** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. APR 1, 2022 and ending MAR 2023 A For the 2022 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number

X	Addre chang	UNITED WAY OF CENTRAL OHIO, INC.		
	Name chang		31-43937	12
	Initial return			
	Final return		614-227-	
	termin ated Amen	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	22,864,188.
	return Applic	COLUMBOS, OH 43213	H(a) Is this a group	
	_tion pendir	F Name and address of principal officer: OULLANA TIANDIMON	for subordinate	—
			H(b) Are all subordinates	
				a list. See instructions
	Vebsi	· · · · · · · · · · · · · · · · · · ·	H(c) Group exempti	
	orm of I rt I	forganization: X Corporation Trust Association Other L N	rear of formation: 1931	M State of legal domicile: OH
		Briefly describe the organization's mission or most significant activities: UWCO PRO	VIDES DESOUDS	דכ יים עדי.ם
ဨ		PEOPLE MEET CRITICAL BASIC NEEDS AND ACHIEVE		
Activities & Governance		Check this box if the organization discontinued its operations or disposed of m		
ē			۔ ا	\ \ \
હ		Number of independent voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		
∞ಶ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		
ţį		Total number of volunteers (estimate if necessary)		
Ξį			1_	
8		Net unrelated business taxable income from Form 990-T, Part I, line 11		
		Net differenced business taxable income from 1 om 1990-1, 1 art 1, line 11	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	23,975,430.	
Revenue		Program service revenue (Part VIII, line 2g)	0.	
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	219,566.	
8		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	628,092.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,823,088.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,282,514.	
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	
ړ	15	Salaries other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,090,853.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	0.	
ē	b	Total fundraising expenses (Part IX, column (D), line 25) 1,739,008.		
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,259,682.	5,301,625.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,633,049.	23,576,024.
		Revenue less expenses. Subtract line 18 from line 12	190,039.	
o S			Beginning of Current Year	End of Year
Eggs	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	32,518,596.	
Bass	21	Total liabilities (Part X, line 26)	8,511,772.	10,171,604.
	22	Net assets or fund balances. Subtract line 21 from line 20	24,006,824.	23,419,216.
Pa	rt II	Signature Block		
Jnde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		O'control of Management of the second	Data	
Sigr		Signature of officer	Date	
Here	Э	JULIANA HARDYMON, VP OF FINANCE AND CFO		
		Type or print name and title	Data lakut	DTIN
		Print/Type preparer's name Preparer's signature	Date Check if Check	PTIN
Paid		KATHY M. MOSELEY KATHY M. MOSELEY	08/08/23 self-emplo	pyed P00116760
	arer	Firm's name GBQ PARTNERS LLC	Firm's EIN 4	20-2122306
JSE	Only	Firm's address 230 WEST STREET, SUITE 700 COLUMBUS, OH 43215	Dhana as 14	514) 221-1120
1/0.	the !	RS discuss this return with the preparer shown above? See instructions	Pnone no. (X Yes No
viay		TO GISCUSS THIS TETUTE WITH THE PREPAREL SHOWIT ADOVE! SEE HISTRUCTIONS		📭 169 📖 140

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	UNITED WAY OF CENTRAL OHIO IS THE LOCAL ORGANIZATION THAT HARNESSES
	THE POWER OF COMMUNITIES WORKING TOGETHER - PEOPLE, NONPROFITS,
	BUSINESSES AND GOVERNMENT - TO CREATE A STRONGER, MORE EQUITABLE
	CENTRAL OHIO. SEE SCHEDULE O.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
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. (Code:) (Expenses \$9 , 680 , 617 . including grants of \$8 , 530 , 396 .) (Revenue \$)
4a	(Code:) (Expenses \$ 9,680,617. including grants of \$ 8,530,396.) (Revenue \$) UNITED WAY OF CENTRAL OHIO'S MISSION IS TO IMPROVE THE LIVES OF OTHERS
	BY MOBILIZING THE CARING POWER OF OUR COMMUNITY. WE HAVE ONE PURPOSE:
	TO REDUCE POVERTY IN OUR COMMUNITY. BY BRINGING PEOPLE AND SYSTEMS
	TOGETHER AND MOBILIZING THEM TO ACT, WE'RE HELPING TO CHANGE COMMUNITY
	CONDITIONS AND BUILD A STRONGER CENTRAL OHIO. OUR VISION IS TO BUILD A
	COMMUNITY IN WHICH EVERYONE HAS THE ASPIRATIONS, RESOURCES AND
	OPPORTUNITIES TO REACH THEIR FULLEST POTENTIAL.
	ESTABLISHED IN 1923, UNITED WAY OF CENTRAL OHIO HAS SERVED OUR
	COMMUNITY FOR 100 YEARS. IN THAT TIME, OUR FOCUS HAS SHIFTED FROM BEING
	STRICTLY A COMMUNITY FUNDRAISER TO A COMMUNITY IMPACT ORGANIZATION THAT
	BRINGS PEOPLE TOGETHER TO SOLVE OUR MOST CRITICAL COMMUNITY ISSUES. IN
4b	(Code:) (Expenses \$ 4 , 807 , 874 • including grants of \$ 0 •) (Revenue \$ 0 •)
	TAX TIME IS A COALITION OF NONPROFIT, BUSINESS AND GOVERNMENT
	ORGANIZATIONS THAT PROVIDES FREE, HIGH-QUALITY TAX ASSISTANCE AND
	LINKAGES TO FINANCIAL RESOURCES. THE PROGRAM HELPS HOUSEHOLDS CLAIM
	VALUABLE TAX DEDUCTIONS AND CREDITS AND ACHIEVE GREATER FINANCIAL
	STABILITY. LUTHERAN SOCIAL SERVICES 2-1-1 INFORMATION AND REFERRAL
	SERVICES ACTS AS THE PRIMARY POINT OF CONTACT TO CONNECT TAXPAYERS TO
	TAX SITES. IN ADDITION, THE LEGAL AID SOCIETY OF COLUMBUS MANAGES A
	LEGAL HELP LINE TO ASSIST CLIENTS WITH TAX-RELATED LEGAL ISSUES. CLIENTS ALSO RECEIVE INFORMATION ABOUT SAVINGS AND CHECKING ACCOUNTS,
	UNDERSTANDING AND REPAIRING CREDIT, AND BENEFITS APPLICATION
	ASSISTANCE. MORE THAN 10,800 PEOPLE RECEIVED FREE TAX PREPARATION
	ASSISTANCE WITH THEIR 2022 TAX FILINGS, RESULTING IN \$9.6 MILLION BEING
40	(Code:) (Expenses \$ 4,955,478. including grants of \$ 4,955,478.) (Revenue \$ 558,384.)
-10	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 1,784 AGENCIES AND OTHER UNITED WAYS DURING THE
	2022 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 \$ 92,841. including grants of \$ 92,000.) (Revenue \$) Total program service expenses 19,536,810.
4e	Total program service expenses 19,536,810.
	Form 330 (2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		τ,	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441	х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
٦	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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	11d	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_X_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		τ,	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	₩
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	Х	├
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	 		٠.
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		 ^
Ь	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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		 ^ `
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		1
21	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		l x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	1
	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	30		

	Check if Schedule O contains a response or note to any line in this Part V							
					Yes	No		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	37					
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0					
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?			10	X			

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1c X Form 990 (2022)

Form 990 (2022) UNITED WAY OF CENTRAL OHIO, INC.

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

					Yes	No				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	82							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	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	If "Yes," enter the name of the foreign country		_							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sen	vices _l	provided to the payor?	7a		_X_				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired							
	to file Form 8282?			7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	:t?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e							
				8						
9	Sponsoring organizations maintaining donor advised funds.			9a						
	a Did the sponsoring organization make any taxable distributions under section 4966?									
				9b						
10	Section 501(c)(7) organizations. Enter:	ءمد ا	1							
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	445								
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a								
D		11b								
19a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	u						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		'							
	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
				14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
	excess parachute payment(s) during the year?			15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incoi	me?	16		X				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	s							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

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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				X							
Sec	tion A. Governing Body and Management											
				Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	27										
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent 27											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	other										
	officer, director, trustee, or key employee?		2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct su											
		·	3		Х							
4												
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х							
6	Did the organization have members or stockholders?	[6		Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one	F										
	more members of the governing body?		7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholde											
	persons other than the governing body?	,	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the fo											
а	The governing body?	· .	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	Г	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	Г										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ide)										
	(This decitor b requests information about policies not required by the internal nevertice do	<i>dc.</i> /		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?		10a	Х								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, at											
		, , , , , , , , , , , , , , , , , , ,	10b	Х								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi		11a	Х								
b												
12a			12a	Х								
b			12b	Х								
С		Г										
	on Schedule O how this was done		12c	Х								
13	Did the organization have a written whistleblower policy?		13	Х								
14	Did the organization have a written document retention and destruction policy?		14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by indep											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official		15a	Х								
	Other officers or key employees of the organization		15b	Х								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with	a										
	taxable entity during the year?		16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its parti											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
	exempt status with respect to such arrangements?		16b									
Sec	tion 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) a	availat	ole							
	for public inspection. Indicate how you made these available. Check all that apply.											
	X Own website X Another's website X Upon request Other (explain on Sche	dule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of ir	,	financ	ial								
	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 re	ecords										
	JULIANA HARDYMON, VP OF FINANCE AND CFO - 614-227-2752											
	215 N. FRONT ST. SUITE 600, 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)					(D)	(E)	(F)		
Name and title	Average			Position			one	Reportable	Reportable	Estimated	
	hours per	box, unless		ss person is both an id a director/trustee)			n an	compensation	compensation	amount of	
	week		l ai	lu a u	recto	i / ii us	(66)	from	from related	other	
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the	
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	truste	al tru:		yee	im per		1099-NEC)	1000 1.20,	and related	
	below	Individual trustee or director	In stit utio nal tru stee	er	Key employee	Highest compensated employee	ner			organizations	
	line)	Indi	Inst	Officer	Key	High	Former				
(1) LISA COURTICE	62.00	1									
PRESIDENT & CEO				Х				362,798.	0.	75,484.	
(2) CHERYL NELSON	46.00	1							_		
SVP FINANCE, CFO				Х				195,587.	0.	52,521.	
(3) MICHAEL WILKOS	42.00								_		
SVP COMMUNITY IMPACT				Х				179,352.	0.	41,308.	
(4) STEPHANIE HARRIS	40.00										
FORMER SR VP RESOURCE DEV							Х	173,460.	0.	14,587.	
(5) JULIANA HARDYMON	43.00								_		
VP OF FINANCE						X		109,310.	0.	32,764.	
(6) VALERIE RIDGEWAY	41.00								_		
VP COMMUNITY IMPACT						Х		112,738.	0.	15,908.	
(7) KOURTNI HATTON	38.00								_		
VP COMMUNITY ENG / CDEIO						Х		102,627.	0.	21,251.	
(8) DERRICK ANTWI	1.00										
TRUSTEE		Х						0.	0.	0.	
(9) TRUDY BARTLEY	1.00							_	_	_	
TRUSTEE		Х						0.	0.	0.	
(10) TAL BENDOR	1.00										
BOARD FELLOW		Х						0.	0.	0.	
(11) BARBARA BENHAM	4.00										
CHAIR		Х		Х				0.	0.	0.	
(12) DONALD BROWN	2.00										
PAST CHAIR		Х		Х				0.	0.	0.	
(13) JEFF CARPER	1.00										
TRUSTEE		Х						0.	0.	0.	
(14) DUANE CASARES	1.00										
TRUSTEE		Х						0.	0.	0.	
(15) RACHEL CAVINESS	1.00										
TRUSTEE		Х						0.	0.	0.	
(16) HOPE COTTER	1.00										
TRUSTEE		Х						0.	0.	0.	
(17) DAN CRANE	4.00										
INCOMING CHAIR				Х				0.	0.	0.	

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31-4393712

	ED WAI OF CE						_		31-4393	712 Page 0
Part VII Section A. Officers, Directo	rs, Trustees, Key Em (B)	ploy	ees,	and (C		gnes	it Co	ompensated Employee (D)	es (continued) (E)	(F)
(A) Name and title				Posi heck i	ition more rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) TALISA DIXON	1.00							_		
TRUSTEE	1 00	Х						0.	0.	0.
(19) MARK FLUHARTY TRUSTEE	1.00	X						0.	0.	0.
(20) JEREMY GUTIERREZ	1.00	^						0.	0.	0.
TRUSTEE	1.00	х						0.	0.	0.
(21) CARRIE HARRIS-MULLER	1.00									<u> </u>
TRUSTEE		Х						0.	0.	0.
(22) MICHAEL IRVING TRUSTEE	1.00	х						0.	0.	0.
(23) ADAM LEWIN	1.00									
TRUSTEE		X						0.	0.	0.
(24) PETER LORE	1.00	ļ								
TRUSTEE	1 00	Х						0.	0.	0.
(25) ELIZABETH MARTINEZ TRUSTEE	1.00	. ,							_	
(26) STEVE MASON	1.00	Х						0.	0.	0.
TRUSTEE	1.00	X						0.	0.	0.
41- 0-14-1-1			l				l	1,235,872.	0.	253,823.
c Total from continuation sheets to	D1/// O# A							0.	0.	0.
d Total (add lines 1b and 1c)	•						• •	1,235,872.	0.	253,823.
O Tatal acceptance finalization of the child								1 1 2 3 3 7 0 1 2 0		

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 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)	(B)	(C)
Name and business address	Description of services	Compensation
UPIC SOLUTIONS, 334 BEECHWOOD ROAD, STE.	TECHNOLOGY AND	
403, FORT MITCHELL, KY 41017	PLEDGE PROCESSING	322,431.
ADEPT MARKETING OUTSOURCED LLC	MARKETING	
555 EDGAR WALDO WAY, COLUMBUS, OH 43215	ADVERTISING	197,461.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 UNITED WA	AY OF CE	ΓNΊ	'RA	<u>L</u>	OH	\square	,	INC.	31-439	3712
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est (Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(c			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				em pl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	dual	ution	<u></u>	Key employee	stco	er			
	line)	Indivi	Instit	Officer	Key e	High	Former			
(27) AZURE'D METOYER	1.00									
TRUSTEE		Х						0.	0.	0.
(28) MARLON MOORE	1.00									
TRUSTEE		Х						0.	0.	0.
(29) ROCKY PARKER	1.00									
TRUSTEE		Х						0.	0.	0.
(30) MARTYN REDGRAVE	1.00									
TRUSTEE		Х						0.	0.	0.
(31) ELISE SPRIGGS	1.00									
TRUSTEE		Х						0.	0.	0.
(32) RAJA SUNDARARAJAN	2.00									
TREASURER		Х		Х				0.	0.	0.
(33) ROBERT TANNOUS	2.00									
TRUSTEE		Х						0.	0.	0.
(34) BROOKE WAGNER	1.00									
TRUSTEE		Х						0.	0.	0.
		-								
		-								
		1								
		1								
		1								
		1								
		1								
		1								
			L		L	L				
		1								
Total to Part VII, Section A, line 1c										

Form 990 (2022) UNITED Vart VIII Statement of Revenue

		Check if Schedule O con	ntains a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						iunction revenue	business revenue	sections 512 - 514
SΩ	1 a	Federated campaigns	1a	30,789.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		,				
2 5		Fundraising events						
fts,		Related organizations						
ig ig				2,404,406.				
ons,		Government grants (contribu		2,101,100.				
atio er	T	All other contributions, gifts, gra		10 277 121				
들 된		similar amounts not included ab		19,377,121.				
ont od (Noncash contributions included in lines	s 1a-1f 1g \$	136,708.	21 012 216			
<u>0</u> <u>e</u>	h	Total. Add lines 1a-1f			21,812,316.			
				Business Code				
S	2 a	·						
e vi	b							
S	C	:						
ar.	c	i						
Program Service Revenue	e	.						
₫	f	All other program service rev	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	g dividends, intere	est, and				
		other similar amounts)			412,379.			412,379.
	4	Income from investment of ta						
	5	Royalties						
		,	(i) Real	(ii) Personal				
	6 a	Gross rents 6	a 81,109.					
		Less: rental expenses 6						
		Rental income or (loss)						
		Net rental income or (loss)	, ,		36,704.			36,704.
		Gross amount from sales of	(i) Securities	(ii) Other	7			
	, ,	assets other than inventory 7	.,	()				
		Less: cost or other basis	a					
ø.	L.		<u>.</u>					
Ž		and sales expenses7						
eve		Gain or (loss)						
ther Revenue		Net gain or (loss)						
t le	8 a	Gross income from fundraising e	· I					
0		including \$						
		contributions reported on line	· ·					
		Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fun						
	9 a	Gross income from gaming a						
		Part IV, line 19						
		Less: direct expenses						
	c	Net income or (loss) from gar	ming activities					
	10 a	Gross sales of inventory, less	s returns					
		and allowances	10a	1				
	b	Less: cost of goods sold	10k)				
	c	Net income or (loss) from sal	es of inventory					
<u>"</u>				Business Code				
Miscellaneous Revenue	11 a	DONOR DESIGNATION PROC	C. FEES	900099	558,384.	558,384.		
ane Dug	b)						
elle eve	c							
<u>iš</u>	c	All other revenue						
2	e	Total. Add lines 11a-11d			558,384.			
	12	Total revenue. See instructions			22,819,783.	558,384.	0.	449,083.

