE. - COLUMBUS, OH 43221	31-1145986	501 (C) (3)	65,000.	0.			PROGRAM OPERATING COSTS
WESTERVILLE AREA RESOURCE MINISTRY 175-A E BROADWAY AVE WESTERVILLE, OH 43081	31-1640355	501 (C) (3)	50,000.	0.			PROGRAM OPERATING COSTS
YMCA OF CENTRAL OHIO 40 WEST LONG STREET 2ND FLOOR COLUMBUS, OH 43215	31-4379594	501 (C) (3)	782,000.	0.			PROGRAM OPERATING COSTS
YOUNG WOMEN'S CHRISTIAN ASSOCIATION - 65 SOUTH FOURTH STREET - COLUMBUS, OH 43215	31-4379597	501 (C) (3)	100,000.	0.			PROGRAM OPERATING COSTS
ACTION FOR CHILDREN 78 JEFFERSON AVENUE COLUMBUS, OH 43215	31-0820393	501 (C) (3)	11,116.	0.			PROGRAM OPERATING COSTS
CAMBODIAN MUTUAL ASSISTANCE ASSOC. PO BOX 24238 COLUMBUS, OH 43224	31-0989049	501 (C) (3)	6,082.	0.			PROGRAM OPERATING COSTS
CATHOLIC SOCIAL SERVICES 197 EAST GAY STREET COLUMBUS, OH 43215	31-4379437	501 (C) (3)	19,365.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAUSEIMPACT LLC 1515 INDIANOLA AVENUE COLUMBUS, OH 43201	27-2868795	501 (C) (3)	59,500.	0.			PROGRAM OPERATING COSTS
CENTRAL CITY CHURCH PO BOX 12413 COLUMBUS, OH 43212	82-1567079	501 (C) (3)	7,000.	0.			PROGRAM OPERATING COSTS
CENTRAL COMMUNITY HOUSE 1150 EAST MAIN STREET COLUMBUS, OH 43205	31-4379438	501 (C) (3)	12,852.	0.			PROGRAM OPERATING COSTS
CHARITABLE PHARMACY OF CENTRAL OHIO, INC. - 200 E. LIVINGSTON AVE - COLUMBUS, OH 43215	27-0147099	501 (C) (3)	14,425.	0.			PROGRAM OPERATING COSTS
CHILDHOOD LEAGUE CENTER 670 S. 18TH ST COLUMBUS, OH 43205	31-6400177	501 (C) (3)	5,622.	0.			PROGRAM OPERATING COSTS
CLINTONVILLE BEECHWOLD COMMUNITY RESOURCES CENTER - 14 WEST LAKEVIEW AVENUE - COLUMBUS, OH 43202	31-0834578	501 (C) (3)	49,286.	0.			PROGRAM OPERATING COSTS
COLUMBUS CHAMBER OF COMMERCE 150 SOUTH FRONT STREET COLUMBUS, OH 43215	31-4152950	501 (C) (3)	40,000.	0.			PROGRAM OPERATING COSTS
COLUMBUS CITY SCHOOLS 889 EAST 17TH AVE COLUMBUS, OH 43211	31-6400416	501 (C) (3)	10,000.	0.			PROGRAM OPERATING COSTS
COLUMBUS EARLY LEARNING CENTERS 40 NORTH GRUBB STREET COLUMBUS, OH 43215	31-4379619	501 (C) (3)	44,808.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS FOUNDATION 1234 E. BROAD ST COLUMBUS, OH 43205	31-6044264	501 (C) (3)	35,000.	0.			PROGRAM OPERATING COSTS
COLUMBUS SPEECH & HEARING CENTER 510 EAST NORTH BROADWAY COLUMBUS, OH 43214	31-4379449	501 (C) (3)	5,099.	0.			PROGRAM OPERATING COSTS
COMMUNITY DEVELOPMENT COLLABORATIVE OF GREATER COL - 175 S. THIRD STREET SUITE 1060 - COLUMBUS, OH 43215	51-0476886	501 (C) (3)	32,500.	0.			PROGRAM OPERATING COSTS
COMMUNITY DEVELOPMENT FOR ALL PEOPLE - 946 PARSONS AVENUE - COLUMBUS, OH 43206	51-0476886	501 (C) (3)	290,316.	0.			PROGRAM OPERATING COSTS
COMMUNITY MEDIATION SERVICES OF CENTRAL OHIO - 67 JEFFERSON AVENUE 2ND FLOOR - COLUMBUS, OH 43215	31-1252085	501 (C) (3)	60,025.	0.			PROGRAM OPERATING COSTS
COMMUNITY PROPERTIES OF OHIO IMPACT CORPORATION - 910 E. BROAD STREET - COLUMBUS, OH 43205	31-1707264	501 (C) (3)	30,825.	0.			PROGRAM OPERATING COSTS
COMMUNITY SHELTER BOARD 111 WEST LIBERTY STREET SUITE 150 COLUMBUS, OH 43215	31-1181284	501 (C) (3)	201,615.	0.			PROGRAM OPERATING COSTS
CORNERSTONE CHRISTIAN FELLOWSHIP 4066 MAIN ST. HILLIARD, OH 43026	31-1470505	501 (C) (3)	5,700.	0.			PROGRAM OPERATING COSTS
CULTIVATE COMMUNITY DEVELOPMENT CORPORATION - 345 E. 2ND AVE - COLUMBUS, OH 43201	47-4564275	501 (C) (3)	10,625.	0.			PROGRAM OPERATING COSTS

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ECONOMIC & COMMUNITY DEVELOPMENT INSTITUTE - 475 EAST MOUND STREET - COLUMBUS, OH 43215	31-1145544	501 (C) (3)	17,439.	0.			PROGRAM OPERATING COSTS
ETHIOPIAN TEWAHEDO SOCIAL SERVICES 1060 MT. VERNON AVE. COLUMBUS, OH 43203	20-3525591	501 (C) (3)	28,862.	0.			PROGRAM OPERATING COSTS
FUTUREREADY COLUMBUS 78 S. 5TH STREET COLUMBUS, OH 43215	45-3819208	501 (C) (3)	15,000.	0.			PROGRAM OPERATING COSTS
GLADDEN COMMUNITY HOUSE 183 HAWKES AVENUE COLUMBUS, OH 43223	31-4379476	501 (C) (3)	14,275.	0.			PROGRAM OPERATING COSTS
GLADDEN COMMUNITY HOUSE 183 HAWKES AVENUE COLUMBUS, OH 43223	31-4379476	501 (C) (3)	9,000.	0.			PROGRAM OPERATING COSTS
GLOBAL YOUTH PROTECTION AND DEVELOPMENT - 1981 ZETTLER CENTER DR - COLUMBUS, OH 43223	82-2039368	501 (C) (3)	5,000.	0.			PROGRAM OPERATING COSTS
GODMAN GUILD ASSOCIATION 303 EAST SIXTH AVENUE COLUMBUS, OH 43201	31-4379478	501 (C) (3)	296,621.	0.			PROGRAM OPERATING COSTS
HABITAT FOR HUMANITY 88 EAST BROAD ST. STE 1800 COLUMBUS, OH 43215	20-1182119	501 (C) (3)	112,775.	0.			PROGRAM OPERATING COSTS
HANDSON CENTRAL OHIO 1105 SCHROCK ROAD, SUITE 100 COLUMBUS, OH 43229	31-1084722	501 (C) (3)	66,869.	0.			PROGRAM OPERATING COSTS

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I.C.STARS COLUMBUS 1275 KINNEAR RD SUITE 236 COLUMBUS, OH 43212	81-3313445	501 (C) (3)	25,050.	0.			PROGRAM OPERATING COSTS
JEWISH FAMILY SERVICES 1421 HAMLET STREET COLUMBUS, OH 43201	31-0795573	501 (C) (3)	28,213.	0.			PROGRAM OPERATING COSTS
JUNIOR ACHIEVEMENT 62 EAST SECOND AVE. COLUMBUS, OH 43201	31-4385042	501 (C) (3)	25,345.	0.			PROGRAM OPERATING COSTS
LEGAL AID SOCIETY OF COLUMBUS 1108 CITY PARK AVENUE COLUMBUS, OH 43206	31-4416407	501 (C) (3)	14,927.	0.			PROGRAM OPERATING COSTS
LINCOLN THEATRE ASSOCIATION 55 E. STATE STREET COLUMBUS, OH 43215	20-5886656	501 (C) (3)	8,000.	0.			PROGRAM OPERATING COSTS
LOCAL MATTERS 633 PARSONS AVE COLUMBUS, OH 43205	06-1819644	501 (C) (3)	22,758.	0.			PROGRAM OPERATING COSTS
MAKING A DIFFERENCE, INC. 346 N. 20TH STREET COLUMBUS, OH 43203	90-0588498	501 (C) (3)	8,940.	0.			PROGRAM OPERATING COSTS
MARION-FRANKLIN CIVIC ASSOCIATION 2664 DIANE PLACE COLUMBUS, OH 43207	31-1250698	501 (C) (3)	7,375.	0.			PROGRAM OPERATING COSTS
MID-OHIO FOODBANK 11625 W. MOUND ST. COLUMBUS, OH 43223	31-0865343	501 (C) (3)	32,882.	0.			PROGRAM OPERATING COSTS

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NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION - 700 CHILDREN'S DR. - COLUMBUS, OH 43205	01-0782751	501 (C) (3)	155,465.	0.			PROGRAM OPERATING COSTS
NEW DIRECTIONS CAREER CENTER 199 EAST RICH STREET COLUMBUS, OH 43215	31-1130384	501 (C) (3)	194,558.	0.			PROGRAM OPERATING COSTS
NNEMAP, INC. 677 EAST 11TH AVE. COLUMBUS, OH 43211	31-0896363	501 (C) (3)	26,855.	0.			PROGRAM OPERATING COSTS
NORTHLAND ALLIANCE INC. 2821 LAKEWOOD DR COLUMBUS, OH 43231	31-1775450	501 (C) (3)	5,300.	0.			PROGRAM OPERATING COSTS
PARTNERS ACHIEVING COMMUNITY TRANSFORMATION - 211 TAYLOR AVENUE - COLUMBUS, OH 43203	46-4290005	501 (C) (3)	22,525.	0.			PROGRAM OPERATING COSTS
PYRAMID COMMUNITY DEVELOPMENT CORPORATION - 8282 DANBRIDGE WAY - WESTERVILLE, OH 43082	81-2614509	501 (C) (3)	5,000.	0.			PROGRAM OPERATING COSTS
REACHING THE NATIONS INTERNATIONAL 837 E 2ND AVE. COLUMBUS, OH 43201	36-4617643	501 (C) (3)	5,000.	0.			PROGRAM OPERATING COSTS
REEB AVENUE CENTER 280 REEB AVENUE COLUMBUS, OH 43207	46-3956659	501 (C) (3)	85,525.	0.			PROGRAM OPERATING COSTS
RICKENBACKER WOODS FOUNDATION 1330 E. LIVINGSTON AVENUE COLUMBUS, OH 43205	05-0590212	501 (C) (3)	5,000.	0.			PROGRAM OPERATING COSTS

