

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A** For the 2020 calendar year, or tax year beginning **2020**, and ending **2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **UNITED WAY OF GREATER CINCINNATI**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**2400 READING ROAD**  
 City or town, state or province, country, and ZIP or foreign postal code  
**CINCINNATI, OH 45202**

**D** Employer identification number  
**31-0537502**

**E** Telephone number  
**(513) 762-7100**

**F** Name and address of principal officer: **MOIRA WEIR**  
**SAME AS C ABOVE**

**G** Gross receipts \$ **180,262,969**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.UWGC.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1920**

**M** State of legal domicile: **OH**

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>UNITED WAY LEADS AND MOBILIZES THE CARING POWER OF INDIVIDUALS AND ORGANIZATIONS TO HELP PEOPLE MEASURABLY IMPROVE THEIR LIVES.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>34</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>33</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>143</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>5,510</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <b>44,996,223</b>	Current Year <b>67,087,030</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>648,843</b>	<b>578,095</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>339,503</b>	<b>345,508</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>46,992</b>	<b>158,345</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>46,031,561</b>	<b>68,168,978</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>34,521,579</b>	<b>30,938,128</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>8,004,324</b>	<b>7,237,997</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>4,532,220</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>5,627,264</b>	<b>6,713,840</b>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>48,153,167</b>	<b>44,889,965</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>(2,121,606)</b>	<b>23,279,013</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <b>64,375,825</b>	End of Year <b>86,748,519</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>31,057,326</b>	<b>29,514,530</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>33,318,499</b>	<b>57,233,989</b>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **RANDY BUSH, CHIEF FINANCIAL OFFICER**  
 Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **AARON HERSHBERGER**  
 Preparer's signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Check  if self-employed PTIN: **P00961884**  
 Firm's name ▶ **BKD, LLP** Firm's EIN ▶ **44-0160260**  
 Firm's address ▶ **312 WALNUT ST., SUITE 3000, CINCINNATI, OH 45202** Phone no. **(513) 621-8300**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:  
UNITED WAY LEADS AND MOBILIZES THE CARING POWER OF INDIVIDUALS AND ORGANIZATIONS TO HELP PEOPLE MEASURABLY IMPROVE THEIR LIVES.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 28,939,068 including grants of \$ 23,899,945 ) (Revenue \$ )  
COMMUNITY IMPACT SOLUTIONS

SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 7,038,183 including grants of \$ 7,038,183 ) (Revenue \$ 120,567 )  
DONOR DESIGNATIONS

SEE SCHEDULE O

**4c** (Code: ) (Expenses \$ 1,033,370 including grants of \$ ) (Revenue \$ 14,164 )  
DIRECT SERVICES

SEE SCHEDULE O

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 289,335 including grants of \$ 0 ) (Revenue \$ 563,931 )

**4e** Total program service expenses ▶ 37,299,956

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 143		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
<b>b</b>	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	✓

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

**Section A. Governing Body and Management**

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

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

	Yes	No
<b>10a</b>		<input checked="" type="checkbox"/>
<b>10b</b>		
<b>11a</b>	<input checked="" type="checkbox"/>	
<b>11b</b>		
<b>12a</b>	<input checked="" type="checkbox"/>	
<b>12b</b>	<input checked="" type="checkbox"/>	
<b>12c</b>	<input checked="" type="checkbox"/>	
<b>13</b>	<input checked="" type="checkbox"/>	
<b>14</b>	<input checked="" type="checkbox"/>	
<b>15a</b>	<input checked="" type="checkbox"/>	
<b>15b</b>	<input checked="" type="checkbox"/>	
<b>16a</b>		<input checked="" type="checkbox"/>
<b>16b</b>		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► IN, KY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ► RANDY BUSH, 2400 READING ROAD, CINCINNATI, OH 45202, (513) 762-7100

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOIRA WEIR PRESIDENT & CEO, NEW 2020	69.0 1.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	349,524	0	17,652
(2) ROSS MEYER INTERIM PRESIDENT & CEO, TERMED 2020	59.0 1.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	156,628	0	12,947
(3) CHARLES WRIGHT CHIEF OPERATING OFFICER	50.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	132,877	0	22,361
(4) MIKE BAKER CHIEF IMPACT STRATEGY OFFICER	50.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	133,408	0	6,261
(5) JASON SKAGGS DIRECTOR, SERVICES, TERMED 2020	40.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	134,015	0	5,382
(6) BRIAN GREGG CHIEF COMMUNICATIONS OFFICER, NEW 2020	55.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	119,117	0	14,443
(7) TANYA CORNEJO CHIEF PHILANTHROPY OFFICER, NEW 2020	50.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100,086	0	10,334
(8) CHANDRA MATHEWS-SMITH CHIEF COMMUNITY ENGAGEMENT OFFICER, NEW 2020	45.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	102,751	0	5,913
(9) BARBARA TURNER BOARD, VICE CHAIR	2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(10) MICHAEL COMER BOARD MEMBER, TREASURER	2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(11) STEVEN SHIFMAN BOARD CHAIR	3.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(12) ADAM HALL BOARD MEMBER	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(13) ALFONSO CORNEJO BOARD MEMBER, TERMED 2020	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(14) ALICIA BOND-LEWIS BOARD MEMBER	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANNE LYNCH BOARD MEMBER, TERMED 2020	1.0	<input checked="" type="checkbox"/>						0	0	0
(16) ARCHIE BROWN BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(17) ASHISH VAIDYA BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) BRIAN COLEY, MD, FACR BOARD MEMBER, TERMED 2020	1.0	<input checked="" type="checkbox"/>						0	0	0
(19) BRIAN COX BOARD MEMBER, TERMED 2020	1.0	<input checked="" type="checkbox"/>						0	0	0
(20) BRIAN HODGETT BOARD MEMBER, NEW 2020	1.0	<input checked="" type="checkbox"/>						0	0	0
(21) BRIAN ROBINSON BOARD MEMBER, TERMED 2020	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) CARL SATTERWHITE BOARD MEMBER, TERMED 2020	1.0	<input checked="" type="checkbox"/>						0	0	0
(23) CARY SIERZ BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(24) CHARLES SESSION, JR. BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								1,228,406	0	95,293
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								1,228,406	0	95,293