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Ca	Section 501(c)(2) and 501(c)(4) arganizations must complete all solutions. All other arganizations must complete actions (A)							
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								
Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, Total expenses Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) Fundraising								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to domestic organizations		схреносо	general expenses	СХРСПОСО			
•	and domestic governments. See Part IV, line 21	13,485,874.	13,485,874.					
2	Grants and other assistance to domestic		23,103,071					
_	individuals. See Part IV, line 22	92,000.	92,000.					
3	Grants and other assistance to foreign		7 - 7 - 7 - 7 - 7					
_	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	1,063,835.	275,994.	453,140.	334,701.			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	173,460.		173,460.				
7	Other salaries and wages	2,628,919.	1,143,995.	589,715.	895,209.			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	153,004.	35,067.	96,921.	21,016. 140,019.			
9	Other employee benefits	428,889.		129,876.	140,019.			
10	Payroll taxes	248,418.	77,776.	98,256.	72,386.			
11	Fees for services (nonemployees):							
а	•	42 001	0.4.005	10.006				
b	•	43,291.	24,895.	18,396.	6 200			
	Accounting	49,300.	4,000.	39,000.	6,300.			
	, 0							
e	,							
f	Investment management fees							
g	,	238,235.	30,281.	226,218.	-18,264.			
12	column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion	77,070.		77,070.	10,204.			
13	Office expenses	213,160.		53,569.	55,657.			
14	Information technology	327,247.		152,114.	54,639.			
15	Royalties	, , , , , , , , , , , , , , , , , , ,						
16	Occupancy	178,772.	62,568.	55,379.	60,825.			
17	Travel	20,392.	9,105.	5,555.	5,732.			
18	Payments of travel or entertainment expenses	-	-	-	-			
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	47,498.	21,989.	17,444.	8,065.			
20	Interest	-2,668.		-3,360.				
21	Payments to affiliates	234,537.		62,916.	47,496.			
22	Depreciation, depletion, and amortization	81,103.		21,756.	16,424.			
23	Insurance	43,598.	10,419.	18,665.	14,514.			
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.)							
а	PROGRAM CONTRACTS	3,701,514.	3,701,514.	0.	0.			
a b	MISCELLANEOUS	42,637.		13,386.	23,550.			
C	SPECIAL EVENTS	5,939.		730.	739.			
d		-,,,,,,						
	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	23,576,024.	19,536,810.	2,300,206.	1,739,008.			
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)							

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			13,789,825.	1	11,630,708.
	2	Savings and temporary cash investments			301,850.	2	305,030.
	3	Pledges and grants receivable, net			11,147,838.	3	11,259,884.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	contributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
t2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			48,577.	9	64,111.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,960,830.			
	b	Less: accumulated depreciation			889,618.	10c	824,854.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		3,355,058.	12	2,389,275.	
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets		0 005 000	14	F 446 050	
	15	Other assets. See Part IV, line 11			2,985,830.	15	7,116,958.
	16	Total assets. Add lines 1 through 15 (must equa			32,518,596.	16	33,590,820.
	17	Accounts payable and accrued expenses	I	948,669.	17	893,716.	
	18	Grants payable			6,891,074.	18	6,095,603.
	19	Deferred revenue			17,025.	19	376,346.
	20	Tax-exempt bond liabilities		I	611 606	20	1 671 040
	21	Escrow or custodial account liability. Complete F			644,686.	21	1,671,249.
es	22	Loans and other payables to any current or former					
ij∣		trustee, key employee, creator or founder, substa				-00	
Liabilities	00	controlled entity or family member of any of these				22	
	23	Secured mortgages and notes payable to unrelated			10,318.	23 24	0.
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay			10,510.		0 •
	25	parties, and other liabilities not included on lines					
		·	-	•	0.	25	1,134,690.
	26	of Schedule D Total liabilities. Add lines 17 through 25		I	8,511,772.	26	10,171,604.
	20	Organizations that follow FASB ASC 958, chec			0/022///20	20	20/2/2/0010
es		and complete lines 27, 28, 32, and 33.					
SE	27	Net assets without donor restrictions			24,006,824.	27	23,419,216.
Bala	28	Net assets with donor restrictions				28	,
힏		Organizations that do not follow FASB ASC 95					
F.		and complete lines 29 through 33.	•	_			
P	29	Capital stock or trust principal, or current funds				29	
Sets	30	Paid-in or capital surplus, or land, building, or equ				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			24,006,824.	32	23,419,216.
-	33	Total liabilities and net assets/fund balances		I	32,518,596.	33	33,590,820.

Pa	T 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	22,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,			
3	Revenue less expenses. Subtract line 2 from line 1	3				41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,	006	, 82	<u>24.</u>
5	Net unrealized gains (losses) on investments	5		168	63	<u>33.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				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	23,	419	, 2:	<u> 16.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	
			F	orm !	9 90 ((2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization UNITED WAY OF CENTRAL OHIO 31-4393712 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support	71		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and		, ,	,				
	membership fees received. (Do not							
	include any "unusual grants.")	31048174.	27463202.	26238415.	23975430.	21812316.	130537537	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	31048174.	27463202.	26238415.	23975430.	21812316.	130537537	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						31586918.	
6	Public support. Subtract line 5 from line 4.						98950619.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	31048174.	27463202.	26238415.	23975430.	21812316.	130537537	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	78,664.	396,098.	340,113.	291,711.	493,488.	1600074.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	1016961.	956,538.	723,623.	638,163.	558,384.	3893669.	
11	Total support. Add lines 7 through 10						136031280	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)		
	organization, check this box and sto	p here						
Sec	ction C. Computation of Publ							
14	Public support percentage for 2022 (line 6, column (f), d	ivided by line 11,	column (f))		14	72.74 %	
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	67.37 %	
16a	33 1/3% support test - 2022. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and	
	stop here. The organization qualifies as a publicly supported organization X							
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation				
17a	17a 10% -facts-and-circumstances test - 2022. 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 stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances to	est. The organizatio	n qualifies as a pu	ıblicly supported o	rganization			
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or	
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the		
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s	
						Schedule A	(Form 990) 2022	

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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.)

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)====	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4,) = 0.10	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
_	check this box and stop here	- O 1 D -					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			: 10!···-· (f)		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the					-41	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the		-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 10	a or 10h check th	nis hox and see in	structions	

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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2		
3a		
3b		
_		
3c		
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4a		
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Par	TIV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	+	
	A family member of a person described on line 11a above?	_	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
0	detail in Part VI.		
Sec	tion B. Type I Supporting Organizations		т —
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
Sec	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	162	NO
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		
Sec	the supported organization(s). 1 tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	103	110
•	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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	on <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	\perp	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.	\bot	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	_	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		

Schedule	A (Form 990) 2022	UNITED	WAY C	F CENTRAL	OHIO,	INC.	3:	1-4393712	Page 6
Part V	Type III Non-Funct	ionally Integ	rated 50	9(a)(3) Suppoi	ting Orga	nizations			
1	Check here if the organiza	ation satisfied th	e Integral I	Part Test as a qual	ifying trust o	n Nov. 20, 1970 (explain in P	art VI). See instru	ctions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.									
Section A	ection A - Adjusted Net Income (A) Prior Year (B) Current Year								

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

Schedule A (Form 990) 2022

Part V Type III No	n-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)		
Section D - Distributions					Current Year	
1 Amounts paid to sup	ported organizations to accomplish exe	mpt purposes		1		
2 Amounts paid to perf	Amounts paid to perform activity that directly furthers exempt purposes of supported					
organizations, in exce	organizations, in excess of income from activity					
3 Administrative expen-	ses paid to accomplish exempt purpose	es of supported organizations	;	3		
4 Amounts paid to acq	uire exempt-use assets			4		
5 Qualified set-aside an	nounts (prior IRS approval required - pro	ovide details in Part VI)		5		
	lescribe in Part VI). See instructions.			6		
7 Total annual distribu	itions. Add lines 1 through 6.			7		
8 Distributions to attent	tive supported organizations to which th	ne organization is responsive				
(provide details in Pa	rt VI). See instructions.			8		
9 Distributable amount	for 2022 from Section C, line 6			9		
IO Line 8 amount divide	d by line 9 amount			10		
Section E - Distribution Al	llocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022	
1 Distributable amount	for 2022 from Section C, line 6					
2 Underdistributions, if	any, for years prior to 2022 (reason-					
	explain in Part VI). See instructions.					
	carryover, if any, to 2022					
a From 2017						
b From 2018						
c From 2019						
d From 2020						
e From 2021						
f Total of lines 3a thro	uah 3e					
g Applied to underdistr	•					
h Applied to 2022 distri	•					
	not applied (see instructions)					
	lines 3g, 3h, and 3i from line 3f.					
4 Distributions for 2022						
line 7:	\$					
a Applied to underdistr	ibutions of prior years					
b Applied to 2022 distri						
•	lines 4a and 4b from line 4.					
	ributions for years prior to 2022, if					
•	g and 4a from line 2. For result greater					
•	Part VI. See instructions.					
	ributions for 2022. Subtract lines 3h					
· ·	or result greater than zero, explain in					
Part VI. See instruction	-					
	s carryover to 2023. Add lines 3j					
and 4c.	Carryover to 2020. Add illies of					
8 Breakdown of line 7:						
a Excess from 2018						
b Excess from 2019						
c Excess from 2020						

Schedule A (Form 990) 2022

d Excess from 2021 e Excess from 2022

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, LINES 1, 8 AND 9
SOME PRIOR YEAR AMOUNTS WERE ADJUSTED TO MORE ACCURATELY REPORT THE
SOURCES OF REVENUE FOR THOSE TAX YEARS.
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.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number

UNITED WAY OF CENTRAL OHIO 31-4393712 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

UNITED WAY OF CENTRAL OHIO, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,983,212.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,704,500</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,353,659.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 1,024,823.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 829,006.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>1,092,777.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

UNITED WAY OF CENTRAL OHIO, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 435,481.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 753,301.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 1,137,405.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 554,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 429,108.	Person X Payroll

Page 2

Name of organization Employer identification number

UNITED WAY OF CENTRAL OHIO, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Nume, address, and Zir + 4	\$	Person Payroll Ocomplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

UNITED WAY OF CENTRAL OHIO, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** UNITED WAY OF CENTRAL OHIO, INC. 31-4393712 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

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 for instructions and the latest information.

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) organiza	tions: Complete Part III.		T =				
Name of organization			Emp	loyer identification number			
UNITED	WAY OF CENTRAL O	HIO, INC.		31-4393712			
Part I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527 or	ganization.			
 Provide a description of the organiz Political campaign activity expendir Volunteer hours for political campa 	tures		(\$			
Part I-B Complete if the org	ganization is exempt und	er section 501(c)(3).				
1 Enter the amount of any excise tax	incurred by the organization und	der section 4955	(\$			
2 Enter the amount of any excise tax							
3 If the organization incurred a section							
4a Was a correction made?				Yes No			
b If "Yes," describe in Part IV.							
Part I-C Complete if the org	ganization is exempt und	er section 501(c),	except section 501(c)(3).			
1 Enter the amount directly expende	d by the filing organization for se	ction 527 exempt funct	tion activities	\$			
2 Enter the amount of the filing organ		· ·					
exempt function activities				\$			
3 Total exempt function expenditures			,				
line 17b							
4 Did the filing organization file Form							
5 Enter the names, addresses and er							
made payments. For each organiza contributions received that were pr	· · · · · · · · · · · · · · · · · · ·			•			
political action committee (PAC). If			· · · · · · · · · · · · · · · · · · ·	ic segregated fund of a			
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political			
(a) Name	(b) Address	(C) EIN	filing organization's	contributions received and			
			funds. If none, enter -0				
				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) 2022

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Sch	nedule C (Form 990) 2022 UNITE	YAW C	OF	CENTRAL	OHIO,	INC.		393712	
Pá	art II-A Complete if the organization section 501(h)).	n is exe	mpt	under section	on 501(c)	(3) and file	ed Form 5768 (ele	ction und	er
	Check if the filing organization belone expenses, and share of excess Check if the filing organization check	s lobbyin	g expe	nditures).			group member's name	e, address, El	N,
	Limits on Lobl (The term "expenditures" m	ying Exp	enditu	ıres			(a) Filing organization's totals	(b) Affiliate total	
	a Total lobbying expenditures to influence pubb Total lobbying expenditures to influence a leg	•		, 0,			4,731. 18,922.		
	c Total lobbying expenditures (add lines 1a and		• •	, ,,			23,653.		
							21,275,843.		
	e Total exempt purpose expenditures (add line		1				21,299,496.		
	f Lobbying nontaxable amount. Enter the amo		,				1,000,000.		
	If the amount on line 1e, column (a) or (b) is:			g nontaxable a					
	Not over \$500,000	20% c	of the a	amount on line 1	e.				
	Over \$500,000 but not over \$1,000,000	\$100,	000 plu	us 15% of the ex	cess over \$	500,000.			
	Over \$1,000,000 but not over \$1,500,000	\$175,	000 plı	us 10% of the ex	cess over \$	1,000,000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,	000 plu	us 5% of the exc	cess over \$1	,500,000.			
	Over \$17,000,000	\$1,00	0,000.						
	g Grassroots nontaxable amount (enter 25% of	line 1f)					250,000.		
	h Subtract line 1g from line 1a. If zero or less, e	nter -0-					0.		
	i Subtract line 1f from line 1c. If zero or less, e	nter -0					0.		
	j If there is an amount other than zero on either	r line 1h c	r line 1	1i, did the organ	ization file F	orm 4720			
	reporting section 4911 tax for this year?							Yes	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.)								
	Lobl	ying Exp	enditu	res During 4-Y	ear Averagi	ng Period			

Lobbying Expenditures During 4-Year Averaging Period										
	Lobbying Experiences During + Teal Averaging Ferror									
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total					
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.					
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.					
c Total lobbying expenditures	43,672.	39,125.	28,996.	23,653.	135,446.					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.					
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.					
f Grassroots lobbying expenditures	8,734.	7,825.	5,799.	4,731.	27,089.					

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 UNITED WAY OF CENTRAL OHIO, INC. 31-43937 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	(a)	(b)	
of the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state, or				
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:				
, ,				
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 				
c Media advertisements?d Mailings to members, legislators, or the public?				
Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?				
Divide a set of with lariciation, their staffs, accommon to fficials, and lariciative had 0				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d 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)(4), section 501	on 501(c)(5), or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from t				
Part III-B Complete if the organization is exempt under section 501(c)(4), section		• •		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR ((b) Part l	II-A, line	3, is
answered "Yes."				
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
expenses for which the section 527(f) tax was paid).				
a Current year				
b Carryover from last year				
c Total		2c		
		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
expenditures next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information		5		
			10.0	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground state of the part II-B is a 4. Also according to the state of the part II-B is a 4. Also according to the state of the part II-B is a 4. Also according to the state of the part II-B is a 4. Also according to the state of the part II-B is a 4. Also according to the state of the part II-B is a 4. Also according to the state of the part II-B is a 4. Also according to the state of the part II-B is a 4. Also according to the state of the part II-B is a 4. Also according to the state of the part II-B is a 4. Also according to the state of the part II-B is a 4. Also according to the state of the part II-B is a 4. Also according to the state of the part II-B is a 4. Also according to the state of the part II-B is a 4. Also according to the state of the part II-B is a 4. Also according to the state of the part II-B is a 4. Also according to the state of the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also according to the part II-B is a 4. Also a	p list); Part II-A	A, lines 1 a	na 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-A				
FART II-A				
UNITED WAY OF CENTRAL OHIO EMPLOYED A FULL-TIME ASSIS	ጥልክጥ ነ/ፐ	CE DR	ESTDEN	p.
ONTID WIT OF CHAIRIE ONTO DIFFORD IT FOLD TIME ROOTS	111111 V 1	CD III	<u> </u>	<u> </u>
FOR COMMUNITY IMPACT AND A FULL-TIME RELATIONSHIP MAN	AGER, E	ACH O	F WHOM	
DEDICATE 10% FTES TO ADVOCACY EFFORTS. BOTH STAFF ME	MBERS K	EPT B	OARD O	F
TRUSTEES, STAFF AND VOLUNTEERS APPRISED OF POLICIES A	ND PIIRI.	IC FII	NDING	
·			-,	
DECISIONS THAT IMPACTED UNITED WAY'S MISSION AND REPR	ESENTED		le C (Form	200) 2002

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ORGANIZATION ON REGIONAL AND STATEWIDE ADVOCACY COALITIONS. THE TWO STAFF
MEMBERS 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

PUBLIC POLICY RESOURCE AND THOUGHT PARTNER FOR STAFF THROUGHOUT THE

ORGANIZATION. THE STAFF MEMBERS ALSO PARTICIPATED IN THE OHIO UNITED WAY

LOCAL ADVOCACY

POLICY COMMITTEE.