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SEA CHANGE INCORPORATED 1271 W. 1ST AVENUE COLUMBUS, OH 43212	83-3415451	501 (C) (3)	38,025.	0.			PROGRAM OPERATING COSTS
SEVEN BASKETS COMMUNITY DEVELOPMENT CORP - PO BOX 65 - HILLIARD, OH 43026	45-4632187	501 (C) (3)	7,200.	0.			PROGRAM OPERATING COSTS
SHORT NORTH ALLIANCE, INC 886 N. HIGH ST. COLUMBUS, OH 43215	45-4891723	501 (C) (3)	5,000.	0.			PROGRAM OPERATING COSTS
SOCIALVENTURES 471 HIGHGATE AVENUE WORTHINGTON, OH 43085	47-1396726	501 (C) (3)	20,225.	0.			PROGRAM OPERATING COSTS
SOUTH SIDE LEARNING & DEVELOPMENT CENTER - 255 REEB AVENUE - COLUMBUS, OH 43207	31-4379811	501 (C) (3)	16,345.	0.			PROGRAM OPERATING COSTS
ST. STEPHEN'S COMMUNITY HOUSE 1500 EAST 17TH AVENUE COLUMBUS, OH 43219	31-4379568	501 (C) (3)	35,619.	0.			PROGRAM OPERATING COSTS
STORYFORGE, LLC 629 NORTH HIGH STREET COLUMBUS, OH 43215	27-5459994	501 (C) (3)	16,198.	0.			PROGRAM OPERATING COSTS
THE OHIO STATE UNIVERSITY FOUNDATION - 1480 W. LANE AVE. - COLUMBUS, OH 43221	31-1145986	501 (C) (3)	135,000.	0.			PROGRAM OPERATING COSTS
YAY BIKES 82 E 16TH AVE COLUMBUS, OH 43201	27-1603945	501 (C) (3)	5,000.	0.			PROGRAM OPERATING COSTS

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YMCA OF CENTRAL OHIO 40 WEST LONG STREET 2ND FLOOR COLUMBUS, OH 43215	31-4379594	501 (C) (3)	16,190.	0.			PROGRAM OPERATING COSTS
YOUR LIFE HAS POSSIBILITIES 4296 REXWOOD ROAD COLUMBUS, OH 43230	83-3736636	501 (C) (3)	5,625.	0.			PROGRAM OPERATING COSTS
A KID AGAIN 6863 OAK CREEK DR COLUMBUS, OH 43229	31-1440073	501 (C) (3)	9,290.	0.			PROGRAM OPERATING COSTS
A SPECIAL WISH FOUNDATION (COLUMBUS) - 1250 MEMORY LANE - COLUMBUS, OH 43209	31-1055537	501 (C) (3)	11,281.	0.			PROGRAM OPERATING COSTS
ACTION FOR CHILDREN 78 JEFFERSON AVENUE COLUMBUS, OH 43215	31-0820393	501 (C) (3)	43,104.	0.			PROGRAM OPERATING COSTS
ADOPT A STUDENT - WORTHINGTON CS 6670 WORTHINGTON GALENA RD COLUMBUS, OH 43085	27-1698164	501 (C) (3)	6,842.	0.			PROGRAM OPERATING COSTS
AGENCIES LESS THAN 5K 360 S THIRD STREET COLUMBUS, OH 43215		501 (C) (3)	83,498.	0.			PROGRAM OPERATING COSTS
ALL SAINTS EPISCOPAL CHURCH 5101 JOHNSTOWN RD. NEW ALBANY, OH 43054	31-1576320	501 (C) (3)	9,990.	0.			PROGRAM OPERATING COSTS
ALS ASSOCIATION, CENTRAL AND SOUTHERN CHAPTER - 1170 OLD HERSON RD - COLUMBUS, OH 43220	31-1235704	501 (C) (3)	9,772.	0.			PROGRAM OPERATING COSTS

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ALVIS HOUSE 2100 STELLA COURT COLUMBUS, OH 43215	31-0743167	501 (C) (3)	15,365.	0.			PROGRAM OPERATING COSTS
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE - PO BOX 96011 - WASHINGTON, DC 20090	13-3039601	501 (C) (3)	19,166.	0.			PROGRAM OPERATING COSTS
AMERICAN CANCER SOCIETY, NATIONAL 250 WILLIAMS STREET ATLANTA, GA 30303	13-1788491	501 (C) (3)	12,499.	0.			PROGRAM OPERATING COSTS
AMERICAN HEART ASSOCIATION - DALLAS - 7272 GREENVILLE AVE. - DALLAS, TX 75231	13-5613797	501 (C) (3)	12,540.	0.			PROGRAM OPERATING COSTS
AMERICAN RED CROSS 995 EAST BROAD STREET COLUMBUS, OH 43205	31-0642918	501 (C) (3)	65,658.	0.			PROGRAM OPERATING COSTS
AMERICAN RED CROSS NAT'L HEADQUARTERS - PO BOX 73857 - CHICAGO, IL 60676	53-0196605	501 (C) (3)	5,539.	0.			PROGRAM OPERATING COSTS
AMERICA'S BEST CHARITIES FKA INDP CHARITIES OF AMERICA / HUMAN CARE CHARITI - 1000 LARKSPUR LANDING CIRCLE STE. 340 - LARKSPUR, CA	94-3067804	501 (C) (3)	458,721.	0.			PROGRAM OPERATING COSTS
AMERICA'S BEST LOCAL CHARITIES FKA LOCAL INDEPENDENT CHARITIES OF AMERICA - 1000 LARKSPUR LANDING CIRCLE STE. 340 - LARKSPUR, CA	94-3042430	501 (C) (3)	20,065.	0.			PROGRAM OPERATING COSTS
AMERICA'S CHARITIES 14150 NEWBROOK DR CHANTILLY, VA 20151	54-1517707	501 (C) (3)	91,910.	0.			PROGRAM OPERATING COSTS

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ARTHUR G. JAMES CANCER HOSPITAL 300 W. TENTH AVE STE. 519 COLUMBUS, OH 43210	31-1301428	501 (C) (3)	13,946.	0.			PROGRAM OPERATING COSTS
ASPCA 455 EAST MOUND STREET COLUMBUS, OH 43215	31-1092242	501 (C) (3)	6,621.	0.			PROGRAM OPERATING COSTS
AUTISM SPECTRUM DISORDER FOUND 228 WEST LINCOLN HIGHWAY SCHERERVILLE, IN 46375	20-8820570	501 (C) (3)	5,400.	0.			PROGRAM OPERATING COSTS
BEXLEY EDUCATION FOUNDATION 348 S CASSINGHAM RD. BEXLEY, OH 43209	31-1463283	501 (C) (3)	8,749.	0.			PROGRAM OPERATING COSTS
BIG BROTHERS BIG SISTERS OF CENTRAL OHIO, INC. - 1855 EAST DUBLIN-GRANVILLE ROAD 1ST FLOOR - COLUMBUS, OH 43229	31-4379429	501 (C) (3)	42,775.	0.			PROGRAM OPERATING COSTS
BOWLING GREEN STATE UNIVERSITY FOUNDATION - MILETI ALUMNI CENTER - BOWLING GREEN, OH 43403	34-6007199	501 (C) (3)	7,398.	0.			PROGRAM OPERATING COSTS
BOY SCOUTS OF AMERICA SIMON KENTON COUNCIL - 1901 EAST DUBLIN-GRANVILLE ROAD - COLUMBUS, OH 43229	31-4388520	501 (C) (3)	27,532.	0.			PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF COLUMBUS 115 SOUTH GIFT STREET COLUMBUS, OH 43215	31-4387575	501 (C) (3)	32,882.	0.			PROGRAM OPERATING COSTS
BROAD STREET FOOD PANTRY AND COMPASS - 760 E. BROAD STREET - COLUMBUS, OH 43205	31-4380039	501 (C) (3)	15,750.	0.			PROGRAM OPERATING COSTS

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BUCKEYE RANCH 5665 HOOVER ROAD GROVE CITY, OH 43123	31-0642111	501 (C) (3)	24,036.	0.			PROGRAM OPERATING COSTS
CAMP WYANDOT 1890 NORTHWEST BLVD. SUITE 130 COLUMBUS, OH 43212	31-4379434	501 (C) (3)	7,767.	0.			PROGRAM OPERATING COSTS
CANCER SUPPORT COMMUNITY CENTRAL OHIO - 10330 SAWMILL PARKWAY., SUITE 600 - POWELL, OH 43065	20-1388385	501 (C) (3)	9,444.	0.			PROGRAM OPERATING COSTS
CAPITAL AREA HUMANE SOCIETY 3015 SCIOTO DARBY HILLIARD, OH 43026	31-4379492	501 (C) (3)	15,713.	0.			PROGRAM OPERATING COSTS
CASA COURT APPOINTED SPECIAL ADVOCATES - 373 S. HIGH ST 15TH FL - COLUMBUS, OH 43215	31-1322198	501 (C) (3)	7,731.	0.			PROGRAM OPERATING COSTS
CATHOLIC SOCIAL SERVICES 197 EAST GAY STREET COLUMBUS, OH 43215	31-4379437	501 (C) (3)	106,012.	0.			PROGRAM OPERATING COSTS
CENTRAL OHIO DIABETES ASSOCIATION 1100 DENNISON AVENUE COLUMBUS, OH 43201	31-6054100	501 (C) (3)	11,853.	0.			PROGRAM OPERATING COSTS
CENTRAL OHIO POISON CENTER AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205	31-4379441	501 (C) (3)	23,209.	0.			PROGRAM OPERATING COSTS
CHARITABLE PHARMACY OF CENTRAL OHIO, INC. - 200 E. LIVINGSTON AVE - COLUMBUS, OH 43215	27-0147099	501 (C) (3)	14,088.	0.			PROGRAM OPERATING COSTS