**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 **▶** 6

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
STRATUSLIVE, LLC, 6465 COLLEGE PARK SQUARE, VIRGINIA BEACH, VA 23464	TECHNOLOGY SERVICES	540,475
THE PARTNERSHIP CENTER, LTD., 2134 ALPINE PLANCE, CINCINNATI, OH 45206	PROFESSIONAL SERVICES	195,000
UNIVERSITY OF CINCINNATI, 2600 CLIFTON AVENUE, CINCINNATI, OH 45220	PROFESSIONAL SERVICES	172,500
UPIC SOLUTIONS, 334 BEECHWOOD, FT MITCHELL, KY 41017	PROFESSIONAL SERVICES	166,951
AMAZON, 410 TERRY AVE N, SEATTLE, WA 98109	PURCHASE OF GOODS	109,992

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 6



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 275,365					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 1,212,817					
	<b>e</b>	Government grants (contributions)	<b>1e</b> 1,765,882					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 63,832,966					
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 1,640,546					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		67,087,030				
	<b>Program Service Revenue</b>				Business Code			
<b>2a</b>		RENTAL INCOME FROM AGENCIES	531120	248,270	248,270			
<b>b</b>		CENTRAL SERVICES-ACCOUNTING FEES	561499	95,875	95,875			
<b>c</b>		CENTRAL SERVICES-ADMINISTRATIVE SERVICES	561000	133,846	133,846			
<b>d</b>		CENTRAL SERVICES-CITY HUMAN SERVICES	900099	43,101	43,101			
<b>e</b>		DIRECT SERVICES-UW 211	900099	10,000	10,000			
<b>f</b>		All other program service revenue . . . . .	900099	47,003	47,003	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶		578,095				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		328,589			328,589	
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶						
	<b>5</b>	Royalties . . . . . ▶						
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real (ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	0	0			
	<b>d</b>	Net rental income or (loss) . . . . . ▶						
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities (ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	111,995,816	61,169			
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	78,088	(61,169)			
	<b>d</b>	Net gain or (loss) . . . . . ▶		16,919			16,919	
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶							
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	36,521	37,006				
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶		(485)			(485)		
<b>Miscellaneous Revenue</b>				Business Code				
	<b>11a</b>	EARNEST MONEY	900099	15,000			15,000	
	<b>b</b>	DONOR DESIGNATION PROCESSING FEES	900099	120,567	120,567			
	<b>c</b>	INSURANCE PROCEEDS	900099	10,000			10,000	
	<b>d</b>	All other revenue . . . . .	900099	13,263	0	0	13,263	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		158,830					
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		68,168,978	698,662	0	383,286		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	30,845,028	30,845,028		
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	93,100	93,100		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	691,989	161,026	297,904	233,059
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages . . . . .	5,490,287	2,108,640	1,495,833	1,885,814
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	64,590	24,607	17,141	22,842
9	Other employee benefits . . . . .	627,999	250,243	150,059	227,697
10	Payroll taxes . . . . .	363,132	153,612	77,105	132,415
11	Fees for services (nonemployees):				
a	Management . . . . .				
b	Legal . . . . .	76,080		76,080	
c	Accounting . . . . .	77,950		77,950	
d	Lobbying . . . . .	37,714		37,714	
e	Professional fundraising services. See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	1,001,180	741,584	120,270	139,326
12	Advertising and promotion . . . . .	230,391	31,777	11,290	187,324
13	Office expenses . . . . .	244,964	119,708	84,766	40,490
14	Information technology . . . . .	1,762,512	627,087	209,153	926,272
15	Royalties . . . . .				
16	Occupancy . . . . .	414,575	377,795	9,759	27,021
17	Travel . . . . .	26,988	13,572	4,073	9,343
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	325,507	270,724	21,109	33,674
20	Interest . . . . .	2,022	782	557	683
21	Payments to affiliates . . . . .	531,321	205,515	146,273	179,533
22	Depreciation, depletion, and amortization . . . . .	682,140	264,050	187,455	230,635
23	Insurance . . . . .	66,873	48,769	17,251	853
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . . . .				
a	<u>ALLOCATION TO RED CROSS</u> . . . . .	236,800			236,800
b	<u>MISCELLANEOUS EXPENSE</u> . . . . .	47,067	12,581	16,047	18,439
c	<u>DONATED FACE MASKS AND SANITIZER</u> . . . . .	949,756	949,756		
d	-----				
e	All other expenses . . . . .	0	0	0	0
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	44,889,965	37,299,956	3,057,789	4,532,220
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	500	<b>1</b>	500
	<b>2</b> Savings and temporary cash investments . . . . .	4,089,626	<b>2</b>	33,437,819
	<b>3</b> Pledges and grants receivable, net . . . . .	27,582,751	<b>3</b>	16,995,871
	<b>4</b> Accounts receivable, net . . . . .	1,573,678	<b>4</b>	3,216,686
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	400,000	<b>7</b>	400,000
	<b>8</b> Inventories for sale or use . . . . .	21,550	<b>8</b>	11,312
	<b>9</b> Prepaid expenses and deferred charges . . . . .	116,501	<b>9</b>	120,728
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 17,560,331		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 6,025,926	12,144,076	<b>10c</b> 11,534,405
	<b>11</b> Investments—publicly traded securities . . . . .	17,352,864	<b>11</b>	19,860,505
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,094,279	<b>15</b>	1,170,693
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	64,375,825	<b>16</b>	86,748,519	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,201,364	<b>17</b>	2,302,423
	<b>18</b> Grants payable . . . . .	28,747,290	<b>18</b>	25,706,562
	<b>19</b> Deferred revenue . . . . .	82,890	<b>19</b>	1,479,472
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	25,782	<b>23</b>	26,073
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	0	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	31,057,326	<b>26</b>	29,514,530
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	29,024,798	<b>27</b>	52,527,482
	<b>28</b> Net assets with donor restrictions . . . . .	4,293,701	<b>28</b>	4,706,507
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	33,318,499	<b>32</b>	57,233,989	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	64,375,825	<b>33</b>	86,748,519	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	68,168,978
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	44,889,965
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	23,279,013
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	33,318,499
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	498,895
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	137,582
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	57,233,989