UNITED WAY MAINTAINED STRONG RELATIONSHIPS WITH COLUMBUS CITY COUNCIL AND THE MAYOR'S OFFICE. UNITED WAY ENCOURAGED CONTINUED CITY SUPPORT OF NONPROFITS RESPONDING TO INCREASED DEMANDS FOR HELP RESULTING FROM COVID-19. UNITED WAY RECEIVED CITY OF COLUMBUS AND FRANKLIN COUNTY FUNDING FOR UNITED WAY'S FREE TAX PREPARATION PROGRAM (TAX TIME) AND FOR SUCCESS BY THIRD GRADE. UNITED WAY CONTINUED TO INFORM AND ADVISE CITY AND COUNTY OFFICIALS OF THE IMPACT OF COVID-19 ON CENTRAL OHIO'S HEALTH AND HUMAN SERVICES SECTOR.

STATE ADVOCACY

UNITED WAY PARTICIPATED IN LEGISLATIVE DELIBERATIONS, ADVOCATED FOR PUBLIC

FUNDING FOR FAMILY HOMELESSNESS PREVENTION AND WORKED CLOSELY WITH

STATEWIDE COALITIONS TO ADVOCATE FOR POLICY CHANGES THAT HELPED FAMILIES

OBTAIN FINANCIAL STABILITY. UNITED WAY ALSO ADVOCATED FOR INCREASED ACCESS

TO AFFORDABLE AND HIGH-QUALITY CHILD CARE. UNITED WAY ADVOCATED FOR AND

RECEIVED STATE FUNDING FOR UNITED WAY'S STABLE FAMILIES PROGRAM WHICH

AVERTS HOUSING CRISES FOR FAMILIES WITH SCHOOL-AGED CHILDREN.

FEDERAL ADVOCACY

UNITED WAY SUPPORTED FEDERAL POLICIES THAT HELPED COMMUNITIES RECOVER FROM

THE EFFECTS OF THE COVID-19 PANDEMIC. SPECIFICALLY, CONGRESS WAS

ENCOURAGED TO ENACT LONG-TERM AND EQUITABLE SOLUTIONS THAT ADDRESSED CHILD

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 UNITED WAY OF CENTRAL OHIO, INC. 31-4393712 Page Part IV Supplemental Information (continued)
CARE, AFFORDABLE HOUSING, BROADBAND ACCESS, HEALTH CARE AND MENTAL HEALTH
SERVICES, TAX CREDITS FOR FAMILIES, EMERGENCY FOOD AND SHELTER AND 211.
UNITED WAY ALSO SUPPORTED EFFORTS THAT PROVIDED FEDERAL RELIEF FOR
OVERWHELMED NONPROFITS RESPONDING TO INCREASED DEMANDS FOR HELP.
GRASSROOTS LOBBYING (ADVOCACY ALERTS AND EDUCATIONAL ADVOCACY): 80%
DIRECT LOBBYING: 20%
(MEETINGS WITH PUBLIC OFFICIALS AND THEIR STAFF,
STRATEGIZING/PREPARATION FOR MEETINGS WITH PUBLIC
OFFICIALS, PUBLIC TESTIMONIES, WRITTEN MATERIAL
DESIGNED TO INFLUENCE PUBLIC OFFICIALS)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

UNITED WAY OF CENTRAL OHIO, INC.

Employer identification number 31-4393712

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts			
4	Total number at and of year	(a) Donor advised funds	(b) I unus and other accounts			
1 2	Total number at end of 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 adv	ised funds			
Ū	are the organization's property, subject to the organization's	-				
6	Did the organization inform all grantees, donors, and donor a					
_	for charitable purposes and not for the benefit of the donor of					
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990	, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).				
	Preservation of land for public use (for example, recrea	ation 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 quali	fied conservation contribution in the forn				
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
			I I			
	Number of conservation easements on a certified historic str		2c			
d	Number of conservation easements included in (c) acquired a	•				
	historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax			
_	year					
4	Number of states where property subject to conservation ear		-			
5	Does the organization have a written policy regarding the per					
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,					
0	Stan and volunteer riours devoted to monitoring, inspecting,	Transiting of Violations, and emorcing con	iservation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year			
•	, and an expenses meaned in membering, mepeeting, name	aming or violationic, and emoroming contective	and reasonner daring the year			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)			
9	In Part XIII, describe how the organization reports conservati					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	nents that describes the			
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	other Similar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works			
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in	furtherance of public			
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ms.			
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of			
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in fur	therance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
2	If the organization received or held works of art, historical tre		al gain, provide			
	the following amounts required to be reported under FASB A	•	•			
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIIII 99U.	Schedule D (Form 990) 2022			

232051 09-01-22

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

	t III Organizations Maintaining C	ollections of Art			ner Si			(contin		age Z
3	Using the organization's acquisition, accession							COITEII	ucu)	
_	collection items (check all that apply):	5.,, aa 55 555. a.s	,, 5,,55,, 4,,7	55 tg ta.	. o.g					
а	Public exhibition	d	Loan or excl	nange program						
b	Scholarly research	е	Other	3 1 3						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	kempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organization	n answered "Yes"	on For	m 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia							_		_
	on Form 990, Part X?						L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:		1					
								Amount		
	Beginning balance				- 1	1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f	v	7.,		
	Did the organization include an amount on Fo				-		LA	Yes	X	」No □
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in								Λ	
ı uı	Endownient Fundo: Complete I	(a) Current year	(b) Prior year	(c) Two years back		Three v	ears back	(e) Four	vears	hack
10	Beginning of year balance	1,276,224.	1,261,588.	1,055,954	+ ` `		27,501.		112,	
	Contributions	3,000,000.	1,202,000.	2,000,50	+			2,112,		
	Net investment earnings, gains, and losses	-4,627.	74,975.	271,530		-10,463			74	506.
d	Grants or scholarships	63,439.	66,291.	62,238	_		57,456.			825.
	Other expenditures for facilities	, -	, -	,			,			
•	and programs		9,792.							
f	Administrative expenses	3,390.	3,842.	3,658	3.		3,628.		3,	322.
g	End of year balance	4,204,768.	1,276,224.	1,261,588	-	1,0	55,954.	1,	127,	501.
2	Provide the estimated percentage of the curre	ent year end balance) held as:						
а	Board designated or quasi-endowment	100	%	•						
b	Permanent endowment . 0000	%	_							
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for	the			_		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations							3a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the related organization							3b		
Do:	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm		Dart IV line 11 - C	F 000 Dt	V II	10				
	Complete if the organization answered		1	1			. 1			
	Description of property	(a) Cost or ot basis (investm	, ,	,) Accu		ed	(d) Book	k valu	е
	Land	`	,	6,846.	depred	Jacion		264	5 0	16
	Land				,98	1 50	2 0		5,84 L,6	
b	Buildings			$\begin{bmatrix} 0,195. & 1\\ 2,287. & \end{bmatrix}$, 20	±,50	00.		$\frac{1}{2}, \frac{6}{2}$	
	Leasehold improvements			5,102.	1 /	2,02	28		3,0	
	Equipment			0,400.		2,02 9,36			L, 0	
	Other			0,=00•		,,,			1 8	

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(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	0 200 005		
(A) CERTIFICATES OF DEPOSIT	2,389,275.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(G)			
(H)	2 200 275		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	2,389,275.		
	on Form 000 Dort IV line 1	II a Cas Form 000 Port V line 12	
Complete if the organization answered "Yes"			of year market value
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (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 1	11d See Form 990 Part X line 15	
	Description	Tra. coc remirese, rait X, into re.	(b) Book value
OUR OF THEOLOGICAL ARE COLUMN	<u>.</u>		4,204,768.
			1,068,459.
MEGGET TANEGUES ASSERTS	ITE INSURANCE		743,174.
	ATING LEASE (C	FFICE SPACE)	1,100,557.
	J HOMBIL DILLE	FILE BIACE,	1,100,557.
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	. 15 \		7,116,958.
Part X Other Liabilities.	! 10.)	·····	7,110,550.
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	I 1e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability	5111 5111 555, 1 die 17, iii 15	110011111000101111000,1 4100, 1110 201	(b) Book value
			(a) Doom raids
(1) Federal income taxes (2) OPERATING LEASE LIABILITY	(OFFICE		
(3) SPACE)	, 011 1011		1,134,690.
			1,134,000
(4)			
(5) (6)			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25 \		1,134,690.
IOOIUIIII IDI IIIUSI BUUAI FUIII 330. FAIL A. CUI. (B) IIIIB	LU.1		_, , • •

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

Schedule D (Form 990) 2022

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

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•				
1			1	16,642,884.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	168,633.				
b	Donated services and use of facilities 2b					
С	Recoveries of prior year grants 2c					
d	Other (Describe in Part XIII.)					
e	Add lines 2a through 2d	•	2e	168,633.		
3	Subtract line 2e from line 1		3	16,474,251.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		_	,		
а	Investment expenses not included on Form 990, Part VIII, line 7b	, 1				
b	Other (Describe in Part XIII.)	6 245 520				
c	Add lines 4a and 4b		4c	6,345,532.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	22,819,783.		
	t XII Reconciliation of Expenses per Audited Financial Statements V	With Expenses per F	Retur			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements		1	17,237,024.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities 2a	1				
b	Prior year adjustments 2b)				
С	Other losses 2c	;				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d		2e	0.		
3	Subtract line 2e from line 1		3	17,237,024.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	6,339,000.				
С	Add lines 4a and 4b		4c	6,339,000.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	23,576,024.		
Pai	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional i		; Part ː	X, line 2; Part XI,		
PAF	RT IV, LINE 2B:					
ESC	CROW FUNDS					
UN	TTED WAY MAINTAINS A SEGREGATED ESCROW ACCOUNT	FOR SELF-FUN	DED			
UNI	EMPLOYMENT CLAIMS FOR SEVERAL FUNDED PARTNERS.	UNEMPLOYMENT	CL.	AIMS ARE		
PA]	ID TO THE OHIO DEPARTMENT OF JOBS AND FAMILY S	ERVICES FOR U	NIT	ED WAY AND		
PAI	RTICIPATING AGENCIES FROM THIS ESCROW ACCOUNT.	UNITED WAY R	ECE	IVES		
RES	SOURCES IN CERTAIN TRANSACTIONS WHERE IT IS AC	TING AS AN IN	TER:	MEDIARY		
FOE	R THE RESOURCE PROVIDERS. THE RESOURCES ARE TH	EN DELIVERED	то			
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 RACIAL EQUITY PARTNERSHIP, JUSTICE VAULT, GEORGE MEANY BANQUET, GIVE BACK HACK, OCRC HALL OF FAME, INNOVATION CATALYST, STUFF THE BACKPACK, BOYS AND YOUNG MEN OF COLOR, SASA ENTERPRISES, COLUMBUS URBAN POLICY ACADEMY, AND RISE TOGETHER INNOVATION CENTER.

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 LEADERSHIP GIVING DEPARTMENT.

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, 2023, TAX FILING PERIODS FOR THE YEARS ENDED 2017 AND PRIOR ARE CLOSED. NO TAX LIABILITY ACCRUAL WAS RECORDED AS OF THE YEARS ENDED MARCH 31, 2023 OR 2022 RELATING TO MATERIAL UNCERTAIN POSITIONS TAKEN AS MANAGEMENT BELIEVES THERE ARE NONE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS (NET OF INTERNAL INITIATIVE PROGRAM

DESIGNATIONS)

6,345,532.

Schedule D (Form 990) 2022 UNITED WAY OF CENTRAL OHIO, INC. Part XIII Supplemental Information (continued)	31-4393712 Page 5
Part XIII Supplemental Information (continued)	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DONOR DESIGNATIONS (NET OF INTERNAL INITIATIVE PROGRAM	
DONOR DEDICARITORD (HEL OF INTERNAL INTERNAL INCOMM	
DESIGNATIONS)	6,339,000.
-	

SCHEDULE I (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047 Open to Public

internal rievende del vide		Go to www.irs	s.gov/Form990 for	tne latest informa	ation.		inspection
Name of the organization UNITED WA	Y OF CENT	RAL OHIO, I	NC.				Employer identification number 31-4393712
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records		-					
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pro-					:ti	/aall an Faura 000 Davi	IV line Of few services
recipient that received more than	-				amzation answered	res on Form 990, Pan	TV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1DIVINELINE2HEALTH							
P.O. BOX 247561							
COLUMBUS, OH 43224	47-3181723	501 (C) (3)	15,000.	0.			PROGRAM OPERATING COSTS
ACTION FOR CHILDREN 78 JEFFERSON AVENUE							
COLUMBUS, OH 43215	31-0820393	501 (C) (3)	160,000.	0.			PROGRAM OPERATING COSTS
AFRICENTRIC PERSONAL DEVELOPMENT SHOP - 1409 E. LIVINGSTON AVE - COLUMBUS, OH 43205	31-1257266	501 (C) (3)	50,000.	0.			PROGRAM OPERATING COSTS
AFTER-SCHOOL ALL-STARS OHIO 1743 W. LANE AVENUE COLUMBUS, OH 43221	31-1736272	501 (C) (3)	60,000.	0.			PROGRAM OPERATING COSTS
colonizos, on 15221	31 1/302/2	301 (0) (3)					TROCKER STEMMENT COSTS
ALL THAT (TEENS HOPEFUL ABOUT TOMORROW) - P.O. BOX 27113 - COLUMBUS, OH 43227	26-0723115	501 (C) (3)	45,000.	0.			PROGRAM OPERATING COSTS
ALVIS HOUSE 2100 STELLA COURT COLUMBUS, OH 43215	31-0743167	501 (C) (3)	50,000.	0.			PROGRAM OPERATING COSTS

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

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

Schedule I (Form 990) 2022

159.

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - FRANKLIN CO. CHAPTER - 995 EAST BROAD STREET - COLUMBUS, OH 43205	31-0642918	501 (C) (3)	120,000.	0.			PROGRAM OPERATING COSTS
BIG BROTHERS-BIG SISTERS OF CENTRAL OHIO - 1855 E DUBLIN GRANVILLE R - COLUMBUS, OH 43229	31-4379429	501 (C) (3)	200,000.	0.			PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF COLUMBUS 1108 CITY PARK AVE, SUITE 301 COLUMBUS, OH 43206	31-4387575	501 (C) (3)	200,000.	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
CENTER FOR EMPLOYMENT OPPORTUNITIES - 33 NORTH THIRD ST, #620 - COLUMBUS, OH 43215	13-3843322	501 (C) (3)	30,000.	0.			PROGRAM OPERATING COSTS
CENTER FOR HEALTHY FAMILIES 500 S FRONT ST COLUMBUS, OH 43215	20-8701526	501 (C) (3)	135,000.	0.			PROGRAM OPERATING COSTS
CENTRAL COMMUNITY HOUSE 1150 E. MAIN STREET COLUMBUS, OH 43205	31-4379438	501 (C) (3)	140,000.	0.			PROGRAM OPERATING COSTS
CHARITABLE PHARMACY OF CENTRAL OHIO, INC 776 S. HIGH ST COLUMBUS, OH 43206	27-0147099	501 (C) (3)	40,000.	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

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CHILDREN'S HUNGER ALLIANCE									
1105 SCHROCK RD									
COLUMBUS, OH 43229	23-7303509	501 (C) (3)	15,000.	0.			PROGRAM OPERATING COSTS		
CHOICES FOR VICTIMS OF DOMESTIC			,						
VIOLENCE - 500 W WILSON BRIDGE									
RD., STE 245 - WORTHINGTON, OH									
43085	31-0910779	501 (C) (3)	80,000.	0.			PROGRAM OPERATING COSTS		
CITY YEAR COLUMBUS									
35 N. FOURTH ST.									
COLUMBUS, OH 43215	22-2882549	501 (C) (3)	70,000.	0.			PROGRAM OPERATING COSTS		
		() () ()	10,000						
CLINTONVILLE BEECHWOLD COMMUNITY									
RESOURCES CENTER - 3222 N. HIGH									
STREET - COLUMBUS, OH 43202	31-0834578	501 (C) (3)	90,000.	0.			PROGRAM OPERATING COSTS		
COLUMBUS EARLY LEARNING CENTERS									
1611 OLD LEONARD AVENUE				_					
COLUMBUS, OH 43219	31-4379619	501 (C) (3)	420,000.	0.			PROGRAM OPERATING COSTS		
COLUMBUS LITERACY COUNCIL									
92 JEFFERSON AVENUE									
COLUMBUS, OH 43215	23-7433168	501 (C) (3)	50,000.	0.			PROGRAM OPERATING COSTS		
COLUMBUS SPEECH & HEARING CENTER									
510 EAST NORTH BROADWAY									
COLUMBUS, OH 43214	31-4379449	501 (C) (3)	20,000.	0.			PROGRAM OPERATING COSTS		
COLUMBUS URBAN LEAGUE									
788 MT. VERNON AVE.									
COLUMBUS, OH 43203-1408	31-4379453	501 (C) (3)	142,000.	0.			PROGRAM OPERATING COSTS		
,	1	, , , , , ,	,						
COLUMBUS WORKS									
775 W. BROAD STREET									
COLUMBUS, OH 43222	38-4015966	501 (C) (3)	20,000.	0.			PROGRAM OPERATING COSTS		

art II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COMMUNITIES IN SCHOOLS OF OHIO									
6500 BUSCH BLVD.	24 4 2 2 2 2 2 2	504 (5) (0)	45.000						
COLUMBUS, OH 43229	31-1390077	501 (C) (3)	46,000.	0.			PROGRAM OPERATING COSTS		
COMMUNITY DEVELOPMENT FOR ALL									
PEOPLE - 946 PARSONS AVE									
COLUMBUS, OH 43206	51-0476886	501 (C) (3)	139,500.	0.			PROGRAM OPERATING COSTS		
COMMUNITY FOR NEW DIRECTIONS									
2323 W. 5TH AVENUE									
COLUMBUS, OH 43204	31-1430278	501 (C) (3)	8,000.	0.			PROGRAM OPERATING COSTS		
COMMUNITARY ATTROUBLE									
COMMUNITY KITCHEN 640 S. OHIO AVE									
COLUMBUS, OH 43205	31-1124774	501 (C) (3)	50,000.	0.			PROGRAM OPERATING COSTS		
			·						
COMMUNITY REFUGEE & IMMIGRATION									
SERVICES - 1925 E DUBLIN-GRANVILLE	21 1674002	E01 (G) (2)	36 500	0			DDOGDAM ODEDAMING GOGMG		
RD - COLUMBUS, OH 43229	31-1674893	501 (C) (3)	36,500.	0.			PROGRAM OPERATING COSTS		
COMMUNITY SHELTER BOARD									
355 E. CAMPUS VIEW BLVD									
COLUMBUS, OH 43235	31-1181284	501 (C) (3)	735,000.	0.			PROGRAM OPERATING COSTS		
DIRECTIONS FOR YOUTH AND FAMILIES									
1414 E. BROAD STREET									
COLUMBUS, OH 43205	31-4407642	501 (C) (3)	375,000.	0.			PROGRAM OPERATING COSTS		
DOMINICAN GIGHIDG OF THE									
DOMINICAN SISTERS OF PEACE 2320 AIRPORT DRIVE									
COLUMBUS, OH 43219	26-3550703	501 (C) (3)	24,000.	0.			PROGRAM OPERATING COSTS		
,	-		, ,						
EDUCATIONAL SERVICE CENTER OF									
COLUMBIG OF 43219	31_0014003	501 (C) (2)	30 000	_			DDOCDAM ODEDAMING GOOMG		
- COLUMBUS, OH 43219	31-0914093	DOT (C) (3)	30,000.	0.			PROGRAM OPERATING COSTS		