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CHILDHOOD LEAGUE CENTER 670 S. 18TH ST COLUMBUS, OH 43205	31-6400177	501 (C) (3)	24,078.	0.			PROGRAM OPERATING COSTS
CHILDREN'S HUNGER ALLIANCE 1105 SCHROCK ROAD, STE. 505 COLUMBUS, OH 43229	23-7303509	501 (C) (3)	50,318.	0.			PROGRAM OPERATING COSTS
CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE - C/O LUTHERAN SOCIAL SERVICES - WORTHINGTON, OH 43085	31-0910779	501 (C) (3)	57,918.	0.			PROGRAM OPERATING COSTS
CHURCH OF THE RESURRECTION 6300 E. DUBLIN GRANVILLE RD. NEW ALBANY, OH 43054	31-1063977	501 (C) (3)	16,950.	0.			PROGRAM OPERATING COSTS
CITY YEAR COLUMBUS 37 NORTH 3RD STREET COLUMBUS, OH 43215	22-2882549	501 (C) (3)	10,544.	0.			PROGRAM OPERATING COSTS
CLINTONVILLE BEECHWOLD COMMUNITY RESOURCES CENTER - 14 WEST LAKEVIEW AVENUE - COLUMBUS, OH 43202	31-0834578	501 (C) (3)	44,104.	0.			PROGRAM OPERATING COSTS
COLUMBUS ACADEMY 4300 CHERRY BOTTOM RD. COLUMBUS, OH 43230	31-4379445	501 (C) (3)	11,542.	0.			PROGRAM OPERATING COSTS
COLUMBUS ASSOC. FOR THE PERFORMING ARTS (CAPA) - 55 E. STATE ST - COLUMBUS, OH 43215	31-0749884	501 (C) (3)	9,626.	0.			PROGRAM OPERATING COSTS
COLUMBUS COLLEGE OF ART & DESIGN (CCAD) - 60 CLEVELAND AVE - COLUMBUS, OH 43215	31-0820394	501 (C) (3)	10,800.	0.			PROGRAM OPERATING COSTS

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COLUMBUS DOG CONNECTION 2761 JOHNSTOWN RD COLUMBUS, OH 43219	31-1648642	501 (C) (3)	8,989.	0.			PROGRAM OPERATING COSTS
COLUMBUS EARLY LEARNING CENTERS 40 NORTH GRUBB STREET COLUMBUS, OH 43215	31-4379619	501 (C) (3)	58,984.	0.			PROGRAM OPERATING COSTS
COLUMBUS FOUNDATION 1234 E. BROAD ST COLUMBUS, OH 43205	31-6044264	501 (C) (3)	324,112.	0.			PROGRAM OPERATING COSTS
COLUMBUS MONTESSORI EDUCATION CENTER - 979 S. JAMES RD - COLUMBUS, OH 43227	31-1105385	501 (C) (3)	8,867.	0.			PROGRAM OPERATING COSTS
COLUMBUS MUSEUM OF ART 480 E. BROAD ST. COLUMBUS, OH 43215	31-4379447	501 (C) (3)	10,246.	0.			PROGRAM OPERATING COSTS
COLUMBUS POLICE FOUNDATION 1234 E. BROAD ST. COLUMBUS, OH 43205	37-1588250	501 (C) (3)	15,378.	0.			PROGRAM OPERATING COSTS
COLUMBUS SCHOOL FOR GIRLS 65 S DREXEL AVE COLUMBUS, OH 43209	31-4379452	501 (C) (3)	8,365.	0.			PROGRAM OPERATING COSTS
COLUMBUS SPEECH & HEARING CENTER 510 EAST NORTH BROADWAY COLUMBUS, OH 43214	31-4379449	501 (C) (3)	19,834.	0.			PROGRAM OPERATING COSTS
COLUMBUS STATE DEVELOPMENT FOUNDATION - 550 E. SPRING STREET, F-R 252 - COLUMBUS, OH 43216	31-1035280	501 (C) (3)	6,147.	0.			PROGRAM OPERATING COSTS

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COLUMBUS SYMPHONY ORCHESTRA 55 EAST STATE ST COLUMBUS, OH 43215	31-6402408	501 (C) (3)	9,942.	0.			PROGRAM OPERATING COSTS
COLUMBUS URBAN LEAGUE 788 MOUNT VERNON AVENUE COLUMBUS, OH 43203	31-4379453	501 (C) (3)	15,025.	0.			PROGRAM OPERATING COSTS
COLUMBUS ZOO AND AQUARIUM PO BOX 400 POWELL, OH 43065	31-4390844	501 (C) (3)	14,112.	0.			PROGRAM OPERATING COSTS
COMMUNITY DEVELOPMENT FOR ALL PEOPLE - 946 PARSONS AVENUE - COLUMBUS, OH 43206	51-0476886	501 (C) (3)	8,775.	0.			PROGRAM OPERATING COSTS
COMMUNITY HEALTH CHARITIES PO BOX 75153 ALEXANDRIA, VA 21275	52-0728032	501 (C) (3)	224,836.	0.			PROGRAM OPERATING COSTS
COMMUNITY KITCHEN 640 SOUTH OHIO AVENUE COLUMBUS, OH 43205	31-1124774	501 (C) (3)	9,823.	0.			PROGRAM OPERATING COSTS
COMMUNITY PROPERTIES OF OHIO IMPACT CORPORATION - 910 E. BROAD STREET - COLUMBUS, OH 43205	31-1707264	501 (C) (3)	15,693.	0.			PROGRAM OPERATING COSTS
COMMUNITY SHARES OF MID-OHIO 3709 E. BROAD ST ST3. 490 COLUMBUS, OH 43215	31-1363943	501 (C) (3)	421,613.	0.			PROGRAM OPERATING COSTS
COMMUNITY SHELTER BOARD 111 WEST LIBERTY STREET SUITE 150 COLUMBUS, OH 43215	31-1181284	501 (C) (3)	28,871.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY 377 PINE TREE RD ITHACA, NY 14850	15-0532082	501 (C) (3)	13,005.	0.			PROGRAM OPERATING COSTS
COSI 333 W. BROAD ST. COLUMBUS, OH 43215	31-4383802	501 (C) (3)	10,143.	0.			PROGRAM OPERATING COSTS
CREATIVE LIVING 150 W 10TH AVE COLUMBUS, OH 43201	23-7159623	501 (C) (3)	12,666.	0.			PROGRAM OPERATING COSTS
DEAF INITIATIVE 563 S DAWSON AVE COLUMBUS, OH 43209	31-1589808	501 (C) (3)	13,500.	0.			PROGRAM OPERATING COSTS
DIRECTIONS FOR YOUTH AND FAMILIES 1515 INDIANOLA AVENUE COLUMBUS, OH 43201	31-4407642	501 (C) (3)	25,215.	0.			PROGRAM OPERATING COSTS
DOWN SYNDROME ASSOC OF CENTRAL OHIO - 510 E. NORTH BROADWAY - COLUMBUS, OH 43214	31-1126185	501 (C) (3)	10,192.	0.			PROGRAM OPERATING COSTS
DRESS FOR SUCCESS 1204 N HIGH ST COLUMBUS, OH 43201	20-5112085	501 (C) (3)	5,714.	0.			PROGRAM OPERATING COSTS
EARTH SHARE OHIO (606) 4400 N HIGH ST STE 415 COLUMBUS, OH 43214	27-3918694	501 (C) (3)	178,772.	0.			PROGRAM OPERATING COSTS
EQUITAS HEALTH 4400 N HIGH ST #300 COLUMBUS, OH 43214	31-1126780	501 (C) (3)	22,549.	0.			PROGRAM OPERATING COSTS

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ETHIOPIAN TEWAHEDO SOCIAL SERVICES 1060 MT. VERNON AVE. COLUMBUS, OH 43203	20-3525591	501 (C) (3)	5,687.	0.			PROGRAM OPERATING COSTS
FIDELITY INVESTMENTS CHARITABLE GIFT FUND - FIDELITY CHARITABLE 200 SEAPORT BOULEVARD - BOSTON, MA 02210	11-0303001	501 (C) (3)	9,000.	0.			PROGRAM OPERATING COSTS
FIVE14 CHURCH P.O. BOX 361 NEW ALBANY, OH 43054	27-1173445	501 (C) (3)	8,131.	0.			PROGRAM OPERATING COSTS
FLYING HORSE FARM 225 GREEN MEADOWS DR. S, STE. A LEWIS CENTER, OH 43035	20-3498125	501 (C) (3)	16,322.	0.			PROGRAM OPERATING COSTS
FOUNDATION OF THE CATHOLIC DIOCESE OF COLUMBUS - 257 EAST BROAD STREET - COLUMBUS, OH 43215	31-1116640	501 (C) (3)	12,754.	0.			PROGRAM OPERATING COSTS
FRANKLIN COUNTY CHILDREN SERVICES 855 WEST MOUND ST. COLUMBUS, OH 43223	31-6400067	501 (C) (3)	8,155.	0.			PROGRAM OPERATING COSTS
FURNITURE BANK OF CENTRAL OHIO 118 SOUTH YALE AVE. COLUMBUS, OH 43222	31-1600869	501 (C) (3)	6,662.	0.			PROGRAM OPERATING COSTS
FUTURE POSSIBILITIES 471 EAST BROAD ST. COLUMBUS, OH 43215	13-3790651	501 (C) (3)	16,940.	0.			PROGRAM OPERATING COSTS
GAHANNA-JEFFERSON EDUCATION FOUNDATION - 160 SOUTH HAMILTON RD. - GAHANNA, OH 43230	81-0576974	501 (C) (3)	6,558.	0.			PROGRAM OPERATING COSTS

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GIRL SCOUTS OF OHIO'S HEARTLAND COUNCIL, INC. - 1700 WATERMARK DRIVE - COLUMBUS, OH 43215	31-4379475	501 (C) (3)	7,054.	0.			PROGRAM OPERATING COSTS
GIRLS ON THE RUN 1145 CHESAPEAKE AVE, SUITE L COLUMBUS, OH 43212	32-0256159	501 (C) (3)	5,946.	0.			PROGRAM OPERATING COSTS
GLADDEN COMMUNITY HOUSE 183 HAWKES AVENUE COLUMBUS, OH 43223	31-4379476	501 (C) (3)	16,228.	0.			PROGRAM OPERATING COSTS
GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384	52-1273585	501 (C) (3)	13,374.	0.			PROGRAM OPERATING COSTS
GODMAN GUILD ASSOCIATION 303 EAST SIXTH AVENUE COLUMBUS, OH 43201	31-4379478	501 (C) (3)	26,529.	0.			PROGRAM OPERATING COSTS
GOODWILL COLUMBUS 1331 EDGEHILL ROAD COLUMBUS, OH 43212	31-4379448	501 (C) (3)	14,408.	0.			PROGRAM OPERATING COSTS
GREATER CLEVELAND COMMUNITY SHARES 3631 PERKINS 3RD FLOOR CLEVELAND, OH 44113	34-1493880	501 (C) (3)	238,114.	0.			PROGRAM OPERATING COSTS
HABITAT FOR HUMANITY 88 EAST BROAD ST. STE 1800 COLUMBUS, OH 43215	20-1182119	501 (C) (3)	10,425.	0.			PROGRAM OPERATING COSTS
HABITAT FOR HUMANITY OF OHIO 88 EAST BROAD ST. STE 1800 COLUMBUS, OH 43215	20-1182119	501 (C) (3)	30,919.	0.			PROGRAM OPERATING COSTS