**Part XII Financial Statements and Reporting**

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) DARIN DITOMMASO ----- BOARD MEMBER, NEW 2020	1.0 -----	✓						0	0	0
(26) DARYL HALEY ----- BOARD MEMBER, NEW 2020	1.0 -----	✓						0	0	0
(27) DAVID FAULK ----- BOARD MEMBER, TERMED 2020	1.0 -----	✓						0	0	0
(28) DAVID GOOCH ----- BOARD MEMBER, TERMED 2020	1.0 -----	✓						0	0	0
(29) DAVID PHILLIPS ----- BOARD MEMBER, TERMED 2020	1.0 -----	✓						0	0	0
(30) DEBORAH HAYES ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(31) EDDIE TYNER ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(32) ERIC KEARNEY ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(33) FERNANDO FIGUEROA ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(34) GARREN COLVIN ----- BOARD MEMBER, TERMED 2020	1.0 -----	✓						0	0	0
(35) GEORGE VINCENT ----- BOARD MEMBER, NEW 2020	1.0 -----	✓						0	0	0
(36) GERALD SPARKMAN ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(37) HEIDI SHORE ----- BOARD MEMBER, TERMED 2020	1.0 -----	✓						0	0	0
(38) INGA MCGLOTHIN ----- BOARD MEMBER, TERMED 2020	1.0 -----	✓						0	0	0
(39) JAMES SOWAR ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(40) JAY BREWER ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(41) JEFF O'NEIL ----- BOARD MEMBER, TERMED 2020	1.0 -----	✓						0	0	0
(42) JILL MEYER ----- BOARD MEMBER, NEW 2020	1.0 -----	✓						0	0	0
(43) JIM SCOTT ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(44) KASEY BOND ----- BOARD MEMBER	2.0 -----	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(45) KENNETH STECHER ----- BOARD MEMBER, TERMED 2020	1.0 -----	✓						0	0	0
(46) KIM CHIODI ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(47) KIMBERLY HALBAUER ----- BOARD MEMBER, TERMED 2020	1.0 -----	✓						0	0	0
(48) KIP HEEKIN ----- BOARD MEMBER	1.0 ----- 2.0	✓						0	0	0
(49) MARCIA VOORHIS ANDREW ----- BOARD MEMBER, CHAIR MIDDLETOWN AREA, TERMED 2020	2.0 -----	✓						0	0	0
(50) MARK CLEMENT ----- BOARD MEMBER, TERMED 2020	1.0 -----	✓						0	0	0
(51) MARK JAHNKE ----- BOARD MEMBER, TERMED 2020	1.0 -----	✓						0	0	0
(52) MARY MILLER ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(53) MATTHEW VAN SANT ----- BOARD MEMBER, CHAIR EASTERN AREA, TERMED 2020	2.0 -----	✓						0	0	0
(54) MELVIN GRAVELY ----- BOARD MEMBER, TERMED 2020	1.0 -----	✓						0	0	0
(55) MICHAEL FILOMENA ----- BOARD MEMBER, TERMED 2020	1.0 -----	✓						0	0	0
(56) MONICA POSEY, PH.D. ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(57) NEVILLE PINTO, PH.D. ----- BOARD MEMBER, TERMED 2020	1.0 -----	✓						0	0	0
(58) PAIGE STEPHENS ----- BOARD MEMBER, TERMED 2020	1.0 -----	✓						0	0	0
(59) PETER MCLINDEN ----- BOARD MEMBER, CHAIR, COMMUNITY SERVICES, TERMED 2020	2.0 -----	✓						0	0	0
(60) REBECCA RAHSCHULTE, PH.D. ----- BOARD MEMBER, CHAIR D&O COUNTIES, TERMED 2020	2.0 -----	✓						0	0	0
(61) RENITA JONES-STREET ----- BOARD MEMBER, TERMED 2020	1.0 -----	✓						0	0	0
(62) RONI LUCKENBILL ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(63) SEAN RUGLESS ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(64) TAD CARMODY ----- BOARD MEMBER, NEW 2020	1.0 -----	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(65) THOMAS VAUGHAN ----- BOARD MEMBER	1.0 -----	✓					0	0	0
(66) TIMOTHY ELSBROCK ----- BOARD MEMBER	1.0 -----	✓					0	0	0
(67) TRACEY GRABOWSKI ----- BOARD MEMBER, TERMED 2020	1.0 -----	✓					0	0	0
(68) TREY GRAYSON ----- BOARD MEMBER, TERMED 2020	1.0 -----	✓					0	0	0
(69) VISAEL RODRIGUEZ ----- BOARD MEMBER	1.0 -----	✓					0	0	0
(70) WILLIAM BUTLER ----- BOARD MEMBER, TERMED 2020	1.0 -----	✓					0	0	0

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

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.**

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization <b>UNITED WAY OF GREATER CINCINNATI</b>	Employer identification number <b>31-0537502</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	60,045,401	59,500,934	47,629,605	44,996,223	67,087,030	279,259,193
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	60,045,401	59,500,934	47,629,605	44,996,223	67,087,030	279,259,193
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						17,099,886
<b>6 Public support.</b> Subtract line 5 from line 4						262,159,307

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 . . . . .	60,045,401	59,500,934	47,629,605	44,996,223	67,087,030	279,259,193
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	772,319	358,448	358,390	347,557	328,589	2,165,303
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	15,672,549	172,847	190,023	100,101	158,830	16,294,350
<b>11 Total support.</b> Add lines 7 through 10						297,718,846
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	4,778,425
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	88.06 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	88.55 %
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2020.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2019.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E—Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015 . . . . .			
<b>b</b> From 2016 . . . . .			
<b>c</b> From 2017 . . . . .			
<b>d</b> From 2018 . . . . .			
<b>e</b> From 2019 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016 . . . . .			
<b>b</b> Excess from 2017 . . . . .			
<b>c</b> Excess from 2018 . . . . .			
<b>d</b> Excess from 2019 . . . . .			
<b>e</b> Excess from 2020 . . . . .			