(a) Names and address of	(b) EIN (c) IRC section	(a) IDO anation	(4) Amazumt af	(a) Amazinat af	(f) Mathemal of	(a) Description of (b) Division of sweet		
(a) Name and address of organization or government	(b) EIN	if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ETHIOPIAN TEWAHEDO SOCIAL SERVICES								
1060 MT. VERNON AVE.								
COLUMBUS, OH 43203	20-3525591	501 (C) (3)	72,500.	0.			PROGRAM OPERATING COSTS	
FAITH MISSION, INC.								
500 W WILSON BRIDGE RD, #245								
WORTHINGTON, OH 43085	31-0809759	501 (C) (3)	15,000.	0.			PROGRAM OPERATING COSTS	
FAMILY ADOLESCENT & CHILD			·					
COMMUNITY ENGAGEMENT SERVICE								
(FACCES) - 2515 LOCKBOURNE RD								
COLUMBUS, OH 43207	84-4044899	501 (C) (3)	21,000.	0.			PROGRAM OPERATING COSTS	
FOUNDATIONS FOR FAMILIES								
C/O GENESSEE AVENUE CHURCH OF CHRIS				_				
COLUMBUS, OH 43211	56-2539623	501 (C) (3)	10,000.	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 S. YALE AVE.								
COLUMBUS, OH 43222-1369	31-1600869	501 (C) (3)	45,000.	0.			PROGRAM OPERATING COSTS	
GAMMA ZETA ZETA EDUCATION								
FOUNDATION - P.O. BOX 272074 -				_				
COLUMBUS, OH 43227	06-1799706	501 (C) (3)	11,000.	0.			PROGRAM OPERATING COSTS	
GIRLS ON THE RUN								
GIRLS ON THE RUN 1145 CHESAPEAKE AVE, SUITE L								
COLUMBUS, OH 43212	32-0256159	501 (C) (3)	10,000.	0.			PROGRAM OPERATING COSTS	
	32 0230139	301 (3)	10,000.	0.			LICONIE OF BRATTING COSTS	
GLADDEN COMMUNITY HOUSE								
183 HAWKES AVENUE								
COLUMBUS, OH 43223	31-4379476	501 (C) (3)	155,000.	0.			PROGRAM OPERATING COSTS	

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GODMAN GUILD ASSOCIATION										
303 EAST SIXTH AVENUE										
COLUMBUS, OH 43201	31-4379478	501 (C) (3)	205,000.	0.			PROGRAM OPERATING COSTS			
HABITAT FOR HUMANITY-MID OHIO 6665 BUSCH BLVD										
COLUMBUS, OH 43229	31-1217994	501 (C) (3)	10,000.	0.			PROGRAM OPERATING COSTS			
HARDY CENTER INC. 4593 CARLESFIELD DRIVE										
COLUMBUS, OH 43230	39-3917592	501 (C) (3)	30,000.	0.			PROGRAM OPERATING COSTS			
HOMEPORT 3443 AGLER ROAD COLUMBUS, OH 43219	31-1208260	501 (C) (3)	45,000.	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	21 0705572	E01 (a) (2)	00.000	0.			DESCRIM OPERATING GOODS			
COLUMBUS, OH 43201	31-0795573	501 (C) (3)	90,000.	0.			PROGRAM OPERATING COSTS			
KALEIDOSCOPE YOUTH CENTER P.O. BOX 8104										
COLUMBUS, OH 43201	31-1411495	501 (C) (3)	75,000.	0.			PROGRAM OPERATING COSTS			
LEAD THE WAY LEARNING ACADEMY 6600 BUSCH BLVD										
COLUMBUS, OH 43229	46-5061452	501 (C) (3)	25,000.	0.			PROGRAM OPERATING COSTS			
LEGAL AID SOCIETY OF COLUMBUS 1108 CITY PARK AVENUE	21 4416405	E01 (a) (2)	100.000	_			DROGRAM ODERATIVE COSTS			
COLUMBUS, OH 43206	31-4416407	DUT (C) (3)	100,000.	0.			PROGRAM OPERATING COSTS			

Part II Continuation of Grants and Othe	art II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LIFECARE ALLIANCE									
1699 WEST MOUND STREET									
COLUMBUS, OH 43223	31-4379494	501 (C) (3)	240,000.	0.			PROGRAM OPERATING COSTS		
LOCAL MATTERS									
633 PARSONS AVE									
COLUMBUS, OH 43205	06-1819644	501 (C) (3)	35,000.	0.			PROGRAM OPERATING COSTS		
LSS 211 CENTRAL OHIO									
1105 SCHROCK ROAD, SUITE 100									
COLUMBUS, OH 43229	31-1084722	501 (C) (3)	100,000.	0.			PROGRAM OPERATING COSTS		
	32 23333	(-, (-,							
LUTHERAN SOCIAL SERVICES									
500 W. WILSON BRIDGE ROAD									
WORTHINGTON, OH 43085	31-4412586	501 (C) (3)	75,000.	0.			PROGRAM OPERATING COSTS		
MASTER'S PREPARATORY ACADEMY									
2389 BROOKWOOD RD.	45 0654 400						L		
COLUMBUS, OH 43209	45-2651490	501 (C) (3)	40,000.	0.			PROGRAM OPERATING COSTS		
MENTAL HEALTH AMERICA OF OHIO									
2323 W FIFTH AVE									
COLUMBUS, OH 43204	31-4412697	501 (C) (3)	30,000.	0.			PROGRAM OPERATING COSTS		
·			,						
MID-OHIO FOODBANK									
3960 BROOKHAM DR									
GROVE CITY, OH 43123	31-0865343	501 (C) (3)	70,000.	0.			PROGRAM OPERATING COSTS		
MIGITA BANTI V GERVICES OF OUT									
MUSLIM FAMILY SERVICES OF OHIO PO BOX 14023									
COLUMBUS, OH 43214	31-1795601	501 (C) (3)	15,000.	0.			PROGRAM OPERATING COSTS		
	31 1733001	301 (0) (3)	13,000.	<u> </u>			I ROSIGIA OI BRITING COSTS		
MY PROJECT USA									
3036 SULLIVANT AVE									
COLUMBUS, OH 43228	47-2398195	501 (C) (3)	45,000.	0.			PROGRAM OPERATING COSTS		

Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONWIDE CHILDREN'S HOSPITAL										
FOUNDATION - 700 CHILDREN'S DR -										
COLUMBUS, OH 43205	01-0782751	501 (C) (3)	10,000.	0.			PROGRAM OPERATING COSTS			
NCBC HUMAN SERVICES CORPORATION										
3360 KOHR BLVD										
COLUMBUS, OH 43224	31-1469146	501 (C) (3)	40,000.	0.			PROGRAM OPERATING COSTS			
NEIGHBORHOOD SERVICES, INC.										
1950 N. FOURTH ST										
COLUMBUS, OH 43201	31-0842947	501 (C) (3)	20,000.	0.			PROGRAM OPERATING COSTS			
NEW DIRECTIONS CAREER CENTER										
199 EAST RICH STREET										
COLUMBUS, OH 43215	31-1130384	501 (C) (3)	20,000.	0.			PROGRAM OPERATING COSTS			
NNEWAD INC										
NNEMAP, INC. 677 EAST 11TH AVE.										
COLUMBUS, OH 43211	31-0896363	501 (C) (3)	60,000.	0.			PROGRAM OPERATING COSTS			
,			, -	-						
OHIO HEALTH FOUNDATION										
3430 OHIOHEALTH PARKWAY, 3RD FL										
COLUMBUS, OH 43202	32-0007056	501 (C) (3)	22,500.	0.			PROGRAM OPERATING COSTS			
PHYSICIAN'S CARECONNECTION										
1390 DUBLIN ROAD										
COLUMBUS, OH 43215	31-1373719	501 (C) (3)	50,000.	0.			PROGRAM OPERATING COSTS			
00201202, 011 13213	31 13,3,13	301 (0) (3)	30,000.	•			TROOMIN OF BRAITING COSTS			
REEB AVENUE CENTER										
280 REEB AVE										
COLUMBUS, OH 43207	46-3956659	501 (C) (3)	46,250.	0.			PROGRAM OPERATING COSTS			
RIVERVIEW INTERNATIONAL CENTER										
INC 552 RIVERVIEW DRIVE, APT. B	47 5455666	E01 (Q) (3)	38 000	_			DDOGDAM ODEDAMING COCMC			
- COLUMBUS, OH 43202	47-5455666	OUT (C) (3)	38,000.	0.			PROGRAM OPERATING COSTS			

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RULING OUR EXPERIENCES, INC (ROX) 1335 DUBLIN RD COLUMBUS, OH 43215	27-2913874	501 (C) (3)	10,000.	0.			PROGRAM OPERATING COSTS
SALVATION ARMY - COLUMBUS 966 E. MAIN STREET COLUMBUS, OH 43205	13-5562351	501 (C) (3)	145,000.	0.			PROGRAM OPERATING COSTS
SEE KIDS DREAM PO BOX 341645 COLUMBUS, OH 43234	26-3616431	501 (C) (3)	16,000.	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
SOMALI COMMUNITY ASSOCIATION OF OHIO - 3422 CLEVELAND AVENUE - COLUMBUS, OH 43224	31-1528747	501 (C) (3)	10,000.	0.			PROGRAM OPERATING COSTS
SOUTH SIDE LEARNING & DEVELOPMENT CENTER - 280 REEB AVENUE - COLUMBUS, OH 43207	31-4379811	501 (C) (3)	142,500.	0.			PROGRAM OPERATING COSTS
ST. STEPHEN'S COMMUNITY HOUSE 1500 EAST 17TH AVENUE COLUMBUS, OH 43219	31-4379568	501 (C) (3)	190,000.	0.			PROGRAM OPERATING COSTS
ST. VINCENT FAMILY CENTERS 1490 EAST MAIN STREET COLUMBUS, OH 43205	31-4379572	501 (C) (3)	150,000.	0.			PROGRAM OPERATING COSTS
STAR HOUSE FOUNDATION 1220 CORRUGATED WAY COLUMBUS, OH 43201	47-1857320	501 (C) (3)	50,000.	0.			PROGRAM OPERATING COSTS

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
STUDENT SUCCESS STORES									
P.O. BOX 14136									
COLUMBUS, OH 43214	81-2080464	501 (C) (3)	20,000.	0.			PROGRAM OPERATING COSTS		
THE OSU FOUNDATION									
364 WEST LANE AVE									
COLUMBUS, OH 43203	31-1145986	501 (C) (3)	137,500.	0.			PROGRAM OPERATING COSTS		
URBAN RESURRECTION COMMUNITY									
DEVELOPMENT CORP - 428 E. MAIN									
STREET - COLUMBUS, OH 43215	20-1359610	501 (C) (3)	30,000.	0.			PROGRAM OPERATING COSTS		
WE AMPLIFY VOICES									
421 W STATE ST	27 4261220	E01 (G) (3)	20 000	0			DDOGDAM ODEDAMING GOGMG		
COLUMBUS, OH 43215	27-4261320	501 (C) (3)	20,000.	0.			PROGRAM OPERATING COSTS		
WESTERVILLE AREA RESOURCE MINISTRY									
150 HEATHERDOWN DR									
WESTERVILLE, OH 43081	31-1640355	501 (C) (3)	55,000.	0.			PROGRAM OPERATING COSTS		
WMCA OF GENIMBAL OUTO									
YMCA OF CENTRAL OHIO 40 WEST LONG STREET									
COLUMBUS, OH 43215	31-4379594	501 (C) (3)	525,000.	0.			PROGRAM OPERATING COSTS		
			·						
YOUNG WOMEN'S CHRISTIAN									
ASSOCIATION - 65 S. 4TH STREET -									
COLUMBUS, OH 43215	31-4379597	501 (C) (3)	105,000.	0.			PROGRAM OPERATING COSTS		
YOUTH OVER US									
303 E. 6TH AVE									
COLUMBUS, OH 43201	31-1694422	501 (C) (3)	55,000.	0.			PROGRAM OPERATING COSTS		
A KID AGAIN							DONOR DESIGNATED FOR		
777-G DEARBORN PARK LANE COLUMBUS, OH 43085	31-1440073	501 (C) (3)	19,552.	0.			GENERAL SUPPORT		
СОПОМВОВ, ОН 43003	31-14400/3	Dot (C) (3)	15,552.	υ,			GENERAL SUFFURT		