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HERITAGE CHRISTIAN CHURCH 7413 MAXTOWN RD WESTERVILLE, OH 43082	31-1273346	501 (C) (3)	5,801.	0.			PROGRAM OPERATING COSTS
HOMELESS FAMILIES FOUNDATION 651 W. BROAD ST. COLUMBUS, OH 43215	31-1179492	501 (C) (3)	13,698.	0.			PROGRAM OPERATING COSTS
HOMEPORT 3443 AGLER RD COLUMBUS, OH 43219	31-1208260	501 (C) (3)	10,318.	0.			PROGRAM OPERATING COSTS
HUCKLEBERRY HOUSE, INC. 1421 HAMLET STREET COLUMBUS, OH 43201	31-0795573	501 (C) (3)	26,870.	0.			PROGRAM OPERATING COSTS
I KNOW I CAN 3798 E. BROAD ST. COLUMBUS, OH 43213	31-1721455	501 (C) (3)	30,167.	0.			PROGRAM OPERATING COSTS
INDIAN RUN UNITED METHODIST CHURCH 6305 BRAND RD. DUBLIN, OH 43016	31-1195560	501 (C) (3)	5,220.	0.			PROGRAM OPERATING COSTS
JEANNE B MCCOY COMMUNITY CENTER FOR THE ARTS - PO BOX 508 - NEW ALBANY, OH 43054	26-0388623	501 (C) (3)	8,660.	0.			PROGRAM OPERATING COSTS
JEWISH COMMUNITY CENTER OF GREATER COLUMBUS - 1125 COLLEGE AVENUE - COLUMBUS, OH 43209	31-4379496	501 (C) (3)	15,564.	0.			PROGRAM OPERATING COSTS
JEWISH FAMILY SERVICES 1421 HAMLET STREET COLUMBUS, OH 43201	31-0795573	501 (C) (3)	31,456.	0.			PROGRAM OPERATING COSTS

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JEWISH FEDERATION OF COLUMBUS 1175 COLLEGE AVE COLUMBUS, OH 43209	31-0838745	501 (C) (3)	26,757.	0.			PROGRAM OPERATING COSTS
JUNIOR ACHIEVEMENT 62 EAST SECOND AVE. COLUMBUS, OH 43201	31-4385042	501 (C) (3)	20,376.	0.			PROGRAM OPERATING COSTS
JUVENILE DIABETES RESEARCH FOUNDATION (NY) - 26 BROADWAY, 14TH FLOOR - NEW YORK, NY 10004	23-1907729	501 (C) (3)	11,624.	0.			PROGRAM OPERATING COSTS
KALEIDOSCOPE YOUTH CENTER 26 BROADWAY, 14TH FLOOR NEW YORK, NY 10004	23-1907729	501 (C) (3)	24,457.	0.			PROGRAM OPERATING COSTS
KIPP COLUMBUS 2900 INSPIRE DRIVE COLUMBUS, OH 43224	20-8627107	501 (C) (3)	8,248.	0.			PROGRAM OPERATING COSTS
LEGAL AID SOCIETY OF COLUMBUS 1108 CITY PARK AVENUE COLUMBUS, OH 43206	31-4416407	501 (C) (3)	17,079.	0.			PROGRAM OPERATING COSTS
LESS THAN \$5,000 360 S THIRD STREET COLUMBUS, OH 43215		501 (C) (3)	797,147.	0.			PROGRAM OPERATING COSTS
LIFECARE ALLIANCE 1699 WEST MOUND STREET COLUMBUS, OH 43223	31-4379494	501 (C) (3)	91,550.	0.			PROGRAM OPERATING COSTS
LIFEPOINT CHURCH 7719 GRAPHICS WAY SUITE B LEWIS CENTER, OH 43035	31-0904069	501 (C) (3)	8,730.	0.			PROGRAM OPERATING COSTS

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LIMITED BRANDS FOUNDATION/MAST CARES - 1234 E. BROAD ST - COLUMBUS, OH 43205	31-6044264	501 (C) (3)	169,759.	0.			PROGRAM OPERATING COSTS
LORI SCHOTTENSTEIN CHABAD HOUSE PO BOX 80 NEW ALBANY, OH 43054	31-1427001	501 (C) (3)	45,117.	0.			PROGRAM OPERATING COSTS
LUTHERAN SOCIAL SERVICES 750 EAST BROAD STREET COLUMBUS, OH 43205	31-4412586	501 (C) (3)	75,581.	0.			PROGRAM OPERATING COSTS
MAAFRIKA TIKKUN USA 535 E 72ND ST #2 NEW YORK, NY 10021	13-4095132	501 (C) (3)	5,664.	0.			PROGRAM OPERATING COSTS
MAKE A WISH FOUNDATION OF GREATER OH & KY - 2545 FARMERS DR STE. 300 - COLUMBUS, OH 43235	34-1471131	501 (C) (3)	12,961.	0.			PROGRAM OPERATING COSTS
MARYHAVEN, INC. 1791 ALUM CREEK DRIVE COLUMBUS, OH 43207	31-0732345	501 (C) (3)	27,775.	0.			PROGRAM OPERATING COSTS
MENTAL HEALTH AMERICA OF FRANKLIN COUNTY, INC. - 538 EAST TOWN STREET SUITE D - COLUMBUS, OH 43215	31-4412697	501 (C) (3)	21,802.	0.			PROGRAM OPERATING COSTS
MID-OHIO FOODBANK 11625 W. MOUND ST. COLUMBUS, OH 43223	31-0865343	501 (C) (3)	222,477.	0.			PROGRAM OPERATING COSTS
MISSION AVIATION FELLOWSHIP P.O. BOX 47 NAMPA, ID 83653	95-1920983	501 (C) (3)	7,385.	0.			PROGRAM OPERATING COSTS

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MULTIPLE SCLEROSIS RESEARCH INSTITUTE - 1341 N DELAWARE AVE - PHILADELPHIA, PA 19125	20-1354368	501 (C) (3)	9,000.	0.			PROGRAM OPERATING COSTS
MUSLIM FAMILY SERVICES OF OHIO PO BOX 14023 COLUMBUS, OH 43214	31-1795601	501 (C) (3)	7,875.	0.			PROGRAM OPERATING COSTS
NATIONAL MULTIPLE SCLEROSIS SOCIETY (NY) - 733 3RD AVE 3TH FL - NEW YORK, NY 10017	13-5661935	501 (C) (3)	12,817.	0.			PROGRAM OPERATING COSTS
NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION - 700 CHILDREN'S DR. - COLUMBUS, OH 43205	01-0782751	501 (C) (3)	37,108.	0.			PROGRAM OPERATING COSTS
NCBC HUMAN SERVICES CORPORATION 3360 KOHR BLVD COLUMBUS, OH 43224	31-1469146	501 (C) (3)	11,754.	0.			PROGRAM OPERATING COSTS
NEIGHBOR TO NATION 44330 PREMIER PLAZA, SUITE 220 ASHBURN, VA 20147	54-1879282	501 (C) (3)	15,160.	0.			PROGRAM OPERATING COSTS
NEW ALBANY COMMUNITY FOUNDATION 220 MARKET ST. NEW ALBANY, OH 43054	31-1409264	501 (C) (3)	10,024.	0.			PROGRAM OPERATING COSTS
NEW BIRTH CHRISTIAN MINISTRIES 3475 REFUGEE ROAD COLUMBUS, OH 43232	31-1498337	501 (C) (3)	7,346.	0.			PROGRAM OPERATING COSTS
NEW DIRECTIONS CAREER CENTER 199 EAST RICH STREET COLUMBUS, OH 43215	31-1130384	501 (C) (3)	6,892.	0.			PROGRAM OPERATING COSTS

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OHIO HEALTH FOUNDATION 700 CHILDREN'S DR. COLUMBUS, OH 43205	01-0782751	501 (C) (3)	63,701.	0.			PROGRAM OPERATING COSTS
OHIO WESLEYAN UNIVERSITY 61 S SANDUSKY ST. DELAWARE, OH 43015	31-4379585	501 (C) (3)	5,670.	0.			PROGRAM OPERATING COSTS
PARENTS OF MURDERED CHILDREN-NATIONAL - 4960 RIDGE AVE. SUITE #2 - CINCINNATI, OH 45209	31-1023437	501 (C) (3)	6,860.	0.			PROGRAM OPERATING COSTS
PERFECT PET ADOPTION CENTER INC 3721 27TH PL WEST #205 SEATTLE, WA 98199	20-1551946	501 (C) (3)	12,882.	0.			PROGRAM OPERATING COSTS
PLANNED PARENTHOOD OF GREATER OHIO 206 E. STATE ST. COLUMBUS, OH 43215	34-1015976	501 (C) (3)	84,586.	0.			PROGRAM OPERATING COSTS
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL OHIO - 711 E LIVINGSTON AVE - COLUMBUS, OH 43205	31-0890152	501 (C) (3)	11,458.	0.			PROGRAM OPERATING COSTS
RULING OUR EXPERIENCES, INC (ROX) 1335 DUBLIN ROAD SUITE 18A COLUMBUS, OH 43215	27-2913874	501 (C) (3)	11,402.	0.			PROGRAM OPERATING COSTS
SAFELITE CHARTIABLE FOUNDATION 2000 FARMERS DR COLUMBUS, OH 43235	20-3683768	501 (C) (3)	23,938.	0.			PROGRAM OPERATING COSTS
SALVATION ARMY - COLUMBUS 966 E. MAIN ST. COLUMBUS, OH 43205	13-5562351	501 (C) (3)	134,739.	0.			PROGRAM OPERATING COSTS

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SERVING OUR NEIGHBORS MINISTRIES INC. - 4567 COOLBROOK - HILLIARD, OH 43026	26-4449380	501 (C) (3)	5,904.	0.			PROGRAM OPERATING COSTS
SOUTH SIDE LEARNING & DEVELOPMENT CENTER - 255 REEB AVENUE - COLUMBUS, OH 43207	31-4379811	501 (C) (3)	9,035.	0.			PROGRAM OPERATING COSTS
SOUTHEAST TESTAMENT 455 CLARK STATE RD. GAHANNA, OH 43230	20-2501213	501 (C) (3)	13,294.	0.			PROGRAM OPERATING COSTS
ST. BRENDAN THE NAVIGATOR CHURCH 4475 DUBLIN ROAD HILLIARD, OH 43026	31-0678677	501 (C) (3)	11,430.	0.			PROGRAM OPERATING COSTS
ST. FRANCIS DESALES HIGH SCHOOL 4212 KARL ROAD COLUMBUS, OH 43224	31-0644788	501 (C) (3)	21,654.	0.			PROGRAM OPERATING COSTS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	35-1044585	501 (C) (3)	7,412.	0.			PROGRAM OPERATING COSTS
ST. MATTHEW'S THE APOSTLE CHURCH 807 HAVENS CORNER RD. COLUMBUS, OH 43230	31-1034986	501 (C) (3)	5,123.	0.			PROGRAM OPERATING COSTS
ST. STEPHEN'S COMMUNITY HOUSE 1500 EAST 17TH AVENUE COLUMBUS, OH 43219	31-4379568	501 (C) (3)	28,788.	0.			PROGRAM OPERATING COSTS
ST. VINCENT DEPAUL - HOLY SPIRIT 4383 E. BROAD ST. COLUMBUS, OH 43213	26-4375976	501 (C) (3)	11,777.	0.			PROGRAM OPERATING COSTS