**Part VI**

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	MISCELLANEOUS	156,501	172,847	190,023	100,101	158,830	778,302
	GAIN ON FORGIVENESS OF DEBT	12,117,200	0				12,117,200
	GAIN ON NEW MARKET TAX CREDITS	3,398,848	0				3,398,848
	Total	15,672,549	172,847	190,023	100,101	158,830	16,294,350

**Schedule of Contributors**

**2020**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization <b>UNITED WAY OF GREATER CINCINNATI</b>	Employer identification number <b>31-0537502</b>
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**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ
  - 501(c)( 3 ) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
  - 527 political organization
- Form 990-PF
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization <b>UNITED WAY OF GREATER CINCINNATI</b>	Employer identification number <b>31-0537502</b>
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**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	----- ----- -----	\$ 5,740,212	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 2,929,530	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UNITED WAY OF GREATER CINCINNATI</b>	Employer identification number <b>31-0537502</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
1	FACE MASKS, GIFT CARDS, FACIAL PRODUCT ----- ----- -----	\$ 763,784	04/01/2020
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization <b>UNITED WAY OF GREATER CINCINNATI</b>	Employer identification number <b>31-0537502</b>
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**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 information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**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](http://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) organizations: Complete Part III.

Name of organization <b>UNITED WAY OF GREATER CINCINNATI</b>	Employer identification number <b>31-0537502</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) . . . . . ▶ \$
- 3 Volunteer hours for political campaign activities (See instructions) . . . . .

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	24,916													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	190,053													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	214,969													
<b>d</b>	Other exempt purpose expenditures . . . . .	44,674,996													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	44,889,965													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	208,584	186,568	118,584	214,969	728,705
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	41,880	43,595	20,983	24,916	131,374