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(h) Purpose of grant	
organization or government	(b) EIN	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	or assistance
A SPECIAL WISH FOUNDATION,							
COLUMBUS - 1250 MEMORY LANE -							DONOR DESIGNATED FOR
COLUMBUS, OH 43209	31-1055537	501 (C) (3)	6,650.	0.			GENERAL SUPPORT
,			, -				
ACTION FOR CHILDREN							
78 JEFFERSON AVENUE							DONOR DESIGNATED FOR
COLUMBUS, OH 43215	31-0820393	501 (C) (3)	10,245.	0.			GENERAL SUPPORT
ADOPT A STUDENT - WORTHINGTON CS							
6670 WORTHINGTON GALENA RD							DONOR DESIGNATED FOR
COLUMBUS, OH 43085	27-1698164	501 (C) (3)	6,390.	0.			GENERAL SUPPORT
ALVIS HOUSE							
2100 STELLA COURT				_			DONOR DESIGNATED FOR
COLUMBUS, OH 43215	31-0743167	501 (C) (3)	13,307.	0.			GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION - CENTRAL							
OHIO - 1379 DUBLIN RD COLUMBUS,							DONOR DESIGNATED FOR
OH 43215	31-0996236	501 (C) (3)	10,535.	0.			GENERAL SUPPORT
	31 0330230	301 (0) (3)	10,333.	<u> </u>			DENERGE BOTTORT
ALZHEIMER'S ASSOCIATION - NATIONAL							
OFFICE - 225 N. MICHIGAN AVE -							DONOR DESIGNATED FOR
CHICAGO, IL 60601	13-3039601	501 (C) (3)	7,388.	0.			GENERAL SUPPORT
·			,				
AMERICAN RED CROSS - FRANKLIN CO.							
CHAPTER - 995 EAST BROAD STREET -							DONOR DESIGNATED FOR
COLUMBUS, OH 43205	31-0642918	501 (C) (3)	26,810.	0.			GENERAL SUPPORT
AMERICA'S BEST CHARITIES							
1100 LARKSPUR LANDING CIRCLE, SUITE							DONOR DESIGNATED FOR
LARKSPUR, CA 94941	94-3067804	501 (C) (3)	293,865.	0.			GENERAL SUPPORT
AMERICA'S BEST LOCAL CHARITIES							DOMOR PHATAMER
1100 LARKSPUR LANDING CIRCLE	04 2040400	F01 (G) (3)	25.242	_			DONOR DESIGNATED FOR
LARKSPUR, CA 94939	94-3042430	DOT (C) (3)	25,243.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA'S CHARITIES							
PO BOX 75083							DONOR DESIGNATED FOR
BALTIMORE, MD 21275	54-1517707	501 (C) (3)	69,912.	0.			GENERAL SUPPORT
,			,				
ARTHUR G. JAMES CANCER HOSPITAL							
300 W. TENTH AVE							DONOR DESIGNATED FOR
COLUMBUS, OH 43210	31-1301428	501 (C) (3)	5,224.	0.			GENERAL SUPPORT
BIG BROTHERS-BIG SISTERS OF							DOMOR REGIGNAMED FOR
CENTRAL OHIO - 1855 E DUBLIN	21 4270420	E01 (Q) (3)	20 714	0.			DONOR DESIGNATED FOR
GRANVILLE R - COLUMBUS, OH 43229	31-4379429	501 (C) (3)	20,714.	٠.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF COLUMBUS							
1108 CITY PARK AVE, SUITE 301							DONOR DESIGNATED FOR
COLUMBUS, OH 43206	31-4387575	501 (C) (3)	10,954.	0.			GENERAL SUPPORT
			, , , , , , , , , , , , , , , , , , ,				
BRIAN MUHA MEMORIAL FOUNDATION							
874 HELEMHURST CT.							DONOR DESIGNATED FOR
WESTERVILLE, OH 43081	34-1920357	501 (C) (3)	9,000.	0.			GENERAL SUPPORT
BROAD STREET PRESBYTERIAN CHURCH							
760 E BROAD ST	21 4200020	E01 (Q) (3)	15 001	_			DONOR DESIGNATED FOR
COLUMBUS, OH 43205	31-4380039	501 (C) (3)	15,891.	0.			GENERAL SUPPORT
BUCKEYE RANCH, INC.							
4653 EAST MAIN STREET							DONOR DESIGNATED FOR
WHITEHALL, OH 43213	31-0642111	501 (C) (3)	8,514.	0.			GENERAL SUPPORT
·							
CANCER SUPPORT COMMUNITY CENTRAL							
OHIO - 1200 OLD HENDERSON ROAD -							DONOR DESIGNATED FOR
COLUMBUS, OH 43220	20-1388385	501 (C) (3)	18,707.	0.			GENERAL SUPPORT
CATHOLIC SOCIAL SERVICES							DOMOR DEGLES
197 EAST GAY STREET	21 4250425	E01 (Q) (3)	F3 065	_			DONOR DESIGNATED FOR
COLUMBUS, OH 43215	31-4379437	DUI (C) (3)	53,867.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
CENTER FOR HEALTHY FAMILIES 500 S FRONT ST							DONOR DESIGNATED FOR						
COLUMBUS, OH 43215	20-8701526	501 (C) (3)	8,625.	0.			GENERAL SUPPORT						
CENTRAL OHIO POISON CENTER 700 CHILDREN'S DRIVE	24 4272444	(-) (2)					DONOR DESIGNATED FOR						
COLUMBUS, OH 43205	31-4379441	501 (C) (3)	22,500.	0.			GENERAL SUPPORT						
CHARITABLE PHARMACY OF CENTRAL OHIO, INC 776 S. HIGH ST COLUMBUS, OH 43206	27-0147099	501 (C) (3)	18,790.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT						
CHILDHOOD LEAGUE CENTER 670 S. 18TH ST	24 6400455	501 (5) (2)	20 850				DONOR DESIGNATED FOR						
COLUMBUS, OH 43205	31-6400177	501 (C) (3)	32,758.	0.			GENERAL SUPPORT						
CHILDREN'S HUNGER ALLIANCE 1105 SCHROCK RD							DONOR DESIGNATED FOR						
COLUMBUS, OH 43229	23-7303509	501 (C) (3)	13,308.	0.			GENERAL SUPPORT						
CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE - 500 W WILSON BRIDGE RD., STE 245 - WORTHINGTON, OH 43085	31-0910779	501 (C) (3)	24,878.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT						
CLINTONVILLE BEECHWOLD COMMUNITY RESOURCES CENTER - 3222 N. HIGH STREET - COLUMBUS, OH 43202	31-0834578	501 (C) (3)	45,266.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT						
COLUMBUS DOG CONNECTION			,										
2761 JOHNSTOWN RD COLUMBUS, OH 43219	31-1648642	501 (C) (3)	9,041.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT						
COLUMBUS EARLY LEARNING CENTERS 1611 OLD LEONARD AVENUE							DONOR DESIGNATED FOR						
COLUMBUS, OH 43219	31-4379619	501 (C) (3)	42,511.	0.			GENERAL SUPPORT						

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS FOUNDATION							
1234 E. BROAD ST							DONOR DESIGNATED FOR
COLUMBUS, OH 43205	31-6044264	501 (C) (3)	29,761.	0.			GENERAL SUPPORT
COLUMBUS MUSEUM OF ART							
480 EAST BROAD ST							DONOR DESIGNATED FOR
COLUMBUS, OH 43215	31-4379447	501 (C) (3)	7,400.	0.		1	GENERAL SUPPORT
COLUMBUS SPEECH & HEARING CENTER							
510 EAST NORTH BROADWAY							DONOR DESIGNATED FOR
	31_4370440	501 (C) (3)	16,427.	0.			GENERAL SUPPORT
COLUMBUS, OH 43214	31-43/9449	501 (C) (3)	10,427.	0.			GENERAL SUPPORT
COLUMBUS STATE DEVELOPMENT							
FOUNDATION - 550 E. SPRING STREET							DONOR DESIGNATED FOR
- COLUMBUS, OH 43216	31-1035280	501 (C) (3)	8,682.	0.		1	GENERAL SUPPORT
•			,				
COLUMBUS URBAN LEAGUE							
788 MT. VERNON AVE.							DONOR DESIGNATED FOR
COLUMBUS, OH 43203-1408	31-4379453	501 (C) (3)	16,277.	0.			GENERAL SUPPORT
201 THE TOTAL TOTA							
COLUMBUS ZOO & AQUARIUM							DONOR REGIGNAMED HOR
9990 RIVERSIDE DRIVE	31-4390844	E01 (G) (3)	6 355	0.		1	DONOR DESIGNATED FOR
POWELL, OH 43065-0400	31-4390644	501 (C) (3)	6,355.	0.			GENERAL SUPPORT
COMMUNITY DEVELOPMENT FOR ALL							
PEOPLE - 946 PARSONS AVE							DONOR DESIGNATED FOR
COLUMBUS, OH 43206	51-0476886	501 (C) (3)	20,031.	0.			GENERAL SUPPORT
COMMUNITY FOR NEW DIRECTIONS							
2323 W. 5TH AVENUE							DONOR DESIGNATED FOR
COLUMBUS, OH 43204	31-1430278	501 (C) (3)	5,616.	0.			GENERAL SUPPORT
COMMUNITY HEALTH CHARITIES							
PO BOX 75153	F0 0	504 (5) (5)		_			DONOR DESIGNATED FOR
ALEXANDRIA, VA 21275	52-0728032	pu1 (C) (3)	343,811.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY REFUGEE & IMMIGRATION							
SERVICES - 1925 E DUBLIN-GRANVILLE							DONOR DESIGNATED FOR
RD - COLUMBUS, OH 43229	31-1674893	501 (C) (3)	9,434.	0.			GENERAL SUPPORT
,		(., (.,	, , , , ,				
COMMUNITY SHARES OF MID-OHIO							
1699 WEST MOUND STREET							DONOR DESIGNATED FOR
COLUMBUS, OH 43223	31-1363943	501 (C) (3)	585,716.	0.			GENERAL SUPPORT
COMMUNITY SHELTER BOARD							
355 E. CAMPUS VIEW BLVD				_			DONOR DESIGNATED FOR
COLUMBUS, OH 43235	31-1181284	501 (C) (3)	49,805.	0.			GENERAL SUPPORT
DIRECTIONS FOR YOUTH AND FAMILIES							
1414 E. BROAD STREET							DONOR DESIGNATED FOR
COLUMBUS, OH 43205	31-4407642	501 (C) (3)	29,340.	0.			GENERAL SUPPORT
00201200, 011 10200	01 110,011	001 (0) (0)	25,010.	•			
EARTHSHARE (NATIONAL)							
1717 K ST NW STE 900							DONOR DESIGNATED FOR
WASHINGTON, DC 20006	52-1601960	501 (C) (3)	78,424.	0.			GENERAL SUPPORT
EARTHSHARE CHAPTERS							
7735 OLD GEORGETOWN RD							DONOR DESIGNATED FOR
BETHESDA, MD 20814	27-3918694	501 (C) (3)	60,022.	0.			GENERAL SUPPORT
FLYING HORSE FARM							
5260 STATE ROUTE 95							DONOR DESIGNATED FOR
MT GILEAD, OH 43338	20-3498125	501 (C) (3)	18,782.	0.			GENERAL SUPPORT
	20 0130123	332 (3) (3)	10,,02.	•			55115111
FREEDOM A LA CART							
PO BOX 21987							DONOR DESIGNATED FOR
COLUMBUS, OH 43221	26-3114093	501 (C) (3)	5,357.	0.			GENERAL SUPPORT
FRIENDS OF THE CONSERVATORY							
ATTN: TRACEY BARNES							DONOR DESIGNATED FOR
COLUMBUS, OH 43203	31-1657027	501 (C) (3)	7,613.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FURNITURE BANK OF CENTRAL OHIO							
118 S. YALE AVE.							DONOR DESIGNATED FOR
COLUMBUS, OH 43222-1369	31-1600869	501 (C) (3)	15,277.	0.			GENERAL SUPPORT
GLADDEN GONGRILLEN HOUGE							
GLADDEN COMMUNITY HOUSE 183 HAWKES AVENUE							DONOR DESIGNATED FOR
COLUMBUS, OH 43223	31-4379476	501 (C) (3)	8,241.	0.			GENERAL SUPPORT
COLOMBOS, OII 43223	31 4373470	301 (6) (3)	0,241.	<u> </u>			GENERAL SUFFORT
GLOBAL IMPACT							
PO BOX 409616							DONOR DESIGNATED FOR
ATLANTA, GA 30384	52-1273585	501 (C) (3)	35,755.	0.			GENERAL SUPPORT
GODMAN GUILD ASSOCIATION							
303 EAST SIXTH AVENUE							DONOR DESIGNATED FOR
COLUMBUS, OH 43201	31-4379478	501 (C) (3)	22,571.	0.			GENERAL SUPPORT
GOODWILL COLUMBUS							
1331 EDGEHILL ROAD							DONOR DESIGNATED FOR
COLUMBUS, OH 43212	31-4379448	501 (C) (3)	10,884.	0.			GENERAL SUPPORT
		(-, (-,					
GREATER CLEVELAND COMMUNITY SHARES							
3631 PERKINS							DONOR DESIGNATED FOR
CLEVELAND, OH 44113	34-1493880	501 (C) (3)	11,682.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF OHIO							DOMOR REGERMAND FOR
88 E BROAD STREET	20 1102110	F01 (G) (2)	25 610				DONOR DESIGNATED FOR
COLUMBUS, OH 43215	20-1182119	501 (C) (3)	25,610.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY-MID OHIO							
6665 BUSCH BLVD							DONOR DESIGNATED FOR
COLUMBUS, OH 43229	31-1217994	501 (C) (3)	5,034.	0.			GENERAL SUPPORT
			,				
HEARTBEAT INTERNATIONAL							
5000 ARLINGTON CENTRE BLVD							DONOR DESIGNATED FOR
COLUMBUS, OH 43220	23-7335592	501 (C) (3)	9,588.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OMEPORT							
3443 AGLER ROAD							DONOR DESIGNATED FOR
COLUMBUS, OH 43219	31-1208260	501 (C) (3)	11,406.	0.			GENERAL SUPPORT
HUCKLEBERRY HOUSE, INC.							
1421 HAMLET STREET							DONOR DESIGNATED FOR
COLUMBUS, OH 43201	31-0795573	501 (C) (3)	24,357.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF DELAWARE CO							
4920 STATE RT 37E							DONOR DESIGNATED FOR
DELAWARE, OH 43015	31-0956829	501 (C) (3)	7,110.	0.			GENERAL SUPPORT
I KNOW I CAN							
1108 CITY PARK AVENUE, SUITE 301							DONOR DESIGNATED FOR
COLUMBUS, OH 43213	31-1229135	501 (C) (3)	19,803.	0.			GENERAL SUPPORT
IMMACULATE CONCEPTION ACADEMY							
4510 FLORAL AVENUE							DONOR DESIGNATED FOR
CINCINNATI, OH 45212	31-1178607	501 (C) (3)	237,500.	0.			GENERAL SUPPORT
INTERNATIONAL FRIENDSHIP INC.							
P.O. BOX 82416							DONOR DESIGNATED FOR
COLUMBUS, OH 43202	31-0971249	501 (C) (3)	10,505.	0.			GENERAL SUPPORT
JEWISH FAMILY SERVICES							
1070 COLLEGE AVENUE							DONOR DESIGNATED FOR
COLUMBUS, OH 43209	31-4379497	501 (C) (3)	16,577.	0.			GENERAL SUPPORT
JEWISH FEDERATION OF COLUMBUS							
1175 COLLEGE AVE							DONOR DESIGNATED FOR
COLUMBUS, OH 43209	31-0838745	501 (C) (3)	18,000.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT							
68 E 2ND AVE							DONOR DESIGNATED FOR
COLUMBUS, OH 43230	31-4385042	501 (C) (3)	11,155.	0.			GENERAL SUPPORT

(a) Name and address of	/b) EINI	(a) IBC continu	(d) Amount of	(a) Amount of	(f) Mothod of	(a) Description of	(h) Durnoss of grant
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALEIDOSCOPE YOUTH CENTER							
O.O. BOX 8104							DONOR DESIGNATED FOR
COLUMBUS, OH 43201	31-1411495	501 (C) (3)	18,312.	0.		1	GENERAL SUPPORT
LEGAL AID SOCIETY OF COLUMBUS							
1108 CITY PARK AVENUE							DONOR DESIGNATED FOR
COLUMBUS, OH 43206	31-4416407	501 (C) (3)	7,601.	0.			GENERAL SUPPORT
LIFECARE ALLIANCE							
1699 WEST MOUND STREET							DONOR DESIGNATED FOR
COLUMBUS, OH 43223	31-4379494	501 (C) (3)	40,189.	0.		1	GENERAL SUPPORT
,			,				
LOCAL MATTERS							
633 PARSONS AVE							DONOR DESIGNATED FOR
COLUMBUS, OH 43205	06-1819644	501 (C) (3)	14,332.	0.			GENERAL SUPPORT
LORI SCHOTTENSTEIN CHABAD HOUSE							
PO BOX 80							DONOR DESIGNATED FOR
NEW ALBANY, OH 43054	31-1427001	501 (C) (3)	22,500.	0.		1	GENERAL SUPPORT
NEW ALBANI, On 43034	31-1427001	301 (C) (3)	22,300.	0.			GENERAL SUFFORT
LUTHERAN SOCIAL SERVICES							
500 W. WILSON BRIDGE ROAD							DONOR DESIGNATED FOR
WORTHINGTON, OH 43085	31-4412586	501 (C) (3)	53,219.	0.			GENERAL SUPPORT
MARYHAVEN, INC.							
1791 ALUM CREEK DRIVE							DONOR DESIGNATED FOR
COLUMBUS, OH 43207	31-0732345	501 (C) (3)	7,130.	0.		1	GENERAL SUPPORT
			-				
MELISSA'S HOUSE							
3000 E. MAIN STREET, #150							DONOR DESIGNATED FOR
COLUMBUS, OH 43209	26-3101485	501 (C) (3)	5,274.	0.			GENERAL SUPPORT
MENTAL HEALTH AMERICA OF OHIO							
2323 W FIFTH AVE							DONOR DESIGNATED FOR
COLUMBUS, OH 43204	31-4412697	501 (C) (3)	10,593.	0.			GENERAL SUPPORT