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ST. VINCENT FAMILY CENTERS 1490 EAST MAIN STREET COLUMBUS, OH 43205	31-4379572	501 (C) (3)	49,998.	0.			PROGRAM OPERATING COSTS
STAR HOUSE FOUNDATION 1220 CORRUGATED WAY COLUMBUS, OH 43201	47-1857320	501 (C) (3)	34,488.	0.			PROGRAM OPERATING COSTS
STONEWALL COLUMBUS 1160 NORTH HIGH ST COLUMBUS, OH 43201	31-1189481	501 (C) (3)	17,735.	0.			PROGRAM OPERATING COSTS
TEMPLE ISRAEL 431 EAST BROAD ST. COLUMBUS, OH 43215	31-4384145	501 (C) (3)	5,127.	0.			PROGRAM OPERATING COSTS
THE CHILDREN'S HEART FOUNDATION PO BOX 244 LINCOLNSHIRE, IL 60069	36-4077528	501 (C) (3)	7,200.	0.			PROGRAM OPERATING COSTS
THE CORE CENTER TOTAL 652 W CENTRAL AVE., STE 30 DELAWARE, OH 43015	14-1859394	501 (C) (3)	8,291.	0.			PROGRAM OPERATING COSTS
THE OHIO STATE UNIVERSITY FOUNDATION - 1480 W. LANE AVE. - COLUMBUS, OH 43221	31-1145986	501 (C) (3)	173,270.	0.			PROGRAM OPERATING COSTS
UNCF/COLLEGE FUND COLUMBUS OFFICE 341 S. THIRD STREET COLUMBUS, OH 43215	13-1624241	501 (C) (3)	27,462.	0.			PROGRAM OPERATING COSTS
UNITED SCHOOLS NETWORK 1469 E MAIN ST COLUMBUS, OH 43205	46-2265149	501 (C) (3)	7,607.	0.			PROGRAM OPERATING COSTS

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UNITED WAY OF GREENBRIER VALLEY 809 S. JEFFERSON ST LEWISBURG, WV 24901	55-0665618	501 (C) (3)	11,070.	0.			PROGRAM OPERATING COSTS
UNITED WAY WORLDWIDE 701 N FAIRFAX ST ALEXANDRIA, VA 22314	13-1635294	501 (C) (3)	12,462.	0.			PROGRAM OPERATING COSTS
URBAN CONCERN 1000 BONHAM AVE COLUMBUS, OH 43211	31-1327346	501 (C) (3)	21,545.	0.			PROGRAM OPERATING COSTS
UW OF CLARK CHAMPAIGN & MADISON COUNTIES - PO BOX 59 - SPRINGFIELD, OH 45501	31-0549095	501 (C) (3)	8,329.	0.			PROGRAM OPERATING COSTS
UW OF DELAWARE COUNTY PO BOX 319 DELAWARE, OH 43015	31-4123889	501 (C) (3)	192,527.	0.			PROGRAM OPERATING COSTS
UW OF FAIRFIELD COUNTY 115 S. BROAD ST. LANCASTER, OH 43130	31-0644804	501 (C) (3)	110,632.	0.			PROGRAM OPERATING COSTS
UW OF GREATER CINCINNATI 2400 READING RD CINCINNATI, OH 45202	31-0537502	501 (C) (3)	5,074.	0.			PROGRAM OPERATING COSTS
UW OF GREATER CLEVELAND 1331 EUCLID AVE. CLEVELAND, OH 44115	34-6516654	501 (C) (3)	7,599.	0.			PROGRAM OPERATING COSTS
UW OF KNOX COUNTY 110 E HIGH ST MT. VERNON, OH 43050	31-4411236	501 (C) (3)	6,343.	0.			PROGRAM OPERATING COSTS

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UW OF LICKING COUNTY PO BOX 4490 NEWARK, OH 43058	31-4379455	501 (C) (3)	88,800.	0.			PROGRAM OPERATING COSTS
UW OF MUSKINGUM/PERRY/MORGAN COUNTIES - 526 PUTNAM AVE - ZANESVILLE, OH 43701	31-4379456	501 (C) (3)	5,819.	0.			PROGRAM OPERATING COSTS
UW OF NORTH CENTRAL OH-MARION, WYNDOT, & CRAWFORD - 125 EXECUTIVE DR, STE 100 - MARION, OH 43302	31-0641236	501 (C) (3)	8,868.	0.			PROGRAM OPERATING COSTS
UW OF PALM BEACH COUNTY 477 S ROSEMARY AVE., SUITE 230 WEST PALM BEACH, FL 33401	59-0683258	501 (C) (3)	45,000.	0.			PROGRAM OPERATING COSTS
UW OF PICKAWAY COUNTY PO BOX 292 CIRCLEVILLE, OH 43113	31-0996118	501 (C) (3)	19,654.	0.			PROGRAM OPERATING COSTS
UW OF RICHLAND COUNTY 35 N PARK ST MANSFIELD, OH 44902	34-0714455	501 (C) (3)	11,792.	0.			PROGRAM OPERATING COSTS
UW OF THE GREATER DAYTON AREA 33 WEST 1ST ST., STE 500 DAYTON, OH 45402	31-0536658	501 (C) (3)	8,523.	0.			PROGRAM OPERATING COSTS
UW OF UNION COUNTY PO BOX 145 MARYSVILLE, OH 43040	71-0338355	501 (C) (3)	46,283.	0.			PROGRAM OPERATING COSTS
VICTORY MINISTRIES/MISSION 2955 SWITZER AVE. COLUMBUS, OH 43219	31-1117522	501 (C) (3)	15,325.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VINEYARD COMMUNITY CENTER 6000 COOPER RD WESTERVILLE, OH 43081	75-3210233	501 (C) (3)	24,087.	0.			PROGRAM OPERATING COSTS
VOICECORPS READING SERVICE 2955 WEST BROAD STREET COLUMBUS, OH 43204	34-1169085	501 (C) (3)	5,382.	0.			PROGRAM OPERATING COSTS
WELLINGTON SCHOOL 3650 REED RD COLUMBUS, OH 43220	31-0977200	501 (C) (3)	5,400.	0.			PROGRAM OPERATING COSTS
WESTERVILLE AREA RESOURCE MINISTRY 175-A E BROADWAY AVE WESTERVILLE, OH 43081	31-1640355	501 (C) (3)	5,426.	0.			PROGRAM OPERATING COSTS
WOMEN'S FUND OF CENTRAL OHIO 2323 WEST 5TH AVENUE SUITE 230 COLUMBUS, OH 43204	31-1784310	501 (C) (3)	5,068.	0.			PROGRAM OPERATING COSTS
YMCA OF CENTRAL OHIO 40 WEST LONG STREET 2ND FLOOR COLUMBUS, OH 43215	31-4379594	501 (C) (3)	22,368.	0.			PROGRAM OPERATING COSTS
YOUNG WOMEN'S CHRISTIAN ASSOCIATION - 65 SOUTH FOURTH STREET - COLUMBUS, OH 43215	31-4379597	501 (C) (3)	30,911.	0.			PROGRAM OPERATING COSTS
AGENCIES LESS THAN 5K 360 S THIRD STREET COLUMBUS, OH 43215		501 (C) (3)	126,705.	0.			PROGRAM OPERATING COSTS
DESIGNATIONS TO OTHER UNITED WAYS AND AGENCIES PAID DIRECTLY BY THIRD-PARTY - 360 S THIRD STREET - COLUMBUS, OH 43215		501 (C) (3)	1,519,361.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

**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
INDIVIDUAL EMERGENCY FUND - UTILITIES	88	17,213.	0.		
INDIVIDUAL EMERGENCY FUND - RENT ASSISTANCE	16	5,880.	0.		
INDIVIDUAL EMERGENCY FUND - MEDICAL AND DENTAL	3	525.	0.		
INDIVIDUAL EMERGENCY FUND - TRANSPORTATION	4	319.	0.		
INDIVIDUAL EMERGENCY FUND - OTHER ASSISTANCE	7	1,644.	0.		

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

SCHEDULE I, PART I, LINE 2

GRANTS AND ALLOCATIONS TO FUNDED PARTNERS -

ALLOCATIONS: THE PROVISION OF HIGH QUALITY, HUMAN SERVICE PROGRAMS BY FUNDED PARTNERS AND COMMUNITY PARTNERS IS A KEY MEANS THROUGH WHICH THE UNITED WAY SYSTEM ACHIEVES MEANINGFUL AND MEASURABLE IMPACT IN OUR FOUR AREAS OF CRITICAL COMMUNITY NEED.

UNITED WAY RECOGNIZES THAT NON-PROFIT AGENCIES NEED TO BE WELL-MANAGED

**Part IV** Supplemental Information

AND EFFECTIVELY GOVERNED IN ORDER TO APPROPRIATELY RESPOND TO CRITICAL COMMUNITY NEEDS AND TO IMPROVE THE QUALITY OF LIFE IN CENTRAL OHIO.

FUNDED PARTNERS RECEIVING PROGRAM FUNDING FROM UNITED WAY UNDERGO INTENSIVE STAFF AND VOLUNTEER PRE-SCREENING BEFORE BEING AWARDED FUNDING. SUCH SCREENING INCLUDES, BUT IS NOT LIMITED TO:

- AN APPLICATION PROCESS THAT INCLUDES EXPLANATION OF THE PROPOSED USE AND RESULTS FROM USE OF THE FUNDING IN SUPPORT OF THE SPECIFIC TARGETED COMMUNITY OBJECTIVE.

- REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND GOVERNANCE, OPERATIONAL AND FISCAL POLICIES.

- VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT.

- VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION

FUNDED PARTNERS ARE REQUIRED TO PROVIDE UNITED WAY WITH REGULAR PROGRESS REPORTS THAT SHOW HOW THE FUNDING HAS BEEN UTILIZED TO DATE AND THE RESULTS ACHIEVED.

DESIGNATIONS TO OTHER UNITED WAYS AND AGENCIES PAID DIRECTLY BY THIRD-PARTY PROCESSORS - ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UNITED WAY UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING. SUCH SCREENING INCLUDES VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT AND VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION.