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

**Part IV Supplemental Information**

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

SEE NEXT PAGE

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Return Reference - Identifier	Explanation
<p>SCHEDULE C, PART II-A - LOBBYING ACTIVITIES</p>	<p>UNITED WAY OF GREATER CINCINNATI IS A LEADER IN PUBLIC POLICY RESEARCH, EDUCATION AND ADVOCACY. WE RECOGNIZE THAT PUBLIC FUNDING OF HEALTH AND HUMAN SERVICES WILL ALWAYS SUBSTANTIALLY EXCEED PRIVATE PHILANTHROPIC SUPPORT. WE STRIVE TO CREATE EFFECTIVE PARTNERSHIPS BETWEEN GOVERNMENT AND NONPROFIT ORGANIZATIONS, AND WE SHARE OUR EXPERIENCE AND EXPERTISE WITH THE PUBLIC SECTOR AS PART OF THAT PARTNERSHIP. WE SERVE ON MULTIPLE COMMITTEES AND PANELS DESIGNED TO COORDINATE PUBLIC AND PRIVATE SERVICES AND WORK WITH ELECTED AND APPOINTED OFFICIALS IN KENTUCKY, OHIO AND INDIANA AND ON THE FEDERAL LEVEL ON HEALTH, HUMAN SERVICE AND COMMUNITY DEVELOPMENT AND NONPROFIT EFFECTIVENESS AND ACCOUNTABILITY.</p> <p>WE ENCOURAGE OUR AGENCY PARTNERS AND OTHER NONPROFIT ORGANIZATIONS TO ADVOCATE ON BEHALF OF THEIR PROGRAMS AND THE PEOPLE THEY SERVE BECAUSE WE KNOW THEY HAVE DIRECT SERVICE EXPERIENCE AND KNOWLEDGE ON CRITICAL COMMUNITY ISSUES. WE ENCOURAGE NONPROFITS TO DEVELOP RELATIONSHIPS WITH ELECTED AND APPOINTED GOVERNMENT OFFICIALS, AND TO CONSISTENTLY EDUCATE THEM ABOUT THEIR SERVICES, CLIENTS AND COMMUNITIES. WE URGE NONPROFITS TO TAKE A POSITIVE APPROACH TOWARD LOBBYING, STRESSING EDUCATION, INFORMATION AND ISSUE-FOCUSED ADVOCACY.</p> <p>IN 2020, UNITED WAY OF GREATER CINCINNATI RECORDED EXPENDITURES OF \$3,424 FOR THE PUBLIC POLICY AND GOVERNMENT RELATIONS FUNCTION. THIS AMOUNT INCLUDED A SUBSCRIPTION FOR THE OHIO HANNAH REPORT. OF THAT AMOUNT \$1,712 WAS USED TO SUPPORT DIRECT LOBBYING AND \$1,712 SUPPORTED GRASS ROOTS LOBBYING.</p> <p>IN 2020, UNITED WAY STAFF WORKED CLOSELY WITH FEDERAL, STATE AND LOCAL GOVERNMENT TO CREATE PARTNERSHIPS FOR THE EFFECTIVE AND EFFICIENT DELIVERY OF HEALTH AND HUMAN SERVICES IN TWO STATES AND EIGHT COUNTY REGIONS. STAFF LOBBIED ELECTED AND APPOINTED OFFICIALS ON THE FOLLOWING ISSUES:</p> <p>*AT THE FEDERAL LEVEL, WE SUPPORTED EDUCATION, WORKFORCE, HEALTH AND HUMAN SERVICES FUNDING, THE EARNED INCOME TAX CREDIT, THE CHARITABLE DEDUCTION AND APPROPRIATE ACCOUNTABILITY STANDARDS FOR NONPROFIT ORGANIZATIONS.</p> <p>*IN OHIO AND KENTUCKY, WE WORKED WITH THE STATE ADMINISTRATIONS AND KEY LEGISLATORS TO PROVIDE THEM WITH INFORMATION AND GUIDANCE ON SOCIAL WELFARE POLICY, HEALTH AND HUMAN SERVICES, PUBLIC EDUCATION, CHILD HEALTH AND EARLY CARE AND EDUCATION, AND STATE EARNED INCOME TAX CREDITS.</p> <p>*ON A LOCAL LEVEL, WE WORKED WITH COUNTY AND CITY GOVERNMENTS TO CREATE PUBLIC-PRIVATE PARTNERSHIPS FOR THE EFFICIENT, EFFECTIVE DELIVERY OF HEALTH AND HUMAN SERVICES.</p> <p>THROUGH SERVICE CONTRACTS, WE SPENT:</p> <p>*\$37,200 TO TOP SHELF LOBBY LLC TO ADVOCATE FOR VARIOUS HEALTH, FINANCIAL STABILITY AND HUMAN SERVICES IN KENTUCKY. OF THAT AMOUNT, NO MORE THAN \$18,857 WAS SPENT ON DIRECT LOBBYING.</p> <p>*\$45,000 TO MARGARET HULBERT TO ADVOCATE FOR VARIOUS HEALTH, FINANCIAL STABILITY AND HUMAN SERVICES IN OHIO. OF THAT AMOUNT NO MORE THAN \$16,200 WAS SPENT ON DIRECT LOBBYING AND NO MORE THAN \$10,800 WAS SPENT ON GRASSROOTS LOBBYING.</p> <p>*\$100,000 TO THE MOVE FORWARD PAC TO ADVOCATE FOR THE TRANSPORTATION LEVY IN CINCINNATI, OHIO. THE FULL \$100,000 WAS DIRECT LOBBYING EXPENSE.</p> <p>WE MADE THE FOLLOWING ALLOCATIONS TO NONPROFIT ORGANIZATIONS FOR EDUCATION, ADVOCACY OR LOBBYING ABOUT PUBLIC SECTOR POLICIES OR FUNDING:</p> <p>*\$18,000 TO COUNCIL FOR A STRONG AMERICA TO SUPPORT SHEPHERDING THE NEXT GENERATION ADVOCACY ON BEHALF OF EARLY CARE AND EDUCATION IN KENTUCKY. OF THAT AMOUNT NO MORE THAN \$1,800 WAS SPENT ON DIRECT LOBBYING AND NO MORE \$1,800 WAS SPENT ON GRASSROOTS LOBBYING.</p> <p>*\$36,000 TO CHILDREN INC. TO ADVOCATE ON BEHALF OF EARLY CARE AND EDUCATION IN KENTUCKY. OF THAT AMOUNT NO MORE THAN \$8,640 WAS SPENT ON DIRECT LOBBYING AND NO MORE THAN \$2,160 WAS SPENT ON GRASSROOTS LOBBYING.</p> <p>*\$125,000 TO SUPPORT GROUNDWORK (FISCAL AGENT COMMUNITY INITIATIVES) TO ADVOCATE ON BEHALF OF EARLY CARE AND EDUCATION IN OHIO AND ON THE FEDERAL LEVEL. OF THAT AMOUNT NO MORE THAN \$20,000 WAS SPENT ON DIRECT LOBBYING AND NO MORE THAN \$5,000 WAS SPENT ON GRASSROOTS LOBBYING.</p> <p>*\$30,000 TO SUPPORT OHIO JUSTICE AND POLICY CENTER TO ADVOCATE ON BEHALF OF FINANCIAL STABILITY AND EQUITY AND JUSTICE ISSUES IN OHIO. OF THAT AMOUNT NO MORE THAN \$8,100 WAS SPENT ON DIRECT LOBBYING AND NO MORE THAN \$900 WAS SPENT ON GRASSROOTS LOBBYING.</p> <p>*\$20,000 TO POLICY MATTERS OHIO TO PROVIDE RESEARCH, EDUCATION AND ADVOCACY ON BEHALF OF THE EARNED INCOME TAX CREDIT IN OHIO. OF THAT AMOUNT NO MORE THAN \$3,600 WAS SPENT ON DIRECT LOBBYING AND NO MORE THAN \$400 WAS SPENT ON GRASSROOTS LOBBYING.</p> <p>*\$50,000 TO PRICHARD COMMITTEE TO ADVOCATE ON BEHALF OF EARLY CARE AND EDUCATION IN KENTUCKY. OF THAT AMOUNT NO MORE THAN \$12,000 WAS SPENT ON DIRECT LOBBYING AND NO MORE THAN \$3,000 WAS SPENT ON GRASSROOTS LOBBYING.</p>

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization <b>UNITED WAY OF GREATER CINCINNATI</b>	Employer identification number <b>31-0537502</b>
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**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements . . . . .	<b>2a</b>
c Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2b</b>
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2c</b>
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	<b>2d</b>
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1 . . . . .	▶ \$
(ii) Assets included in Form 990, Part X . . . . .	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 . . . . .	▶ \$
b Assets included in Form 990, Part X . . . . .	▶ \$



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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	640,649	563,634	631,007	584,800	592,514
<b>b</b> Contributions	0	0	0	0	0
<b>c</b> Net investment earnings, gains, and losses	56,078	105,607	(37,561)	74,610	23,431
<b>d</b> Grants or scholarships	28,522	28,592	29,812	28,403	31,145
<b>e</b> Other expenditures for facilities and programs	0	0	0	0	0
<b>f</b> Administrative expenses	0	0	0	0	0
<b>g</b> End of year balance	668,205	640,649	563,634	631,007	584,800

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 100.00 %
- b** Permanent endowment ▶ 0.00 %
- c** Term endowment ▶ 0.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
<b>3a(i)</b>	✓	
<b>3a(ii)</b>	✓	
<b>3b</b>	✓	

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		403,742		403,742
<b>b</b> Buildings		14,177,572	3,744,618	10,432,954
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		2,515,667	1,904,563	611,104
<b>e</b> Other		463,350	376,745	86,605
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,534,405

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	0

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	62,088,110
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	498,895
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	345,000
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	76,414
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	920,309
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	61,167,801
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	7,001,177
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	7,001,177
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	68,168,978