(a) Name and address of	/b) EINI	(a) IBC continu	(d) Amount of	(a) Amount of	(f) Mothad of	(a) Description of	(b) Durposs of grant
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-OHIO FOODBANK							
3960 BROOKHAM DR							DONOR DESIGNATED FOR
GROVE CITY, OH 43123	31-0865343	501 (C) (3)	201,076.	0.			GENERAL SUPPORT
MUSLIM FAMILY SERVICES OF OHIO							
PO BOX 14023							DONOR DESIGNATED FOR
COLUMBUS, OH 43214	31-1795601	501 (C) (3)	8,055.	0.			GENERAL SUPPORT
NATIONAL URBAN LEAGUE							L
80 PINE STREET	10.101010	F04 (F) (O)	10.000				DONOR DESIGNATED FOR
NEW YORK, NY 10005	13-1840489	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
NATIONWIDE CHILDREN'S HOSPITAL							
FOUNDATION - 700 CHILDREN'S DR -							DONOR DESIGNATED FOR
COLUMBUS, OH 43205	01-0782751	501 (C) (3)	14,818.	0.			GENERAL SUPPORT
NEAR NORTHSIDE EMERGENCY MATERIAL							
ASSISTANCE - 1064 N HIGH ST -							DONOR DESIGNATED FOR
COLUMBUS, OH 43201	31-0896363	501 (C) (3)	37,080.	0.			GENERAL SUPPORT
condition, on 19201	31 0030303	301 (0) (3)	37,000.	•			
NEW ALBANY COMMUNITY FOUNDATION							
220 MARKET ST.							DONOR DESIGNATED FOR
NEW ALBANY, OH 43054	31-1409264	501 (C) (3)	5,837.	0.			GENERAL SUPPORT
NEW DIRECTIONS CAREER CENTER							
199 EAST RICH STREET							DONOR DESIGNATED FOR
COLUMBUS, OH 43215	31-1130384	501 (C) (3)	80,908.	0.			GENERAL SUPPORT
NORTHWEST OHIO COMMUNITY SHARES							L
2413 COLLINGWOOD BLVD.	24 4-42-5	F04 (#) (5)		_			DONOR DESIGNATED FOR
TOLEDO, OH 43620	31-1569521	501 (C) (3)	12,937.	0.			GENERAL SUPPORT
OHIO HEALTH FOUNDATION							
3430 OHIOHEALTH PARKWAY, 3RD FL							DONOR DESIGNATED FOR
COLUMBUS, OH 43202	32-0007056	501 (C) (3)	8,455.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
PELOTONIA											
450 W. BROAD ST							DONOR DESIGNATED FOR				
COLUMBUS, OH 43215	82-4997087	501 (C) (3)	17,693.	0.			GENERAL SUPPORT				
PERFECT PET ADOPTION CENTER INC 3721 27TH PL W #205							DONOR DESIGNATED FOR				
SEATTLE, WA 98199	20-1551946	501 (C) (3)	5,391.	0.			GENERAL SUPPORT				
SEATTLE, WA 90199	20-1331940	301 (C) (3)	3,391.	0.			GENERAL SUFFORT				
PICKAWAY COUNTY COMMUNITY											
FOUNDATION - 770 N. COURT ST							DONOR DESIGNATED FOR				
CIRCLEVILLE, OH 43113	31-1777036	501 (C) (3)	8,639.	0.			GENERAL SUPPORT				
PLANNED PARENTHOOD OF GREATER OHIO											
206 E. STATE ST							DONOR DESIGNATED FOR				
COLUMBUS, OH 43215	34-1015976	501 (C) (3)	36,809.	0.			GENERAL SUPPORT				
DIVERNITELY INTERNATIONAL GRAPHER											
RIVERVIEW INTERNATIONAL CENTER							DONOR REGIONATED FOR				
INC 552 RIVERVIEW DRIVE, APT. B	47-5455666	F01 (G) (3)	F 706	0.			DONOR DESIGNATED FOR GENERAL SUPPORT				
- COLUMBUS, OH 43202	47-5455666	501 (C) (3)	5,706.	0.			GENERAL SUPPORT				
RONALD MCDONALD HOUSE CHARITIES OF											
CENTRAL OHIO - 711 E LIVINGSTON							DONOR DESIGNATED FOR				
AVE - COLUMBUS, OH 43205	31-0890152	501 (C) (3)	18,020.	0.			GENERAL SUPPORT				
RULING OUR EXPERIENCES, INC (ROX)											
1335 DUBLIN RD							DONOR DESIGNATED FOR				
COLUMBUS, OH 43215	27-2913874	501 (C) (3)	7,682.	0.			GENERAL SUPPORT				
CALIVATION ADMY COLUMNIC											
SALVATION ARMY - COLUMBUS							DONOR DEGLONAMED FOR				
966 E. MAIN STREET	12 5562251	E01 (G) (3)	164 643	0			DONOR DESIGNATED FOR				
COLUMBUS, OH 43205	13-5562351	DOT (C) (3)	164,643.	0.			GENERAL SUPPORT				
SEE KIDS DREAM											
PO BOX 341645							DONOR DESIGNATED FOR				
COLUMBUS, OH 43234	26-3616431	501 (C) (3)	11,493.	0.			GENERAL SUPPORT				

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(5) = 11	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
SEEDS OF CARING							
325 PIEDMONT RD							DONOR DESIGNATED FOR
COLUMBUS, OH 43214	82-0639894	501 (C) (3)	5,251.	0.			GENERAL SUPPORT
SIMON KENTON COUNCIL, BOY SCOUTS							
OF AMERICA - 807 KINNEAR RD -							DONOR DESIGNATED FOR
COLUMBUS, OH 43212	31-4388520	501 (C) (3)	6,344.	0.			GENERAL SUPPORT
SOUTH SIDE LEARNING & DEVELOPMENT							
CENTER - 280 REEB AVENUE -							DONOR DESIGNATED FOR
COLUMBUS, OH 43207	31-4379811	501 (C) (3)	9,810.	0.			GENERAL SUPPORT
ST VINCENT DEPAUL - HOLY SPIRIT							
4383 E BROAD STREET							DONOR DESIGNATED FOR
COLUMBUS, OH 43213	26-4375976	501 (C) (3)	11,250.	0.			GENERAL SUPPORT
ST. STEPHEN'S COMMUNITY HOUSE							
1500 EAST 17TH AVENUE				_		1	DONOR DESIGNATED FOR
COLUMBUS, OH 43219	31-4379568	501 (C) (3)	23,165.	0.			GENERAL SUPPORT
ST. VINCENT FAMILY CENTERS							
1490 EAST MAIN STREET							DONOR DESIGNATED FOR
COLUMBUS, OH 43205	31-4379572	501 (C) (3)	23,974.	0.			GENERAL SUPPORT
STAR HOUSE FOUNDATION							
1220 CORRUGATED WAY							DONOR DESIGNATED FOR
COLUMBUS, OH 43201	47-1857320	501 (C) (3)	26,973.	0.			GENERAL SUPPORT
THE OSU FOUNDATION							
364 WEST LANE AVE							DONOR DESIGNATED FOR
COLUMBUS, OH 43203	31-1145986	501 (C) (3)	17,115.	0.			GENERAL SUPPORT
THE WILDS							
1400 INTERNATIONAL RD							DONOR DESIGNATED FOR
CUMBERLAND, OH 43732	31-1113570	501 (C) (3)	5,993.	0.			GENERAL SUPPORT

(a) Name and address of	(I-) (FIN)	(-) IDO 1'	(4) A	(-) A	(C) Madle and a C	(a) Description of	(L) D
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RI-COUNTY COMMUNITY ACTION AGENCY							
PO BOX 220							DONOR DESIGNATED FOR
GLOUSTER, OH 45732	31-0718322	501 (C) (3)	8,059.	0.			GENERAL SUPPORT
,			1				
UNCF COLUMBUS							
341 S. THIRD ST							DONOR DESIGNATED FOR
COLUMBUS, OH 43215	32-1321321	501 (C) (3)	50,463.	0.			GENERAL SUPPORT
UNITED WAY OF WAYNE & HOLMES							
COUNTY - 215 S. WALNUT ST -							DONOR DESIGNATED FOR
WOOSTER, OH 44691	34-0946973	501 (C) (3)	6,410.	0.			GENERAL SUPPORT
URBAN CONCERN							
1000 BONHAM AVE.							DONOR DESIGNATED FOR
COLUMBUS, OH 43211	31-1327346	501 (C) (3)	5,583.	0.			GENERAL SUPPORT
()							
UW FOX CITIES (WI)							
1455 MIDWAY RD	20 0010005	E01 (G) (2)	5 550	_			DONOR DESIGNATED FOR
MENASHA, WI 54952	39-0912895	501 (C) (3)	5,753.	0.			GENERAL SUPPORT
UW OF CLARK, CHAMPAIGN & MADISON							
COUNTIES - PO BOX 59 -							DONOR DESIGNATED FOR
SPRINGFIELD, OH 45501	31-0549095	501 (C) (3)	8,120.	0.			GENERAL SUPPORT
		() ()	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
UW OF DELAWARE COUNTY							
P O BOX 319							DONOR DESIGNATED FOR
DELAWARE, OH 43015	31-4123889	501 (C) (3)	127,936.	0.			GENERAL SUPPORT
UW OF FAIRFIELD COUNTY							
115 S. BROAD ST							DONOR DESIGNATED FOR
LANCASTER, OH 43130	31-0644804	501 (C) (3)	50,266.	0.			GENERAL SUPPORT
UW OF GREATER CLEVELAND							
1331 EUCLID AVE							DONOR DESIGNATED FOR
CLEVELAND, OH 44115	34-6516654	501 (C) (3)	5,412.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UW OF LICKING COUNTY							
P.O. BOX 4490							DONOR DESIGNATED FOR
NEWARK, OH 43058	31-4379455	501 (C) (3)	33,408.	0.			GENERAL SUPPORT
UW OF NORTH CENTRAL OH-MARION, WYNDOT, & CRAWFORD - 125 EXECUTIVE							DONOR DESIGNATED FOR
DR MARION, OH 43302	31-0641236	501 (C) (3)	6,965.	0.			GENERAL SUPPORT
DR. MINION, OII 45502	31 0041230	301 (6) (3)	0,303.	٠.			DENERTED BOTTOKT
UW OF RICHLAND COUNTY							
35 NORTH PARK ST							DONOR DESIGNATED FOR
MANSFIELD, OH 44902	34-0714455	501 (C) (3)	8,536.	0.			GENERAL SUPPORT
UW OF SUMMIT & MEDINA							
37 NORTH HIGH ST., STE A							DONOR DESIGNATED FOR
AKRON, OH 44308-1973	34-1169257	501 (C) (3)	7,244.	0.			GENERAL SUPPORT
UW OF UNION COUNTY							
648 CLYMER ROAD							DONOR DESIGNATED FOR
MARYSVILLE, OH 43040	31-0682004	501 (C) (3)	19,309.	0.			GENERAL SUPPORT
	31 3331331		25,005.	•			
VICTORY MINISTRIES/MISSION							
РО ВОХ 360833							DONOR DESIGNATED FOR
COLUMBUS, OH 43236	31-1117522	501 (C) (3)	13,326.	0.			GENERAL SUPPORT
WESTERVILLE AREA RESOURCE MINISTRY							
150 HEATHERDOWN DR							DONOR DESIGNATED FOR
WESTERVILLE, OH 43081	31-1640355	501 (C) (3)	7,238.	0.			GENERAL SUPPORT
YMCA OF CENTRAL OHIO							
40 WEST LONG STREET							DONOR DESIGNATED FOR
COLUMBUS, OH 43215	31-4379594	501 (C) (3)	13,526.	0.			GENERAL SUPPORT
	27 73/33/4		15,520.	0.			PERENTIAL BOLLOKI
YOUNG WOMEN'S CHRISTIAN							
ASSOCIATION - 65 S. 4TH STREET -							DONOR DESIGNATED FOR
COLUMBUS, OH 43215	31-4379597	501 (C) (3)	21,567.	0.			GENERAL SUPPORT

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(8) 2.114	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
AGENCIES < \$5K							
215 N. FRONT STREET STE. 600							DONOR DESIGNATED FOR
COLUMBUS, OH 43215	31-4393712	501 (C) (3)	605,156.	0.			GENERAL SUPPORT
ACTION FOR CHILDREN							DONOR/VOLUNTEER
78 JEFFERSON AVENUE							DESIGNATED FOR PROGRAM
COLUMBUS, OH 43215	31-0820393	501 (C) (3)	5,989.	0.			SUPPORT
CENTRAL COMMUNITY HOUSE							DONOR/VOLUNTEER
1150 E. MAIN STREET							DESIGNATED FOR PROGRAM
COLUMBUS, OH 43205	31-4379438	501 (C) (3)	6,941.	0.		1	SUPPORT
CHARITABLE PHARMACY OF CENTRAL							DONOR/VOLUNTEER
OHIO, INC 776 S. HIGH ST						1	DESIGNATED FOR PROGRAM
COLUMBUS, OH 43206	27-0147099	501 (C) (3)	5,644.	0.			SUPPORT
CHILDHOOD LEAGUE CENTER							DONOR/VOLUNTEER
670 S. 18TH ST							DESIGNATED FOR PROGRAM
COLUMBUS, OH 43205	31-6400177	501 (C) (3)	16,460.	0.		1	SUPPORT
CLINTONVILLE BEECHWOLD COMMUNITY							DONOR/VOLUNTEER
RESOURCES CENTER - 3222 N. HIGH							DESIGNATED FOR PROGRAM
STREET - COLUMBUS, OH 43202	31-0834578	501 (C) (3)	33,699.	0.		1	SUPPORT
COLUMBUS EARLY LEARNING CENTERS							DONOR/VOLUNTEER
1611 OLD LEONARD AVENUE							DESIGNATED FOR PROGRAM
COLUMBUS, OH 43219	31-4379619	501 (C) (3)	13,961.	0.		1	SUPPORT
COMMUNITY DEVELOPMENT			, ,				
COLLABORATIVE OF GREATER COL - 175							DONOR/VOLUNTEER
S. THIRD STREET, SUITE 1060 -							DESIGNATED FOR PROGRAM
COLUMBUS, OH 43215	31-1595197	501 (C) (3)	25,000.	0.			SUPPORT
COMMUNITY DEVELOPMENT FOR ALL							DONOR/VOLUNTEER
PEOPLE - 946 PARSONS AVE							DESIGNATED FOR PROGRAM
COLUMBUS, OH 43206	51-0476886	501 (C) (3)	8,899.	0.			SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
COMMUNITY FOR NEW DIRECTIONS 2323 W. 5TH AVENUE COLUMBUS, OH 43204	31-1430278	501 (C) (3)	12,075.	0.			DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT				
COMMUNITY SHELTER BOARD 355 E. CAMPUS VIEW BLVD COLUMBUS, OH 43235	31-1181284	501 (C) (3)	18,513.	0.			DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT				
ETHIOPIAN TEWAHEDO SOCIAL SERVICES 1060 MT. VERNON AVE. COLUMBUS, OH 43203	20-3525591	501 (C) (3)	6,872.	0.			DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT				
FOUNDATIONS FOR FAMILIES C/O GENESSEE AVENUE CHURCH OF CHRIS COLUMBUS, OH 43211	56-2539623	501 (C) (3)	12,082.	0.			DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT				
GLADDEN COMMUNITY HOUSE 183 HAWKES AVENUE COLUMBUS, OH 43223	31-4379476	501 (C) (3)	11,425.	0.			DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT				
GODMAN GUILD ASSOCIATION 303 EAST SIXTH AVENUE COLUMBUS, OH 43201	31-4379478	501 (C) (3)	18,864.	0.			DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT				
JEWISH FAMILY SERVICES 1070 COLLEGE AVENUE COLUMBUS, OH 43209	31-4379497	501 (C) (3)	14,157.	0.			DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT				
LOCAL MATTERS 633 PARSONS AVE COLUMBUS, OH 43205	06-1819644	501 (C) (3)	9,397.	0.			DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT				
LSS 211 CENTRAL OHIO 1105 SCHROCK ROAD, SUITE 100 COLUMBUS, OH 43229	31-1084722	501 (C) (3)	65,000.	0.			DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT				

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NEAR NORTHSIDE EMERGENCY MATERIAL ASSISTANCE - 1064 N HIGH ST - COLUMBUS, OH 43201	31-0896363	501 (C) (3)	36,415.	0.			DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT				
SEE KIDS DREAM PO BOX 341645 COLUMBUS, OH 43234	26-3616431	501 (C) (3)	14,369.	0.			DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT				
ST. STEPHEN'S COMMUNITY HOUSE 1500 EAST 17TH AVENUE COLUMBUS, OH 43219	31-4379568	501 (C) (3)	7,494.	0.			DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT				
THE OSU FOUNDATION 364 WEST LANE AVE COLUMBUS, OH 43203	31-1145986	501 (C) (3)	70,000.	0.			DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT				
AGENCIES < \$5K 215 N. FRONT STREET STE. 600 COLUMBUS, OH 43215	31-4393712	501 (C) (3)	64,504.	0.			DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT				
FUNDING FOR INTERNAL INITIATIVES 215 N. FRONT STREET STE. 600 COLUMBUS, OH 43215	31-4393712	501 (C) (3)	1,032,743.	0.			DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT				

(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	339	81,959.	0.		
INDIVIDUAL EMERGENCY FUND - RENT ASSISTANCE	22	10,041.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
SCHEDULE I, PART I, LINE 2					
GRANTS AND ALLOCATIONS TO FUNDED I	ARTNERS -				
ALLOCATIONS: THE PROVISION OF HIGH	I QUALITY,	HUMAN SEF	RVICE PROGR	AMS BY	
FUNDED PARTNERS AND COMMUNITY PART	NERS IS A	KEY MEANS	THROUGH W	HICH THE	
UNITED WAY SYSTEM ACHIEVES MEANING	FUL AND M	IEASURABLE	IMPACT IN	OUR	
AREAS OF CRITICAL COMMUNITY NEED.					

Part IV	Supplemental	Information
Part IV	Supplemental	intormatic

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.

COMMUNITY SERVICES INDIVIDUAL EMERGENCY FUND GRANTS

UNITED WAY OF CENTRAL OHIO MAINTAINS A SMALL FUND OF APPROXIMATELY \$50,000. 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, -COTA DAY PASS, FOR WALK-INS THAT COME TO UNITED WAY SEEKING

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

(LANDLORD, UTILITY COMPANY, ETC.) RATHER THAN THE CLIENT.

Schedule I (Form 990)

ASSISTANCE.

SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

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

Inspection Employer identification number

UNITED WAY OF CENTRAL OHIO INC. Part I Questions Regarding Compensation

31-4393712

_	Objects the consequent to the consequence of the co		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	41.	Х	
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	2	Х	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Λ	
2	Indicate which if any of the following the examination used to establish the companyation of the examination's			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year did any nersen listed an Form 000 Part VIII Section A line 1s with respect to the filing			
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:	40		х
a	Receive a severance payment or change-of-control payment?	4a 4b	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4c	21	х
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.	40		- 25
	The storage of lines 44°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:			
а		5a		х
	Any related organization?	5b		X
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		х
~	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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

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.