**Part IV** Supplemental Information

COMMUNITY SERVICES INDIVIDUAL EMERGENCY FUND GRANTS

UNITED WAY OF CENTRAL OHIO MAINTAINS A SMALL FUND OF APPROXIMATELY \$30,000 PER YEAR TO PROVIDE EMERGENCY ASSISTANCE TO INDIVIDUALS AND FAMILIES IN SHORT-TERM CRISIS SITUATIONS. THE AVERAGE AMOUNT OF ASSISTANCE PROVIDED PER INDIVIDUAL IS LESS THAN \$400. WHEN COMMUNITY SERVICES STAFF ARE CONTACTED REGARDING AN INDIVIDUAL / FAMILY IN NEED, THE FIRST ACTION TAKEN IS TO ASSESS THE SITUATION AND MAKE REFERRALS TO APPROPRIATE AGENCIES OR SERVICES THAT CAN RESPOND DIRECTLY. DIRECT SERVICE IS OFTEN PROVIDED BY MAKING FOOD REFERRALS AND/OR PROVIDING DIRECTION FOR HELP WITH OBTAINING HOUSING. IF ALL REFERRAL SOURCES ARE EXHAUSTED AND ASSISTANCE IS STILL NEEDED, THE EMERGENCY FUND IS UTILIZED TO PROVIDE APPROPRIATE FINANCIAL ASSISTANCE FOR THE FOLLOWING TYPES OF SITUATIONS:

- AVOIDING EVICTION,
- AVOIDING UTILITY SHUT OFF,
- SHORT-TERM MEDICAL AID (RENTAL OF MEDICAL EQUIPMENT OR PURCHASE OF PRESCRIPTION MEDICATION),
- CONSTRUCTION OF WHEELCHAIR RAMPS AND ACCESSIBILITY IMPROVEMENTS,
- "DAY OF ACTION" PROJECTS; MOST RECENTLY THE FREEDOM PROJECT FOR RESCUED HUMAN TRAFFICKING VICTIMS,
- COTA DAY PASS, FOR WALK-INS THAT COME TO UNITED WAY SEEKING ASSISTANCE.

INFORMATION IS RECORDED TO MAINTAIN A DATA BASE OF ASSISTANCE REQUESTED AND ACTION TAKEN. ALL SITUATIONS ARE VERIFIED, AND WHEN POSSIBLE FINANCIAL ASSISTANCE IS SENT DIRECTLY TO THE SERVICE PROVIDER



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL OHIO, INC.

Employer identification number

31-4393712

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL WILKOS SVP COMMUNITY IMPACT	(i)	164,589.	0.	0.	10,027.	1,870.	176,486.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATRINA BURRIER SVP RESOURCE DEVELOPMENT	(i)	159,508.	0.	0.	0.	3,957.	163,465.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHERYL NELSON SVP FINANCE, CFO	(i)	180,771.	0.	0.	11,143.	4,028.	195,942.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LISA S. COURTICE PRESIDENT & CEO	(i)	272,410.	14,625.	0.	16,778.	4,368.	308,181.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

UNITED WAY PROVIDES PAYMENT OF MEMBERSHIP DUES FOR CEO, LISA COURTICE, AT COLUMBUS CLUB, A DOWNTOWN COLUMBUS BUSINESS CLUB WHICH OFFERS BUSINESS NETWORKING OPPORTUNITIES. ANNUAL MEMBERSHIP DUES PAID FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2019 WERE \$4,380.

PART I, LINE 3:

THE UNITED WAY OF CENTRAL OHIO COMPENSATION COMMITTEE OF THE BOARD REVIEWS THE TOTAL COMPENSATION (INCLUDING ALL BENEFITS) OF THE CEO AT LEAST ANNUALLY. THE MOST RECENT REVIEW OCCURRED IN MARCH 2019. THE CEO'S SALARY IS BASED ON CEO PERFORMANCE, BUDGET PARAMETERS, INDEPENDENT MARKET DATA AND MARKET ISSUES. MINUTES OF THE COMPENSATION DISCUSSION MEETING ARE RECORDED AND MAINTAINED.

THE ANNUAL REVIEW OF THE CEO INCLUDES A REVIEW OF MARKET COMPARABILITY DATA FROM INDEPENDENT SOURCES AND THE SOURCES OF COMPARABLE DATA ARE REFLECTED IN THE MINUTES OF THE COMMITTEE MEETING SETTING COMPENSATION. COMPARISONS INCLUDE OTHER SIMILAR -SIZED UNITED WAYS WITHIN THE UNITED WAY SYSTEMS AS WELL AS OTHER SIMILAR-SIZED NON-PROFIT AGENCIES AND FOUNDATIONS WITHIN OH.



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

ANY MEMBER OF THE COMPENSATION COMMITTEE WHO HAS A CONFLICT OF INTEREST IN THE SETTING OF COMPENSATION MUST DECLARE THE CONFLICT BEFORE ANY DISCUSSIONS TAKE PLACE AND THE COMMITTEE WILL DETERMINE WHETHER THE MEMBER DECLARING THE CONFLICT CAN PARTICIPATE IN THE DISCUSSION AND FINAL DECISION.

THE COMPENSATION COMMITTEE ALSO REVIEWS THE CEO'S RECOMMENDATIONS FOR OTHER SENIOR MANAGEMENT COMPENSATION, INCLUDING COMPARABLE MARKET DATA USED IN MAKING THOSE RECOMMENDATIONS. THE COMPENSATION COMMITTEE RECORDS ITS CONSIDERATION OF THE CEO'S RECOMMENDATIONS, THE MARKET DATA CONSIDERED AND WHETHER THE CEO'S RECOMMENDATIONS WERE ACCEPTED, ALTERED (INCLUDING THE ALTERATIONS) OR REJECTED.

PART I, LINES 4A-B:

FORMER OFFICER, ANGEL HARRIS, RECEIVED SEVERANCE PAYMENTS TOTALING \$59,318 IN CALENDAR YEAR 2019.



**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DUANE CASARES	TRUSTEE	0.	AGENCY FUND		X
TOSHIA SAFFORD	TRUSTEE	0.	AGENCY FUND		X
BARBARA BENHAM	TRUSTEE	0.	BUSINESS BA		X

**Part V Supplemental Information.**

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

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

(A) NAME OF PERSON: DUANE CASARES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE

(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O

(D) DESCRIPTION OF TRANSACTION: AGENCY FUNDING

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: TOSHIA SAFFORD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE

(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O

(D) DESCRIPTION OF TRANSACTION: AGENCY FUNDING

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: BARBARA BENHAM

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE

(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O

(D) DESCRIPTION OF TRANSACTION: BUSINESS BANKING, HEALTH AND GENERAL

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

INSURANCE, LINE OF CREDIT

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE L - ADDITIONAL INFORMATION

UNITED WAY OF CENTRAL OHIO (UWCO) MAINTAINS CHECKING AND SAVINGS ACCOUNTS AT MULTIPLE BANKS IN THE CENTRAL OHIO AREA. ONE TRUSTEE OF THE UWCO BOARD IS A SENIOR EXECUTIVE AT A BANK WITH WHICH UWCO HAS SUCH A BUSINESS RELATIONSHIP. FURTHERMORE, UWCO ALSO MAINTAINS AN UNUSED LINE OF CREDIT WITH THIS FINANCIAL INSTITUTION. BOARD MEMBERS WHO ARE AN EMPLOYEE OF A FINANCIAL INSTITUTION MUST RECUSE THEMSELVES FROM ANY BANKING, INVESTMENT OR RELATED DECISIONS.

AS PART OF THE UWCO'S CODE OF REGULATIONS, EXECUTIVE DIRECTORS (CEO'S) FROM TWO (2) FUNDED PARTNER AGENCIES ARE REPRESENTATIVES ON THE UWCO BOARD OF TRUSTEES. THESE AGENCIES RECEIVE FUNDING ALLOCATIONS AND/OR DESIGNATION PAYMENTS, BUT THE AGENCY REPRESENTATIVE TRUSTEES DO NOT PARTICIPATE IN DECISION MAKING RELATED TO THEIR OWN AGENCY FUNDING.

THE UWCO CONFLICT OF INTEREST POLICY REQUIRES BOARD MEMBERS TO ABSTAIN FROM VOTING ON OR SUPPORTING ANY ISSUES WHICH MAY HAVE A DIRECT IMPACT ON OR BE RELATED TO THEIR BUSINESS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **UNITED WAY OF CENTRAL OHIO, INC.** Employer identification number **31-4393712**

Part 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 determining noncash contribution amounts
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	41	365,576.	AVG. DATE OF TRANS
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	Archeological artifacts .....				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

**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, PART I, COLUMN (B):

UNITED WAY OF CENTRAL OHIO IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART 1, COLUMN B.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF CENTRAL OHIO, INC.

Employer identification number

31-4393712

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

UNITED WAY ALSO PRIORITIZES NEIGHBORHOODS OF CONCENTRATED POVERTY BY

SERVING AS A CATALYST AND ORGANIZER FOR REVITALIZATION EFFORTS. TO

FURTHER IMPACT OUR COMMUNITY, UNITED WAY OF CENTRAL OHIO SHIFTED FROM

BEING SOLELY A COMMUNITY FUNDRAISER OR COMMUNITY CHEST TO A COMMUNITY

IMPACT ORGANIZATION THAT DEVELOPS AND IMPLEMENTS COMMUNITY-WIDE

INITIATIVES THAT CREATE SUSTAINABLE CHANGE. IN ADDITION TO INVESTING IN

OUR COMMUNITY'S MOST EFFECTIVE NONPROFITS, UNITED WAY OF CENTRAL OHIO

ALSO SUPPORTS PROJECTS SUCH AS STABLE FAMILIES, TAX TIME, AND THE

NEIGHBORHOOD PARTNERSHIP GRANTS PROGRAM.

WE RAISE FUNDS AND INVEST IN A WIDE NETWORK OF FUNDED PARTNERS WHO ARE

WORKING WITH FAMILIES EVERY DAY TO PROVIDE FOOD, STABLE HOUSING,

HIGH-QUALITY EDUCATION AND SAFE NEIGHBORHOODS. WE BRING LEADERS

TOGETHER TO IMPROVE THE POLICIES AND SYSTEMS THAT DIRECTLY AFFECT

THOUSANDS OF LIVES, AND WE DEVELOP AND IMPLEMENT INNOVATIVE AND

INTEGRATED WAYS TO REDUCE POVERTY. WE WORK INTENSIVELY IN PRIORITY

NEIGHBORHOODS TO CREATE BROAD POSITIVE CHANGES BY EMPOWERING

NEIGHBORHOOD LEADERS AND RESIDENTS TO CHANGE THE PLACES THEY LIVE. WE

ARE DEDICATED TO MAKING THE PRINCIPLES OF DIVERSITY, INCLUSION AND

EQUITY THE FOUNDATION FOR EVERYTHING WE DO BECAUSE WE KNOW THE BEST

DECISIONS ARE MADE WHEN ALL VOICES ARE HEARD, INCLUDED AND RESPECTED.