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	38,172,620
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	345,000
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	(61,168)
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	283,832
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	37,888,788
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	7,001,177
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	7,001,177
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	44,889,965

**Part XIII Supplemental Information.**

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

SEE STATEMENT

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**Part XIII**

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a)</b> Description	<b>(b)</b> Amount
	MARKET VALUE CHANGE IN BENEFICIAL INTEREST	76,414
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a)</b> Description	<b>(b)</b> Amount
	AMOUNTS DESIGNATED BY CONTRIBUTORS	7,038,183
	COST OF GOODS SOLD INVENTORY	- 37,006
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a)</b> Description	<b>(b)</b> Amount
	LOSS ON SALE OF FIXED ASSETS	- 61,168
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	<b>(a)</b> Description	<b>(b)</b> Amount
	AMOUNTS DESIGNATED BY CONTRIBUTORS	7,038,183
	COST OF GOODS SOLD INVENTORY	- 37,006

**Part XIII**

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	<p>INTENDED USES OF UWGC'S ENDOWMENT FUNDS</p> <p>THE ENDOWMENT FUNDS OF UWGC ARE USED TO FUND PROGRAMS THAT SUPPORT THE GREATER CINCINNATI HUMAN SERVICE COMMUNITY.</p>
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>FIN 48</p> <p>UWGC IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, UWGC IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. UWGC FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION.</p>

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF GREATER CINCINNATI

Employer identification number

31-0537502

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1)</b> 4C FOR CHILDREN 2100 SHERMAN AVE, CINCINNATI, OH 45212	31-0823634	501(C)(3)	401,740				PROGRAM OPERATING COST
<b>(2)</b> 4C FOR CHILDREN 2100 SHERMAN AVE, CINCINNATI, OH 45212	31-0823634	501(C)(3)	2,000				DONOR DESIGN GENERAL
<b>(3)</b> (SEE STATEMENT)	31-0620685	501(C)(3)	75,654				PROGRAM OPERATING COST
<b>(4)</b> (SEE STATEMENT)	31-0710683	501(C)(3)	20,718				PROGRAM OPERATING COST
<b>(5)</b> ADDICTION SERVICES COUNCIL 2828 VERNON PLACE, CINCINNATI, OH 45219	31-6059934	501(C)(3)	44,293				PROGRAM OPERATING COST
<b>(6)</b> ADOPT A CLASS FOUNDATION 2153 WEST EIGHTH ST, CINCINNATI, OH 45204	20-2587299	501(C)(3)	17,200				PROGRAM OPERATING COST
<b>(7)</b> AGRICADEMY INC. 8711 READING ROAD, CINCINNATI, OH 45215	82-1971350	501(C)(3)	31,275				PROGRAM OPERATING COST
<b>(8)</b> (SEE STATEMENT)	13-1788491	501(C)(3)	98,587				PROGRAM OPERATING COST
<b>(9)</b> ARTSWAVE 20 W. CENTRAL PARKWAY, CINCINNATI, OH 45202	31-0537138	501(C)(3)	20,000				DONOR DESIGN GENERAL
<b>(10)</b> BAWAC, INC. 7970 KENTUCKY DR, FLORENCE, KY 41042	61-0844925	501(C)(3)	41,435				PROGRAM OPERATING COST
<b>(11)</b> BE CONCERNED, INC. 1100 PIKE ST., COVINGTON, KY 41011	61-1071487	501(C)(3)	10,000				PROGRAM OPERATING COST
<b>(12)</b> (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 199

**3** Enter total number of other organizations listed in the line 1 table ▶ 5

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

Cat. No. 50055P

Schedule I (Form 990) 2020



## Part II

## Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) BEECH ACRES PARENTING CENTER 6881 BEECHMONT AVE, CINCINNATI, OH 45230	31-0536663	501(C)(3)	82,870				PROGRAM OPERATING COST
(13) BETHANY HOUSE SERVICES, INC. 1841 FAIRMOUNT AVE, CINCINNATI, OH 45214	31-1101401	501(C)(3)	62,153				PROGRAM OPERATING COST
(14) BIG BROTHERS BIG SISTERS OF BUTLER COUNTY 1755 S ERIE BLVD, HAMILTON, OH 45011	31-0846147	501(C)(3)	36,434				PROGRAM OPERATING COST
(15) BIG BROTHERS BIG SISTERS OF GREATER CINCINNATI 2400 READING RD, CINCINNATI, OH 45202	31-0577668	501(C)(3)	234,323				PROGRAM OPERATING COST
(16) BIG BROTHERS BIG SISTERS OF GREATER CINCINNATI 2400 READING RD, CINCINNATI, OH 45202	31-0577668	501(C)(3)	14,500				DONOR DESIGN GENERAL
(17) BONDS OF UNION 5550 READING RD., CINCINNATI, OH 45237	81-1200552	501(C)(3)	39,600				PROGRAM OPERATING COST
(18) BOONE COUNTY SCHOOLS 8330 U.S. 42, FLORENCE, KY 41042	61-6001252	SCHOOL DISTRICT	5,000				PROGRAM OPERATING COST
(19) BOY SCOUTS OF AMERICA - DAN BEARD COUNCIL 10078 READING RD, CINCINNATI, OH 45241	31-0536651	501(C)(3)	319,337				PROGRAM OPERATING COST
(20) BOY SCOUTS OF AMERICA - DAN BEARD COUNCIL 10078 READING RD, CINCINNATI, OH 45241	31-0536651	501(C)(3)	5,000				DONOR DESIGN GENERAL
(21) BOYS & GIRLS CLUBS OF GREATER CINCINNATI 600 DALTON AVE, CINCINNATI, OH 45203	31-0536965	501(C)(3)	610,798				PROGRAM OPERATING COST
(22) BOYS & GIRLS CLUBS OF GREATER CINCINNATI 600 DALTON AVE, CINCINNATI, OH 45203	31-0536965	501(C)(3)	2,000				DONOR DESIGN GENERAL
(23) BOYS HOPE GIRLS HOPE OF GREATER CINCINNATI 2400 READING RD., CINCINNATI, OH 45202	31-1054816	501(C)(3)	14,375				PROGRAM OPERATING COST
(24) BREAKTHROUGH CINCINNATI, INC. 6905 GIVEN RD, CINCINNATI, OH 45243	31-1357625	501(C)(3)	20,003				PROGRAM OPERATING COST
(25) BRIGHTON CENTER, INC. PO BOX 325, NEWPORT, KY 41072	61-0673886	501(C)(3)	1,051,936				PROGRAM OPERATING COST
(26) BROWN COUNTY EDUCATIONAL SERVICE CENTER 9231-B HAMER RD, GEORGETOWN, OH 45121	31-1081006	SCHOOL DISTRICT	10,638				PROGRAM OPERATING COST
(27) BROWN COUNTY HELPING HANDS PO BOX 191, GEORGETOWN, OH 45121	31-6084499	501(C)(3)	16,431				PROGRAM OPERATING COST
(28) BROWN COUNTY SENIOR CITIZENS COUNCIL 505 NORTH MAIN ST, GEORGETOWN, OH 45121	51-0166580	501(C)(3)	51,437				PROGRAM OPERATING COST