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LISA COURTICE	(i)	349,173.	13,625.	0.	40,363.	35,121.	438,282.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHERYL NELSON	(i)	194,015.	1,572.	0.	32,058.	20,463.	248,108.	0.
SVP FINANCE, CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL WILKOS	(i)	177,798.	1,554.	0.	31,068.	10,240.	220,660.	0.
SVP COMMUNITY IMPACT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEPHANIE HARRIS	(i)	171,906.	1,554.	0.	4,429.	10,158.	188,047.	0.
FORMER SR VP RESOURCE DEV	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
-	(II)	l					L	

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, 2022 ARE \$6,000.

PART I, LINE 3:

THE UNITED WAY OF CENTRAL OHIO BOARD CHAIR AND CHAIR-ELECT REVIEW TOTAL

COMPENSATION (INCLUDING ALL BENEFITS) OF THE CEO AT LEAST ANNUALLY. THE

MOST RECENT REVIEW OCCURRED IN APRIL 2023. THE CEO'S SALARY IS BASED ON CEO

PERFORMANCE, BUDGET PARAMETERS, INDEPENDENT MARKET DATA AND MARKET ISSUES.

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 A MEMO TO THE FILE. COMPARISONS INCLUDE OTHER SIMILAR SIZED UNITED WAYS

WITHIN THE UNITED WAY NETWORK AS WELL AS OTHER SIMILAR-SIZED NONPROFIT

AGENCIES AND FOUNDATIONS WITHIN OHIO.

THE BOARD CHAIR AND CHAIR-ELECT ALSO REVIEW THE CEO'S RECOMMENDATIONS FOR

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.
OTHER SENIOR MANAGEMENT COMPENSATION, INCLUDING COMPARABLE MARKET DATA USED
IN MARKETING THOSE RECOMMENDATIONS.
PART I, LINE 4B:
UNITED WAY MADE CONTRIBUTIONS TO A 457B PLAN OF \$20,500 EACH FOR THE CEO,
CFO AND SVP OF COMMUNITY IMPACT IN 2022.

SCHEDULE L

Department of the Treasury

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service	Go t	o ww	w.irs.g	gov/Form	1990 fo	or inst	ructior	s and the	late	est informat	ion.			In	spect	tion		
Name of the organization												Em	oloyer	ident	ificati	on nu	mber	
	UNITED													937	12			
Part I Excess Be	nefit Trans	actio	ons (s	section 50	01(c)(3), secti	ion 501	(c)(4), and	sec	tion 501(c)(2	29) orga	anizatio	ns on	ly).				
Complete if the	ne organization	answ	ered "	Yes" on I	orm 9	90, Pa	art IV, li	ne 25a or 2	25b,	or Form 99	0-EZ, P	art V, I	ine 40	b.				
1 (a) Name of disqualifie	nd nerson	(b) R		ship bet			ified		(c) Description	of train	neactio	n	(d) Corre			cted?	
— (a) Name of disquame	a persorr	person and organization						(0,	, Bescription	101 1141	1000110			<u> </u>	'es	No		
															_			
															-			
															+	-+		
															+	\dashv		
2 Enter the amount of ta	ax incurred by	the or	rganiza	tion man	agers	or disc	ualified	d persons o	durir	ng the year	ınder							
			•		•		•	•					\$					
3 Enter the amount of ta																		
Part II Loans to a	ind/or From	ı Inte	ereste	ed Pers	sons.													
Complete if the	ne organization	answ	ered "	Yes" on I	Form 9	90-EZ	, Part V	', line 38a (or Fo	orm 990, Pa	rt IV, lir	ne 26; d	or if th	e orga	nizatio	on		
•	mount on Form				1									(h) An	provoc	11		
(a) Name of (b) Relation						from the prin		e) Original cipal amount		(f) Balance due			(g) In default?		by board of Lagrage		Written ement?	
interested person	with organiz	or loan			organization?		Princ	іраі апіоці	"					Committee: 9		1		
	-				То	From			\dashv			Yes	No	Yes	No	Yes	No	
									\dashv			1				1	1	
									\dashv								1	
									\neg									
									_									
Part III Grants or	Assistance	Don	ofitio	a Intor		1 Dor			\$									
				-														
	ne organization	1									al\ T				\ D		_	
(a) Name of intereste	ea person			ationship sted pers				:) Amount assistance			d) Type assistar			•	assist	ose o ance	T	
				e organiza		_												
		1																

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
				Yes	No
DUANE CASARES	TRUSTEE		AGENCY FUND		X
ELIZABETH MARTINEZ	TRUSTEE		AGENCY FUND		X
BARBARA BENHAM	TRUSTEE		BUS. BANK,		X
JEREMY GUTIERREZ	TRUSTEE		BUS. BANK		X
ROBERT TANNOUS	TRUSTEE	39,722.	LEGAL SERVI		X
Part V Supplemental Information. Provide additional information for response	onses to questions on Schedule L (see in	structions).			
SCH L, PART IV, BUSINESS T		G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: DUANE	CASARES				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
TRUSTEE					
(C) AMOUNT OF TRANSACTION	\$ (D) DESCRIPTION O				
(D) DESCRIPTION OF TRANSAC	FION: AGENCY FUNDING				
(E) SHARING OF ORGANIZATION	N REVENUES? = NO				
(A) NAME OF PERSON: ELIZAB	ETH MARTINEZ				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
TRUSTEE					
(C) AMOUNT OF TRANSACTION	\$ (D) DESCRIPTION O				
(D) DESCRIPTION OF TRANSAC	TION: AGENCY FUNDING				
(E) SHARING OF ORGANIZATION	N REVENUES? = NO				
(A) NAME OF PERSON: BARBAR		opg.w.z.z.	OM		
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	UN:		
TRUSTEE					
(C) AMOUNT OF TRANSACTION	\$ (D) DESCRIPTION O				
(D) DECORTOMION OF MEANCAC	TION. DIE DANK HEAT	THE AND CEN	ובים או דאופיום או	NCE	

Part V Supplemental Information

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

LINE OF CREDIT

- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: JEREMY GUTIERREZ
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE

- (C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O
- (D) DESCRIPTION OF TRANSACTION: BUS. BANK
- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: ROBERT TANNOUS
- (D) DESCRIPTION OF TRANSACTION: LEGAL SERVICES FROM OTHER FIRM ATTORNEYS RELATED TO THE SALE OF FORMER HEADQUARTERS.

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 A LINE OF CREDIT WITH THIS FINANCIAL INSTITUTION. BOARD MEMBERS WHO ARE AN EMPLOYEE OF A FINANCIAL INSTITUTIONS 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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection
Employer identification number

	UNITED WAY O	F CENT	RAL OHIO,	INC.			31-	43937	712	
Pai	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribi amounts reporte Form 990, Part VIII,	d on		Method of o	determini	•	6
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	Х	11	136,	708.Z	AVG.	PRICE	DATE	OI	T
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 organiz	zation durino	the tax vear for c	ontributions						
	for which the organization completed Form 82	•			29					
									Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I. lines	1 through	28. tha	nt it			
	must hold for at least 3 years from the date of				-					
	exempt purposes for the entire holding period?							30a		Х
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard of	ontribution	ons?		31	х	
	Does the organization hire or use third parties	-	•	•				1		
u	contributions?							32a		Х
b	If "Yes," describe in Part II.							J_u		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a	ı) is check	ked.				
	describe in Part II.		, -, p = -, p, opo(t)		., 511661	,				

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

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

DESCRIPTION OF ORGANIZATION MISSION:

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FORM 990, PART

III,

LINE 1,

UNITED WAY OF CENTRAL OHIO, INC.

Employer identification number 31-4393712

WE DO THIS PRIMARILY BY HELPING FAMILIES IN CRISIS MEET BASIC NEEDS AND CHILDREN ACHIEVE STUDENT SUCCESS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ADDITION TO BEING A MAJOR FUNDER OF CENTRAL OHIO'S NONPROFIT SECTOR UNITED WAY IS ALSO A STRONG AND VIBRANT CHANGE AGENT IN OUR COMMUNITY. UNITED WAY RAISES DOLLARS THAT TO FULFILL ITS GOALS AND OBJECTIVES, SUPPORT NONPROFIT AGENCIES (FUNDED PARTNERS) ADDRESSING CRITICAL NEEDS IN OUR COMMUNITY. FOCUSED ON REDUCING POVERTY, UNITED WAY FUNDED 91 NONPROFIT AGENCIES IN 2022-2023. THESE FUNDED PARTNERS WORKED TO ENSURE PEOPLE IN CRISIS RECEIVED FOOD, SHELTER AND ASSISTANCE, AND THAT CHILDREN HAD THE OPPORTUNITIES AND RESOURCES NEEDED TO SUCCEED FROM CRADLE TO CAREER. UNITED WAY MANAGES AN ANNUAL DONOR CAMPAIGN THAT GENERATED APPROXIMATELY \$20.2 MILLION IN 2022-2023. AS AN INDEPENDENT AFFILIATE OF UNITED WAY WORLDWIDE, WE INVESTED IN THE FOLLOWING NONPROFIT AGENCIES IN 2022-2023: 1DIVINELINE2HEALTH 211 CENTRAL OHIO ACADEMY FOR URBAN SCHOLARS ACTION FOR CHILDREN AFRICAN AMERICAN MALE WELLNESS AGENCY AFRICENTRIC PERSONAL DEVELOPMENT SHOP AFTER-SCHOOL ALL-STARS OHIO ALL THAT

78

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

232211 10-28-22

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization UNITED WAY OF CENTRAL OHIO, INC. 31-4393712 ALVIS AMERICAN RED CROSS OF CENTRAL OHIO BIG BROTHERS BIG SISTERS OF CENTRAL OHIO, INC. BOYS & GIRLS CLUBS OF COLUMBUS CATHOLIC SOCIAL SERVICES, INC. CENTER FOR EMPLOYMENT OPPORTUNITIES, INC. CENTER FOR HEALTHY FAMILIES, INC. CENTRAL COMMUNITY HOUSE CHARITABLE PHARMACY OF CENTRAL OHIO, INC. CHILDHOOD LEAGUE, INC. CHILDREN'S HUNGER ALLIANCE CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE CITY YEAR, INC. CLINTONVILLE-BEECHWOLD COMMUNITY RESOURCES CENTER COLUMBUS EARLY LEARNING CENTERS COLUMBUS HOUSING PARTNERSHIP, INC./ HOMEPORT COLUMBUS LITERACY COUNCIL COLUMBUS SPEECH & HEARING CENTER COLUMBUS URBAN LEAGUE COLUMBUS WORKS, INC. COMMUNITIES IN SCHOOLS OF CENTRAL OHIO COMMUNITY DEVELOPMENT FOR ALL PEOPLE COMMUNITY KITCHEN, INC. COMMUNITY FOR NEW DIRECTION, INC. COMMUNITY REFUGEE AND IMMIGRATION SERVICES, INC. COMMUNITY SHELTER BOARD

DIRECTIONS FOR YOUTH & FAMILIES

DOMA INTERNATIONAL DBA FREEDOM A LA CART

<u>Schedule O (Form 990) 2022</u> Page **2**

Employer identification number Name of the organization UNITED WAY OF CENTRAL OHIO, INC. 31-4393712 DOMINICAN SISTERS OF PEACE, INC. ETHIOPIAN TEWAHEDO SOCIAL SERVICES FAITH MISSION, INC. FAMILY ADOLESCENT & CHILD COMMUNITY ENGAGEMENT SERVICES (FACCES) FESTA FOUNDATION FOR FAMILIES, INC. FURNITURE BANK OF CENTRAL OHIO GAMMA ZETA ZETA EDUCATION FOUNDATION, INC. GIRLS ON THE RUN OF CENTRAL OHIO GLADDEN COMMUNITY HOUSE GODMAN GUILD ASSOCIATION HABITAT FOR HUMANITY MIDOHIO HARDY CENTER, INC. HOMES ON THE HILL COMMUNITY DEVELOPMENT CORPORATION HUCKLEBERRY HOUSE, INC. JEWISH FAMILY SERVICES KALEIDOSCOPE YOUTH CENTER KING ARTS COMPLEX LEGAL AID SOCIETY OF COLUMBUS LIFECARE ALLIANCE LOCAL MATTERS LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO MASTERS PREPARATORY ACADEMY MENTAL HEALTH AMERICA OF OHIO, INC. MID-OHIO FOODBANK MUSLIM FAMILY SERVICES OF OHIO MY PROJECT USA

NEIGHBORHOOD SERVICES, INC.

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** UNITED WAY OF CENTRAL OHIO, INC. 31-4393712 NEW COVENANT BELIEVERS' CHURCH HUMAN SERVICES CORPORATION NEW DIRECTIONS CAREER CENTER NNEMAP OHIOHEALTH CORPORATION OHIO STATE UNIVERSITY FOUNDATION, THE PARTNERSHIP4SUCCESS PHYSICIANS CARECONNECTION REEB AVENUE CENTER REMEMBER US URBAN SCOUTS RIVERVIEW INTERNATIONAL CENTER, INC. RULING OUR EXPERIENCES, INC. SALVATION ARMY, THE SEE KIDS DREAM SOMALI COMMUNITY ASSOCIATION OF OHIO SOUTH SIDE THRIVE COLLABORATIVE SPROUT FIVE ST. STEPHEN'S COMMUNITY HOUSE ST. VINCENT FAMILY CENTER STAR HOUSE STUDENT SUCCESS STORES THE AFFORDABLE HOUSING TRUST FOR COLUMBUS & FRANKLIN COUNTY URBAN RESURRECTION COMMUNITY WE AMPLIFY VOICES WESTERVILLE AREA RESOURCE MINISTRY YMCA OF CENTRAL OHIO YOUTH OVER US YWCA COLUMBUS

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Name of the organization
UNITED WAY OF CENTRAL OHIO, INC.

Employer identification number 31-4393712

UNITED WAY HAS A LONG, SUCCESSFUL HISTORY OF BRINGING GOVERNMENT,

BUSINESS AND NONPROFITS TOGETHER TO CREATE LASTING CHANGE. UNITED WAY

PROVIDES OPPORTUNITIES FOR PEOPLE TO PROSPER. WE DO THAT BY ACTING AS A

CATALYST FOR LASTING IMPROVEMENTS AND BY MOBILIZING OUR COMMUNITY TO

GIVE AND VOLUNTEER. 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.

IN ADDITION TO INVESTING IN OUR COMMUNITY'S MOST EFFECTIVE NONPROFITS,

UNITED WAY ALSO SUPPORTS PROJECTS SUCH AS TAX TIME, STABLE FAMILIES AND

PROJECT DIVERSITY PRIDE LEADERSHIP. (SEE NOTE BELOW). AS ONE OF THE

LARGEST UNITED WAYS IN THE COUNTRY, UNITED WAY OF CENTRAL OHIO BRINGS

TOGETHER MORE THAN 45,000 DONORS AND VOLUNTEERS.

FOR MORE INFORMATION, VISIT WWW.LIVEUNITEDCENTRALOHIO.ORG

DIVERSITY, EQUITY AND INCLUSION

THE DEMOGRAPHICS OF UNITED WAY OF CENTRAL OHIO'S BOARD OF TRUSTEES AND

STAFF EXCEED THE RACIAL/ETHNIC DEMOGRAPHICS OF FRANKLIN COUNTY. UNITED

WAY EMBRACES INCLUSION, DIVERSITY AND EQUAL OPPORTUNITY AS CORE VALUES.

WE UNDERSTAND THAT OUR COMMUNITY IS STRONGER AND OUR MISSION MORE

VIABLE WHEN THE GIFTS OF ALL COMMUNITY MEMBERS ARE VALUED, EMBRACED AND

MAXIMIZED. AGENCIES RECEIVING FUNDING FROM UNITED WAY OF CENTRAL OHIO

ARE STRONGLY ENCOURAGED TO REFLECT THESE CORE VALUES IN THEIR MISSIONS,

GOALS AND STRATEGIC DIRECTIONS, AS WELL AS AT ALL LEVELS OF

ORGANIZATIONAL DECISION—MAKING. IN 2022, UNITED WAY IMPLEMENTED A BOARD

DIVERSITY POLICY THAT REQUIRED FUNDED PARTNERS TO SUBMIT BOARD—APPROVED

PLANS OUTLINING THEIR APPROACH AND SUPPORT TOWARD GREATER BOARD

Many Collision in the Collision of the C

Name of the organization

UNITED WAY OF CENTRAL OHIO, INC.

Employer identification number 31-4393712

DIVERSITY AND INCLUSION. THE PLAN MUST BE SIGNED BY THE AGENCY CEO AND

ENDORSED BY THE AGENCY'S BOARD OF TRUSTEES.