AS ONE OF THE LARGEST UNITED WAYS IN THE COUNTRY, WE BRING TOGETHER

MORE THAN 60,000 DONORS AND VOLUNTEERS. FOR MORE INFORMATION, VISIT

[WWW.LIVEUNITEDCENTRALOHIO.ORG](http://WWW.LIVEUNITEDCENTRALOHIO.ORG).

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

UNITED WAY OF CENTRAL OHIO, INC.

Employer identification number

31-4393712

## CHILDHOOD SUCCESS

ONE OF THE MOST EFFECTIVE STRATEGIES TO FIGHT POVERTY IS TO START IN THE EARLY YEARS. POVERTY DISADVANTAGES CHILDREN AT THE MOST CRITICAL TIME IN THEIR LIVES. EARLY CHILDHOOD IS THE SINGLE MOST PROLIFIC PERIOD OF DEVELOPMENT FOR CHILDREN - 90 PERCENT OF A CHILD'S BRAIN GROWTH OCCURS BETWEEN BIRTH AND AGE THREE. CHILDREN IN POVERTY, HOWEVER, FREQUENTLY DO NOT HAVE ACCESS TO THE SAME EDUCATIONAL AND DEVELOPMENTAL RESOURCES AS THEIR COUNTERPARTS FROM HIGHER-INCOME FAMILIES DURING THIS VITAL TIME. HIGH-QUALITY PRESCHOOL PROGRAMS ARE PROVEN TO RAISE ACADEMIC PERFORMANCE AND GIVE CHILDREN THE SKILLS AND TOOLS NEEDED TO BECOME SUCCESSFUL AND CONTRIBUTING ADULTS. EARLY CHILDHOOD EDUCATION PARTICIPANTS ARE SIGNIFICANTLY MORE LIKELY TO GRADUATE FROM HIGH SCHOOL AND ARE 2.5 TIMES MORE LIKELY TO CONTINUE ON TO HIGHER EDUCATION.

IN 2019, UNITED WAY OF CENTRAL OHIO FUNDED 15 EARLY CHILDHOOD EDUCATION PROGRAMS OFFERED BY 12 FRANKLIN COUNTY NONPROFITS.

## YOUTH SUCCESS

AN ESSENTIAL KEY TO ECONOMIC SELF-SUFFICIENCY IS THE ATTAINMENT OF A HIGH SCHOOL DIPLOMA. A HIGH SCHOOL GRADUATE MAKES AT LEAST HALF A MILLION DOLLARS MORE IN LIFETIME EARNINGS THAN SOMEONE WHO DROPS-OUT OF SCHOOL AND IS THREE TIMES LESS LIKELY TO LIVE IN POVERTY. HIGH SCHOOL GRADUATES ARE LESS LIKELY THAN HIGH SCHOOL DROPOUTS TO BE UNEMPLOYED, HAVE POOR HEALTH OR HAVE CHILDREN WHO WILL ALSO LIVE IN POVERTY. HIGH SCHOOL GRADUATES ARE LESS LIKELY TO ENGAGE IN CRIMINAL BEHAVIOR. GRADUATING MORE STUDENTS FROM HIGH SCHOOL CREATES NEW JOBS, INCREASES CONSUMER SPENDING, BOOSTS TAX REVENUES, AND INCREASES THE GROSS



Name of the organization

UNITED WAY OF CENTRAL OHIO, INC.

Employer identification number

31-4393712

DOMESTIC PRODUCT. DESPITE ALL THE BENEFITS OF A HIGH SCHOOL DIPLOMA, THE FOUR-YEAR GRADUATION RATE FOR THE COLUMBUS CITY SCHOOL DISTRICT WAS 82% (SOURCE: OHIO DEPARTMENT OF EDUCATION). IN RESPONSE TO THIS NEED, UNITED WAY OF CENTRAL OHIO INVESTED IN 23 YOUTH SUCCESS PROGRAMS AT 17 FRANKLIN COUNTY NONPROFITS.

## ECONOMIC MOBILITY

ALTHOUGH FRANKLIN COUNTY'S UNEMPLOYMENT RATE HAS BEEN DECLINING TO HISTORIC LOWS, OVER 415,000 PEOPLE CONTINUE TO LIVE AT THE 200% POVERTY LEVEL OR BELOW. WE HAVE A WIDENING GAP BETWEEN THOSE WHO ENJOY SUCCESS AND THOSE WHO STRUGGLE TO MAKE ENDS MEET. UNITED WAY OF CENTRAL OHIO FIGHTS POVERTY BY INVESTING IN PROGRAMS THAT HELP PEOPLE ATTAIN JOB-RELATED SKILLS, FIND AND MAINTAIN EMPLOYMENT AND MANAGE THEIR RESOURCES. UNITED WAY ALSO FUNDS PROGRAMS THAT HELP PEOPLE IN CRISIS, BOTH MEETING THEIR IMMEDIATE BASIC NEEDS AND HELPING BUILD A FOUNDATION TO SUPPORT IMPROVED FINANCIAL STABILITY. IN 2019, UNITED WAY OF CENTRAL OHIO INVESTED IN 15 FINANCIAL STABILITY AND JOB ATTAINMENT PROGRAMS AT 14 FRANKLIN COUNTY NONPROFITS. UNITED WAY OF CENTRAL OHIO ALSO INVESTED IN 32 BASIC NEEDS PROGRAMS AT 25 FRANKLIN COUNTY NONPROFITS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

\$150 MILLION IN REFUNDS TO COMMUNITY MEMBERS. IN 2019, TAX TIME HELPED OVER 15,000 LOW- AND MODERATE-INCOME HOUSEHOLDS CLAIM MORE THAN \$17 MILLION IN TAX REFUNDS AND SAVE \$3 MILLION IN TAX PREPARATION FEES.

"STABLE FAMILIES IS A PROGRAM THAT PROVIDES FAMILIES AT IMMINENT RISK OF HOMELESSNESS WITH A COMBINATION OF IMMEDIATE EMERGENCY FUNDS AND

Name of the organization

UNITED WAY OF CENTRAL OHIO, INC.

Employer identification number

31-4393712

LONGER-TERM HEALTH AND HUMAN SERVICES. THIS EFFECTIVE APPROACH HELPS PREVENT HOMELESSNESS AND REDUCE STUDENT MOBILITY AMONG LOW-INCOME FAMILIES THROUGHOUT FRANKLIN COUNTY. UNPLANNED MOVES, RESULTING IN REPEATED NEW SCHOOLS, HAVE A DIRECT NEGATIVE IMPACT ON THE LEARNING AND DEVELOPMENT OF SCHOOL-AGE CHILDREN. HOMELESS CHILDREN ARE TWICE AS LIKELY TO REPEAT A GRADE AS THOSE WITH STABLE HOUSING. THE STABLE FAMILIES PROGRAM PREVENTS DISRUPTIVE MOVES BY IDENTIFYING FAMILIES AT RISK OF HOMELESSNESS AND CONNECTING THEM WITH CASE MANAGEMENT PROFESSIONALS WHO WORK INTENSELY WITH THEM FOR UP TO 18 MONTHS TO CREATE PLANS FOR EACH FAMILY TO STABILIZE AND PROSPER. MORE THAN 1,200 CHILDREN FROM OVER 400 FAMILIES IN FRANKLIN COUNTY RECEIVED VALUABLE CASE MANAGEMENT SERVICES THROUGHOUT 2019. THESE SERVICES HELPED FAMILIES ACHIEVE GREATER STABILITY AND ALLOWED THEIR CHILDREN TO REMAIN IN SCHOOL. THE REACH OF STABLE FAMILIES MORE THAN DOUBLED IN 2019, CREATING NEW AND INNOVATIVE ENGAGEMENT POINTS TO SERVE FAMILIES BEYOND THE 25+ PARTICIPATING SCHOOLS IN FRANKLIN COUNTY. EXAMPLES OF THESE COLLABORATIVE RELATIONSHIPS INCLUDE YMCA HEAD START CENTERS, ELDON AND ELSIE WARD FAMILY YMCA, THE LEGAL AID SOCIETY OF COLUMBUS, CELEBRATEONE, THE CENTER FOR FAMILY SAFETY AND HEALING, AND MANY OTHERS.

"WOMEN'S LEADERSHIP COUNCIL'S E3 INITIATIVE STANDS FOR "EDUCATE, EMPOWER AND ELEVATE." THIS INITIATIVE PROVIDES LOW- TO MODERATE-INCOME WORKING WOMEN THE SUPPORT NEEDED TO SECURE A LIVABLE WAGE JOB WITH BENEFITS. THE PROGRAM LINKS WOMEN TO RESOURCES AND BENEFITS THAT ENHANCE FINANCIAL STABILITY, TEACHES CORE WORKFORCE COMPETENCIES, AND HELPS PARTICIPANTS DEVELOP FINANCIAL LITERACY AND A TWO-YEAR EDUCATION/EMPLOYMENT PLAN. EVERY PARTICIPANT IS GIVEN THE OPPORTUNITY

Name of the organization

UNITED WAY OF CENTRAL OHIO, INC.

Employer identification number

31-4393712

TO HAVE INDIVIDUALIZED FINANCIAL COUNSELING SESSIONS WITH A CERTIFIED COUNSELOR. EIGHTEEN WOMEN PARTICIPATED IN THE E3 PROGRAM IN 2019.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

UNITED WAY OF CENTRAL OHIO PROCESSED DONOR DESIGNATIONS TO 2,201 AGENCIES AND OTHER UNITED WAYS DURING THE 2019 CAMPAIGN.

EXPENSES \$ 171,917. INCLUDING GRANTS OF \$ 25,581. REVENUE \$ 0.

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

UNITED WAY OF CENTRAL OHIO'S ANNUAL IRS FORM 990 IS PREPARED BY THE CFO AND FINANCE STAFF BEFORE IT IS REVIEWED AND APPROVED BY THE TAX ACCOUNTANTS FROM OUR EXTERNAL AUDIT FIRM, GBQ PARTNERS LLC. FORM 990 IS REVIEWED IN DETAIL BY THE UNITED WAY FINANCE AND AUDIT COMMITTEES AND APPROVED FOR PRESENTATION TO THE UNITED WAY BOARD OF TRUSTEES AND/OR THE EXECUTIVE COMMITTEE OF THE BOARD. THE TREASURER AND/OR CFO PRESENT FORM 990 TO THE BOARD OR EXECUTIVE COMMITTEE FOR APPROVAL BEFORE FORM 990 IS FILED WITH THE IRS. EACH BOARD MEMBER RECEIVES A COPY OF FORM 990 FOR REVIEW PRIOR TO THE MEETING.