(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(29) BUTLER COUNTY UNITED WAY 323 N THIRD ST, HAMILTON, OH 45011	31-0734490	501(C)(3)	215,385				DONOR DESIGN GENERAL
(30) CANCER FAMILY CARE, INC. 4790 RED BANK EXPRESSWAY, CINCINNATI, OH 45227	31-0805286	501(C)(3)	157,882				PROGRAM OPERATING COST
(31) CARACOLE, INC. 4138 HAMILTON AVE, CINCINNATI, OH 45223	31-1210524	501(C)(3)	59,295				PROGRAM OPERATING COST
(32) CATHOLIC CHARITIES DIOCESE OF COVINGTON 3629 CHURCH ST, COVINGTON, KY 41015	61-0461728	501(C)(3)	149,310				PROGRAM OPERATING COST
(33) CATHOLIC CHARITIES SOUTHWESTERN OHIO 7162 READING RD, CINCINNATI, OH 45237	31-0536968	501(C)(3)	420,782				PROGRAM OPERATING COST
(34) CBI WORKING WITH FAMILIES (MTWN) 800 LAFAYETTE AVE, MIDDLETOWN, OH 45044	46-5205808	501(C)(3)	10,000				PROGRAM OPERATING COST
(35) CCHMC 3333 BURNET AVE, CINCINNATI, OH 45229- 3039	31-0833936	501(C)(3)	10,000				DONOR DESIGN GENERAL
(36) CENTER FOR ADDICTION TREATMENT 834 EZZARD CHARLES DR, CINCINNATI, OH 45214-2525	31-0792742	501(C)(3)	79,297				PROGRAM OPERATING COST
(37) CENTER FOR EMPLOYMENT OPPORTUNITIES 50 BROADWAY, NEWYORK, NY 10004	13-3843322	501(C)(3)	49,294				PROGRAM OPERATING COST
(38) CENTER FOR GREAT NEIGHBORHOODS OF COVINGTON 321 W MLK BLVD/12TH ST, COVINGTON, KY 41011	61-0733046	501(C)(3)	108,589				PROGRAM OPERATING COST
(39) CENTRAL CLINIC 311 ALBERT SABIN WAY, CINCINNATI, OH 45229	31-1411744	501(C)(3)	407,922				PROGRAM OPERATING COST
(40) CENTRAL CONNECTIONS 3907 CENTRAL AVE, MIDDLETOWN, OH 45044-5006	31-1026085	501(C)(3)	76,441				PROGRAM OPERATING COST
(41) CHILD FOCUS, INC. 551-B CINCINNATI-BATAVIA PIKE, CINCINNATI, OH 45244	31-0952668	501(C)(3)	288,260				PROGRAM OPERATING COST
(42) CHILDREN'S HOME OF CINCINNATI, OHIO 5050 MADISON RD, CINCINNATI, OH 45227- 1440	31-0536969	501(C)(3)	51,379				PROGRAM OPERATING COST
(43) CHILDREN'S HOME OF CINCINNATI, OHIO 5050 MADISON RD, CINCINNATI, OH 45227- 1440	31-0536969	501(C)(3)	12,000				DONOR DESIGN GENERAL
(44) CHILDREN'S LAW CENTER, INC. 1002 RUSSELL ST, COVINGTON, KY 41011	61-1167352	501(C)(3)	12,859				PROGRAM OPERATING COST
(45) CHURCHES ACTIVE IN NORTHSIDE 4230 HAMILTON AVE, CINCINNATI, OH 45223	31-1341556	501(C)(3)	17,860				PROGRAM OPERATING COST