THROUGH A LENS OF EQUITY AND INCLUSION, UNITED WAY OF CENTRAL OHIO ESTABLISHED A 2022-2023 FUNDED PARTNER PORTFOLIO THAT INCLUDED NEW, SMALLER COMMUNITY-BASED ORGANIZATIONS WITH DEMONSTRATED ABILITY TO SERVE TRADITIONALLY HARD-TO-REACH POPULATIONS. UNITED WAY OF CENTRAL OHIO'S 2022 PROGRAM INVESTMENT PROCESS RESULTED IN 91 NONPROFITS RECEIVING FUNDING. THESE 90 NONPROFITS INCLUDED PARTNERSHIPS WITH 48 ORGANIZATIONS LED BY PEOPLE OF COLOR SERVING MARGINALIZED COMMUNITIES. UNITED WAY OF CENTRAL OHIO WILL CONTINUE TO MAKE FUNDING DECISIONS USING A RACIAL EQUITY LENS, WHICH INVOLVES PAYING DISCIPLINED ATTENTION TO RACE AND ETHNICITY WHILE ANALYZING PROBLEMS, LOOKING FOR SOLUTIONS AND DEFINING SUCCESS. USING A RACIAL EQUITY LENS TO DETERMINE FUNDING INVESTMENTS HELPS UNITED WAY BETTER IDENTIFY COMMUNITY NEEDS AND ALIGN FUNDING RESOURCES TO ADDRESS THOSE NEEDS. USING A RACIAL EQUITY LENS TO DETERMINE FUNDING INVESTMENTS ALSO POSITIONS UNITED WAY OF CENTRAL OHIO AS A FUNDER THAT IS ACCESSIBLE, COMMITTED TO INCLUSION AND EQUITY, AND AUTHENTICALLY CONNECTED AND ACCOUNTABLE TO OUR COMMUNITY.

SUCCESS BY THIRD GRADE

READING PROFICIENCY BY THE END OF THIRD GRADE IS THE GREATEST PREDICTOR

OF HIGH SCHOOL GRADUATION. RESEARCH CONFIRMS THAT STUDENTS NOT

PROFICIENT IN READING BY THE END OF THIRD GRADE ARE FOUR TIMES MORE

LIKELY TO DROP OUT OF HIGH SCHOOL. SUCCESS BY THIRD GRADE IS A

COMMUNITY-WIDE MOVEMENT FOCUSED ON ENSURING THAT BY 2035 ALL FRANKLIN

COUNTY CHILDREN WILL BE READING PROFICIENTLY BY THE END OF THIRD GRADE.

UNITED WAY OF CENTRAL OHIO SERVES AS THE BACKBONE ORGANIZATION FOR

Name of the organization
UNITED WAY OF CENTRAL OHIO, INC.

Employer identification number 31-4393712

SUCCESS BY THIRD GRADE. IN THIS ROLE, UNITED WAY MAINTAINS THE OVERALL

STRATEGIC COHERENCE AND MANAGES THE DAY-TO-DAY OPERATIONS AND

IMPLEMENTATION OF WORK AROUND THIRD GRADE READING PROFICIENCY.

SUCCESS BY THIRD GRADE MOBILIZES PARENTS/CAREGIVERS, STUDENTS,

EDUCATORS, GOVERNMENT, NONPROFITS AND THE CORPORATE COMMUNITY TO WORK

TOGETHER TO CHANGE THE EDUCATIONAL TRAJECTORY OF KINDERGARTEN THROUGH

THIRD GRADE STUDENTS IN FRANKLIN COUNTY SCHOOL DISTRICTS. IN 2022,

NETWORK DIRECTORS BEGAN WORKING IN THE PARTNER SCHOOL DISTRICTS,

ESTABLISHING RELATIONSHIPS WITH COMMUNITY LEADERS, EDUCATORS AND

FAMILIES AS THEY IDENTIFY AND ADDRESS BARRIERS TO STUDENT SUCCESS.

ADDITIONAL ACCOMPLISHMENTS ACHIEVED IN 2022 THAT INCLUDE A SUCCESSFUL

SUMMER LITERACY PROGRAM, A ROBUST READING BUDDY PROGRAM AND THE

DONATION OF 2,300 NEW WINTER COATS TO ELEMENTARY STUDENTS.

KINDERGARTEN READINESS

EARLY CHILDHOOD IS THE SINGLE MOST PROLIFIC PERIOD OF DEVELOPMENT FOR

CHILDREN, WITH 90% OF A CHILD'S BRAIN GROWTH OCCURRING BETWEEN BIRTH

AND AGE THREE. FEWER THAN HALF OF ALL FRANKLIN COUNTY CHILDREN ENTER

KINDERGARTEN READY TO LEARN. HIGH-QUALITY EARLY LEARNING PROGRAMS HELP

INCREASE ACADEMIC PERFORMANCE AND GIVE CHILDREN THE SKILLS AND TOOLS

NEEDED TO BECOME SUCCESSFUL LEARNERS IN KINDERGARTEN AND BEYOND.

FORM 990, PART III, LINE 4A CONTINUED:

IN 2022-2023, UNITED WAY OF CENTRAL OHIO INVESTED NEARLY \$1.6 MILLION

IN 20 HIGH-QUALITY EARLY CHILDHOOD PROGRAMS (15 AGENCIES). THESE

HIGH-PERFORMING PROGRAMS CAPTURED THE RAPID EARLY BRAIN GROWTH OF VERY

YOUNG CHILDREN BY PROVIDING EDUCATIONAL EXPERIENCES IN A SUPPORTIVE,

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Name of the organization

UNITED WAY OF CENTRAL OHIO, INC.

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SAFE AND CARING ENVIRONMENT. THROUGHOUT 2022-2023, EARLY CHILDHOOD

PROVIDERS OFFERED PROGRAMS THAT HELPED YOUNG CHILDREN DEVELOP THE

SKILLS AND BEHAVIORS NEEDED TO ENTER KINDERGARTEN READY TO LEARN,

IDENTIFIED DEVELOPMENTAL DELAYS IN YOUNG CHILDREN AND LINKED CHILDREN

AND FAMILIES TO APPROPRIATE SERVICES. UNITED WAY ALSO FUNDED NONPROFITS

THAT PROVIDED EARLY INTERVENTION AND TREATMENT SERVICES FOR

DEVELOPMENTAL DELAYS, AS WELL AS INDIRECT SUPPORT OF EARLY LEARNERS
THROUGH PROGRAMMING ENGAGING FATHERS AND CHILDCARE PROVIDER TRAINING.

STUDENT SUCCESS

AN ESSENTIAL KEY TO ECONOMIC SELF-SUFFICIENCY IS THE ATTAINMENT OF A
HIGH SCHOOL DIPLOMA. FAILURE TO OBTAIN A HIGH SCHOOL DIPLOMA IS
INEXTRICABLY CONNECTED TO POVERTY. WITHOUT A HIGH SCHOOL DIPLOMA OR
GED, YOUNG ADULTS FACE EXTREMELY BLEAK ECONOMIC AND SOCIAL PROSPECTS.

COMPARED TO HIGH SCHOOL GRADUATES, THEY ARE LESS LIKELY TO FIND A JOB
AND EARN A LIVING WAGE, AND MORE LIKELY TO SLIP INTO POVERTY AND SUFFER
FROM A VARIETY OF ADVERSE HEALTH OUTCOMES. UNITED WAY OF CENTRAL OHIO
INVESTED \$2.4 MILLION IN 43 YOUTH SERVING PROGRAMS (37 AGENCIES). THESE
NONPROFITS HELPED STUDENTS DEVELOP THE SKILLS AND BEHAVIORS NEEDED TO
GRADUATE FROM HIGH SCHOOL; SUPPORTED THE DEVELOPMENT OF READING AND
MATH SKILLS AND ENHANCED SOCIAL COMPETENCIES THAT HELPED DECREASE RISK
FACTORS, ABSENTEEISM AND PROBLEM BEHAVIORS. FOR EXAMPLE, 94% OF THE
CHILDREN INVOLVED WITH MENTORS PROVIDED BY UNITED WAY FUNDED PARTNERS
EXPERIENCED MENTAL HEALTH IMPROVEMENTS AND A DECREASE IN SCHOOL
DISCIPLINE INCIDENTS.

BASIC NEEDS

ONE-THIRD OF ALL FRANKLIN COUNTY RESIDENTS CANNOT MEET THEIR BASIC

Employer identification number Name of the organization 31-4393712 UNITED WAY OF CENTRAL OHIO, INC. NEEDS. IN 2022-2023, UNITED WAY OF CENTRAL OHIO SUPPORTED 57 HIGH-PERFORMING NONPROFITS THAT HELPED PEOPLE IN CRISIS OBTAIN FOOD, SHELTER AND ACCESS TO OTHER CRITICAL SERVICES. MAINTAINING SUPPORT FOR UNITED WAY'S NETWORK OF BASIC NEEDS PROVIDERS IN A CLIMATE OF INCREASED DEMAND FOR SERVICES, STAFFING CHALLENGES AND HIGHER COSTS DUE TO INFLATION WAS A MAJOR PRIORITY THROUGHOUT 2022-2023. EVEN WITH THE COVID-19 CRISIS FURTHER BEHIND US, OUR COMMUNITY FACED MANY OBSTACLES, INCLUDING THE EXPIRATION OF FEDERAL PROGRAMS, STIMULUS FUNDS, EXPANDED UNEMPLOYMENT BENEFITS, EVICTION AND FORECLOSURE MORATORIUMS, AND SUSPENDED UTILITY SHUT-OFFS. UNITED WAY OF CENTRAL OHIO'S 2022 PROGRAM INVESTMENT EXTENDED FUNDING TO 57 SAFETY NET PROVIDERS RECEIVING \$3.6 MILLION IN FUNDING. THESE FUNDS ASSISTED 376,961 INDIVIDUALS WITH BASIC NEEDS, PROVIDED 404,568 NIGHTS OF SHELTER TO NEIGHBORS IN CRISIS AND 2.9+ MILLION MEALS THROUGH PANTRIES AND HUNGER-FIGHTING PARTNERS.

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

RETURNED TO CENTRAL OHIO FAMILIES AND OVER \$2.1 MILLION SAVED IN TAX

PREPARATION FEES. TAX TIME SERVES LOW- TO MODERATE-INCOME HOUSEHOLDS.

ALL CLIENTS SERVED BY TAX TIME'S VITA PROGRAM LIVE IN HOUSEHOLDS

EARNING \$56,000 OR LESS PER YEAR; HOWEVER, THE AVERAGE CLIENT EARNS

SIGNIFICANTLY LESS. TAX TIME FOCUSES ON HOUSEHOLDS ELIGIBLE FOR THE

EARNED INCOME TAX CREDIT, WHOSE PRIMARY RECIPIENTS ARE WORKING PARENTS

WITH CHILDREN.

STABLE FAMILIES IS A COMMUNITYWIDE PROGRAM THAT PROVIDES FAMILIES AT

IMMINENT RISK OF HOMELESSNESS WITH A COMBINATION OF IMMEDIATE EMERGENCY

FUNDS AND LONGER-TERM HEALTH AND HUMAN SERVICES. THIS EFFECTIVE

Page 2

Schedule O (Form 990) 2022 **Employer identification number** Name of the organization UNITED WAY OF CENTRAL OHIO, INC. 31-4393712 APPROACH HELPS PREVENT HOMELESSNESS AND REDUCE STUDENT MOBILITY AMONG LOW-INCOME FAMILIES THROUGHOUT FRANKLIN COUNTY. UNPLANNED MOVES, RESULTING IN REPEATED NEW SCHOOLS, HAVE A NEGATIVE IMPACT ON THE LEARNING AND DEVELOPMENT OF SCHOOL-AGE CHILDREN. HOMELESS CHILDREN ARE TWICE AS LIKELY TO REPEAT A GRADE THAN 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. THOUSANDS OF FAMILIES ARE EVICTED FROM THEIR HOMES DUE TO A SUDDEN LOSS OF INCOME OR AN EMERGENCY EXPENSE. NOT ONLY HAVE THE NEEDS OF FAMILIES INCREASED AND CHANGED, BUT THE NUMBER OF FAMILIES FACING CURRENT AND IMMINENT THREATS OF UNSTABLE HOUSING, UNEMPLOYMENT AND INADEQUATE EDUCATION HAVE INCREASED DUE TO COVID-19. BY PREVENTING EVICTION AND KEEPING FAMILIES SAFELY HOUSED, STABLE FAMILIES SERVICE COORDINATORS HELP FAMILIES NAVIGATE AN UNCERTAIN JOURNEY FROM CRISIS TO RECOVERY. THROUGHOUT 2022-2023, STABLE FAMILIES HELPED MORE THAN 1,000 FAMILIES WITH SCHOOL-AGE CHILDREN RECEIVE HELP THAT PREVENTED A HOUSING CRISIS. PROJECT DIVERSITY PRIDE LEADERSHIP IS UNITED WAY'S INCLUSIVE NONPROFIT BOARD DEVELOPMENT PROGRAM FOCUSED PREPARING DIVERSE LEADERS TO SERVE ON NONPROFIT BOARDS. DESIGNED SPECIFICALLY FOR CENTRAL OHIO'S LEADERS OF

COLOR AND THE LGBTQ+ COMMUNITY, THE PROGRAM EQUIPS PARTICIPANTS WITH THE ESSENTIAL KNOWLEDGE, SKILLS AND EXPERIENCES TO EFFECTIVELY SERVE ON A NONPROFIT BOARD.

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

UNITED WAY OF CENTRAL OHIO PROCESSED DONOR DESIGNATIONS TO $1,784\,$

Name of the organization UNITED WAY OF CENTRAL OHIO, INC.

Employer identification number 31-4393712

AGENCIES AND OTHER UNITED WAYS DURING THE 2022 CAMPAIGN.

EXPENSES \$ 92,841. INCLUDING GRANTS OF \$ 92,000. 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

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

Name of the organization
UNITED WAY OF CENTRAL OHIO, INC.

Employer identification number 31-4393712

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 BOARD CHAIR AND CHAIR-ELECT REVIEW TOTAL

COMPENSATION (INCLUDING ALL BENEFITS) OF THE CEO AT LEAST ANNUALLY. THE

MOST RECENT REVIEW OCCURRED IN APRIL 2023. THE CEO'S SALARY IS BASED ON CEO

PERFORMANCE, BUDGET PARAMETERS, INDEPENDENT MARKET DATA AND MARKET ISSUES.

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 A MEMO TO THE FILE. COMPARISONS INCLUDE OTHER SIMILAR SIZED UNITED WAYS
WITHIN THE UNITED WAY NETWORK AS WELL AS OTHER SIMILAR-SIZED NONPROFIT
AGENCIES AND FOUNDATIONS WITHIN OHIO.

THE BOARD CHAIR AND CHAIR-ELECT ALSO REVIEW THE CEO'S RECOMMENDATIONS FOR

OTHER SENIOR MANAGEMENT COMPENSATION, INCLUDING COMPARABLE MARKET DATA USED

IN MAKING THOSE RECOMMENDATIONS.

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

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Name of the organization UNITED WAY OF CENTRAL OHIO, INC.	Employer identification number 31-4393712
UNITED WAY OF CENTRAL OHIO POSTS OUR MOST RECENTLY COMPLET	ED AUDITED
FINANCIAL STATEMENTS AND IRS FORM 990 ON OUR PUBLIC WEBSIT	'E
WWW.LIVEUNITEDCENTRALOHIO.ORG. WE ALSO POST OUR CONFLICT C	F INTEREST
POLICY, CODE OF ETHICS AND OTHER KEY POLICIES ON THE WEBSI	TE. 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.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

UNITED WAY OF	CENTRAL OHIO, INC.					<u>31-43937</u>	12	
Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes'	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea		Direct c	(f) ontrolling itity	9
Identification of Related Tax-Exempt Organizat	tions Complete if the exception	annuared "Ves" on Form 000) Dort IV line 24 h	and the days	or mare	related to year	nnt.	
Part II organizations during the tax year.	tions. Complete if the organization	answered tes on Form 990	o, Part IV, line 34, t	because it had one	ormore	related tax-exer	прі	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) ct controlling entity		g) 512(b)(13) rolled ity?
	RESOURCE TO COMMUNITY TO IMPROVE LIVES.	OHIO	501(C)(3)	LINE 7		WAY OF L OHIO,	X	NO
·								

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

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Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 34, because it h	ad one or more related
Partill	organizations treated as a partnership during the tax year.				
	organizations treated as a partnership daring the tax year.				

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

1a

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

X

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				1b		<u> </u>
c Gift, grant, or capital contribution from related organization(s)				1c		Х
				1d		Х
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)				1i	Х	
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I Performance of services or membership or fundraising solicitations for related org	anization(s)			11		X
m Performance of services or membership or fundraising solicitations by related organizations	anization(s)			1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organiza	tion(s)			1n		X
Sharing of paid employees with related organization(s)				10		X
p Reimbursement paid to related organization(s) for expenses				1 p		X
q Reimbursement paid by related organization(s) for expenses						X
r Other transfer of cash or property to related organization(s)				1r		X
s Other transfer of cash or property from related organization(s)				1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete th	is line, including covered relati	onships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	/olved		
1) UNITED WAY OF UNION COUNTY, INC.	I	146,706.AC	TUAL AMOUNT			
2)						
3)						
4)						
-						
5)						
_						
6)						
32163 09-14-22			Schedule	K (Forn	n 990)	2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(I	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	alloca	tions?	amount in box 20	managir	ownership
		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Vec N	
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