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

CONFLICT OF INTEREST PROCEDURES:

UNITED WAY PROVIDES THE CONFLICT OF INTEREST POLICY TO ALL STAFF MEMBERS AND ANY VOLUNTEER WHO PARTICIPATES IN OR INFLUENCES UNITED WAY DECISION MAKING (BOARD AND BOARD-LEVEL COMMITTEE MEMBERS). ANNUAL WRITTEN DISCLOSURE STATEMENTS ARE OBTAINED BY UNITED WAY FROM ALL STAFF MEMBERS AND ANY VOLUNTEER PARTICIPATING IN OR INFLUENCING UNITED WAY DECISION MAKING IN ORDER THAT PERCEIVED OR ACTUAL CONFLICTS CAN BE IDENTIFIED AND THEN

Name of the organization UNITED WAY OF CENTRAL OHIO, INC.	Employer identification number 31-4393712
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DISCLOSED. INDIVIDUALS ARE INSTRUCTED TO PROMPTLY NOTIFY UNITED WAY AND UPDATE THEIR DISCLOSURE STATEMENTS, AS NECESSARY. STAFF CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE TRACKED AND MAINTAINED BY THE HUMAN RESOURCE DEPARTMENT. VOLUNTEER CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE TRACKED AND MAINTAINED IN THE PRESIDENT'S OFFICE. IT IS THE RESPONSIBILITY OF THE INDIVIDUAL PARTICIPATING IN OR INFLUENCING UNITED WAY DECISION MAKING TO IDENTIFY CONFLICTS OF INTEREST AS THEY ARISE FROM TIME TO TIME AND TO THEREAFTER COMPLY WITH THE LETTER AND SPIRIT OF THE POLICY. SUCH DISCLOSURE SHOULD OCCUR AT THE EARLIEST POSSIBLE TIME, AND IF POSSIBLE, PRIOR TO THE DISCUSSION OF ANY SUCH ISSUE. HAVING DISCLOSED THE EXISTENCE OF AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST, AND INDIVIDUAL MAY NONETHELESS PARTICIPATE IN THE DISCUSSION OF A GIVEN ISSUE AT THE DISCRETION OF THE BOARD OR COMMITTEE CHAIR, BUT MUST ABSTAIN FROM VOTING UPON THAT PARTICULAR ISSUE. ANY SUCH ABSTENTIONS ARE REFLECTED IN THE WRITTEN MINUTES OF THAT MEETING.

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

PROCESS FOR CEO AND SENIOR MANAGEMENT COMPENSATION REVIEW:

THE UNITED WAY OF CENTRAL OHIO EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE TOTAL COMPENSATION (INCLUDING ALL BENEFITS) OF THE CEO ANNUALLY. THIS INFORMATION IS ALSO SHARED WITH THE FULL BOARD. THE MOST RECENT REVIEW OCCURRED IN MARCH 2019. THE CEO'S SALARY IS BASED ON CEO PERFORMANCE, BUDGET PARAMETERS, INDEPENDENT MARKET DATA AND MARKET ISSUES. MINUTES OF THE COMPENSATION DISCUSSION MEETING ARE RECORDED AND MAINTAINED. THE ANNUAL REVIEW OF THE CEO INCLUDES A REVIEW OF MARKET COMPARABILITY DATA COMPILED BY AN INDEPENDENT CONSULTANT FROM INDEPENDENT DATA SOURCES AND THE SOURCES OF COMPARABLE DATA ARE REFLECTED IN THE MINUTES OF THE COMMITTEE MEETING SETTING COMPENSATION. COMPARISONS INCLUDE OTHER SIMILAR-SIZED

Name of the organization UNITED WAY OF CENTRAL OHIO, INC.	Employer identification number 31-4393712
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UNITED WAYS WITHIN THE UNITED WAY SYSTEM AS WELL AS OTHER SIMILAR-SIZED  
NON-PROFIT AGENCIES AND FOUNDATIONS WITHIN OHIO.

ANY MEMBER OF THE EXECUTIVE COMMITTEE WHO HAS A CONFLICT OF INTEREST IN THE  
SETTING OF COMPENSATION MUST DECLARE THE CONFLICT BEFORE ANY DISCUSSIONS  
TAKE PLACE AND THE COMMITTEE WILL DETERMINE WHETHER THE MEMBER DECLARING  
THE CONFLICT CAN PARTICIPATE IN THE DISCUSSION AND FINAL DECISION.

THE EXECUTIVE COMMITTEE ALSO REVIEWS THE CEO'S RECOMMENDATIONS FOR OTHER  
SENIOR MANAGEMENT COMPENSATION, INCLUDING COMPARABLE MARKET DATA USED IN  
MAKING THOSE RECOMMENDATIONS. THE EXECUTIVE COMMITTEE RECORDS ITS  
CONSIDERATION OF THE CEO'S RECOMMENDATIONS, THE MARKET DATA CONSIDERED AND  
WHETHER THE CEO'S RECOMMENDATIONS WERE ACCEPTED, ALTERED (INCLUDING THE  
ALTERATIONS) OR REJECTED.

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

UNITED WAY OF CENTRAL OHIO POSTS OUR MOST RECENTLY COMPLETED AUDITED  
FINANCIAL STATEMENTS AND IRS FORM 990 ON OUR PUBLIC WEBSITE -  
WWW.LIVEUNITEDCENTRALOHIO.ORG. WE ALSO POST OUR CONFLICT OF INTEREST  
POLICY, CODE OF ETHICS AND OTHER KEY POLICIES ON THE WEBSITE. OUR GOVERNING  
DOCUMENTS (ARTICLES OF INCORPORATION, BY-LAWS AND CODE OF REGULATIONS) ARE  
AVAILABLE TO THE PUBLIC UPON REQUEST EITHER ONSITE AT OUR OFFICE LOCATION  
OR VIA MAILING TO THE REQUESTOR.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

March 31, 2020

<b>Prepared for</b>	United Way of Central Ohio, Inc. 360 South Third Street Columbus, OH 43215
<b>Prepared by</b>	GBQ Partners LLC 230 West Street, Suite 700 Columbus, OH 43215-2663
<b>Amount due or refund</b>	No amount is due.
<b>Make check payable to</b>	No amount is due.
<b>Mail tax return and check (if applicable) to</b>	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
<b>Return must be mailed on or before</b>	August 17, 2020
<b>Special Instructions</b>	The return should be signed and dated.

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

# 2019

For calendar year 2019 or other tax year beginning APR 1, 2019, and ending MAR 31, 2020

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>UNITED WAY OF CENTRAL OHIO, INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>360 SOUTH THIRD STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>COLUMBUS, OH 43215</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>31-4393712</b>  <b>E</b> Unrelated business activity code (See instructions.)
<b>C</b> Book value of all assets at end of year		<b>F</b> Group exemption number (See instructions.) ▶ <b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ \_\_\_\_\_ . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? .....  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ CHERYL NELSON, SENIOR VP OF FINANC Telephone number ▶ (614) 227-2700

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances				
c Balance		1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 <b>Total.</b> Combine lines 3 through 12		13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	
20 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a		21b
22 Depletion		22	
23 Contributions to deferred compensation plans		23	
24 Employee benefit programs		24	
25 Excess exempt expenses (Schedule I)		25	
26 Excess readership costs (Schedule J)		26	
27 Other deductions (attach schedule)		27	
28 <b>Total deductions.</b> Add lines 14 through 27		28	0.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	0.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	0.
31 Unrelated business taxable income. Subtract line 30 from line 29		31	0.

<b>Part III Total Unrelated Business Taxable Income</b>	
32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 0.
33 Amounts paid for disallowed fringes	33
34 Charitable contributions (see instructions for limitation rules)	34 0.
35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35
36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36
37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37
38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
39 <b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39 0.

<b>Part IV Tax Computation</b>	
40 <b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	40 0.
41 <b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41
42 <b>Proxy tax.</b> See instructions	42
43 <b>Alternative minimum tax (trusts only)</b>	43
44 <b>Tax on Noncompliant Facility Income.</b> See instructions	44
45 <b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.

<b>Part V Tax and Payments</b>	
46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a
b Other credits (see instructions)	46b
c General business credit. Attach Form 3800	46c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	46d
e <b>Total credits.</b> Add lines 46a through 46d	46e
47 Subtract line 46e from line 45	47 0.
48 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48
49 <b>Total tax.</b> Add lines 47 and 48 (see instructions)	49 0.
50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
51a Payments: A 2018 overpayment credited to 2019	51a
b 2019 estimated tax payments	51b
c Tax deposited with Form 8868	51c
d Foreign organizations: Tax paid or withheld at source (see instructions)	51d
e Backup withholding (see instructions)	51e
f Credit for small employer health insurance premiums (attach Form 8941)	51f
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g
52 <b>Total payments.</b> Add lines 51a through 51g	52
53 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53
54 <b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
55 <b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55
56 Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	56

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		
57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
		X
58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **SENIOR VP OF FINANCE AND CFO**

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JANE RUMORA	JANE RUMORA	08/14/2020		P00074247
	Firm's name <b>GBQ PARTNERS LLC</b>	Firm's address <b>230 WEST STREET, SUITE 700 COLUMBUS, OH 43215-2663</b>		Firm's EIN <b>20-2122306</b>	Phone no. <b>614-221-1120</b>



**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year .....	1		6	Inventory at end of year .....	6	
2	Purchases .....	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7	
3	Cost of labor .....	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes No
4a	Additional section 263A costs (attach schedule) .....	4a					
b	Other costs (attach schedule) .....	4b					
5	<b>Total.</b> Add lines 1 through 4b .....	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> included in column 8 .....			0.	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			<b>0.</b>	<b>0.</b>

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
		<b>0.</b>		<b>0.</b>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
	<b>0.</b>	<b>0.</b>				<b>0.</b>

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....	<b>0.</b>	<b>0.</b>				<b>0.</b>

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 26. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

**2019**

Name <b>UNITED WAY OF CENTRAL OHIO, INC.</b>	Employer identification number <b>31-4393712</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

<b>Part I Required Annual Payment</b>			
1 Total tax (see instructions) .....		1	
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d <b>Total.</b> Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		3	
4 Enter the tax shown on the corporation's 2018 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....		4	
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		5	

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6  The corporation is using the adjusted seasonal installment method.

7  The corporation is using the annualized income installment method.

8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

<b>Part III Figuring the Underpayment</b>					
		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>				
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>				
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>				
13 Add lines 11 and 12 .....	<b>13</b>				
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>				
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>				
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>				
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>				

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2019)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2019 and before 7/1/2019 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 6\% (0.06)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2019 and before 10/1/2019 ...	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2019 and before 1/1/2020 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2019 and before 4/1/2020 ...	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 5\% (0.05)}{366}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2020 and before 7/1/2020 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020 ...	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2020 and before 3/16/2021 ...	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b>			\$ 0.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.