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(46) CINCINNATI AREA SENIOR SERVICES, INC. 644 LINN ST., CINCINNATI, OH 45203	31-0825754	501(C)(3)	197,174				PROGRAM OPERATING COST
(47) CINCINNATI ARTS & TECHNOLOGY CENTER 700 W PETE ROSE WAY, CINCINNATI, OH 45203	20-0105431	501(C)(3)	37,149				PROGRAM OPERATING COST
(48) CINCINNATI ARTS AND TECHNOLOGY CENTER 700 W PETE ROSE WAY, CINCINNATI, OH 45203	20-0105431	501(C)(3)	10,000				DONOR DESIGN GENERAL
(49) CINCINNATI ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED 2045 GILBERT AVENUE, CINCINNATI, OH 45202	31-0538511	501(C)(3)	161,454				PROGRAM OPERATING COST
(50) CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNETT AVE, CINCINNATI, OH 45229-3039	31-0833936	501(C)(3)	139,308				PROGRAM OPERATING COST
(51) CINCINNATI PRESCHOOL PROMISE 2400 READING RD, CINCINNATI, OH 45202	81-4743008	501(C)(3)	21,315				PROGRAM OPERATING COST
(52) CINCINNATI RECREATION COMMISSION 805 CENTRAL AVE., CINCINNATI, OH 45202	31-6000064	501(C)(3)	75,000				PROGRAM OPERATING COST
(53) CINCINNATI UNION BETHEL 2401 READING RD, CINCINNATI, OH 45202	31-0536655	501(C)(3)	65,010				PROGRAM OPERATING COST
(54) CINCINNATI URBAN PROMISE, INC. 2420 HARRISON AVE., CINCINNATI, OH 45211	80-0472009	501(C)(3)	19,850				PROGRAM OPERATING COST
(55) CINCINNATI USA REGIONAL CHAMBER PO BOX 630511, CINCINNATI, OH 45263-0511	31-0239310	501(C)(3)	140,000				DONOR DESIGN GENERAL
(56) CINCINNATI WORKS 708 WALNUT ST, CINCINNATI, OH 45202	31-1656186	501(C)(3)	265,941				PROGRAM OPERATING COST
(57) CINCINNATI WORKS 708 WALNUT ST, CINCINNATI, OH 45202	31-1656186	501(C)(3)	12,000				DONOR DESIGN GENERAL
(58) CINCINNATI YOUTH COLLABORATIVE 301 OAK ST, CINCINNATI, OH 45219-2508	31-1204406	501(C)(3)	52,866				PROGRAM OPERATING COST
(59) CINCINNATI YOUTH COLLABORATIVE 301 OAK ST, CINCINNATI, OH 45219-2508	31-1204406	501(C)(3)	102,000				DONOR DESIGN GENERAL
(60) CINCINNATI-HAMILTON COUNTY COMMUNITY ACTION AGENCY 1740 LANGDON FARM RD, CINCINNATI, OH 45237-3817	31-6053035	501(C)(3)	37,149				PROGRAM OPERATING COST
(61) CINCYSMILES FOUNDATION 635 WEST 7TH ST, CINCINNATI, OH 45203-1513	31-0537044	501(C)(3)	73,583				PROGRAM OPERATING COST
(62) CLEARINGHOUSE PO BOX 478, AURORA, IN 47001	31-1158133	501(C)(3)	10,000				PROGRAM OPERATING COST
(63) CLERMONT COUNTY COMMUNITY SERVICES, INC. 3003 HOSPITAL DR, BATAVIA, OH 45103	31-1111703	501(C)(3)	117,162				PROGRAM OPERATING COST

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(64) CLERMONT SENIOR SERVICES, INC. 2085 JAMES E SAULS SR, BATAVIA, OH 45103	31-0832354	501(C)(3)	98,587				PROGRAM OPERATING COST
(65) COMMUNITY INITIATIVES 172 EAST STATE ST, COLUMBUS, OH 43215	94-3255070	501(C)(3)	58,250				PROGRAM OPERATING COST
(66) COMMUNITY-BUILDING INSTITUTE MIDDLETOWN, INC. 800 LAFAYETTE AVE, MIDDLETOWN, OH 45044	46-5205808	501(C)(3)	151,453				PROGRAM OPERATING COST
(67) CORNERSTONE RENTER EQUITY 1641 VINE ST., CINCINNATI, OH 45202	31-1170803	501(C)(3)	5,940				PROGRAM OPERATING COST
(68) CORPORATION FOR OHIO APPALACHIAN DEVELOPMENT (COAD) PO BOX 787, ATHENS, OH 45764	31-0811788	501(C)(3)	19,289				PROGRAM OPERATING COST
(69) COVINGTON PARTNERS IN PREVENTION PO BOX 0426, COVINGTON, KY 41012	20-1515753	501(C)(3)	75,725				PROGRAM OPERATING COST
(70) CROSSROAD HEALTH CENTER 5 EAST LIBERTY ST, CINCINNATI, OH 45202	31-1321054	501(C)(3)	85,728				PROGRAM OPERATING COST
(71) CWFF CHILD DEVELOPMENT CENTER 430 FOREST AVENUE, CINCINNATI, OH 45229	31-0901096	501(C)(3)	49,294				PROGRAM OPERATING COST
(72) DAD INITIATIVE 260 NORTHLAND BLVD, SPRINGDALE, OH 45246	90-1131034	501(C)(3)	45,517				PROGRAM OPERATING COST
(73) DCCH CENTER FOR CHILDREN & FAMILIES 75 ORPHANAGE RD, FT MITCHELL, KY 41017	61-0463943	501(C)(3)	52,866				PROGRAM OPERATING COST
(74) DEVONSHIRESMITH DIVERSITY AND EDUCATION SOLUTIONS 3048 WORTHINGTON AVE., CINCINNATI, OH 45211	27-3419472		26,000				PROGRAM OPERATING COST
(75) DOWN SYNDROME ASSOCIATION OF GREATER CINCINNATI 4623 WESLEY AVE, CINCINNATI, OH 45212	31-1051378	501(C)(3)	10,860				PROGRAM OPERATING COST
(76) E3C - ERLANGER/ELSMERE SCHOOL DISTRICT 305 BARTLETT AVE., ERLANGER, KY 41018		SCHOOL DISTRICT	5,000				PROGRAM OPERATING COST
(77) EASTER SEALS SERVING GREATER CINCINNATI 2901 GILBERT AVE, CINCINNATI, OH 45206	31-0873433	501(C)(3)	229,629				PROGRAM OPERATING COST
(78) EKKLESIA DEVELOPMENT CORPORATION 1920 TENNESSEE AVENUE, CINCINNATI, OH 45237	31-1755065	501(C)(3)	15,223				PROGRAM OPERATING COST
(79) ENVISION CORPORATION 8 ENFIELD STREET, CINCINNATI, OH 45218	80-0184362	501(C)(3)	86,397				PROGRAM OPERATING COST
(80) ENVISION PARTNERSHIPS 2935 HAMILTON MASON RD, HAMILTON, OH 45011	31-0784671	501(C)(3)	27,862				PROGRAM OPERATING COST

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(81) EVERY CHILD SUCCEEDS 3333 BURNET AVE, CINCINNATI, OH 45229-3026	31-1628467	501(C)(3)	1,577,395				PROGRAM OPERATING COST
(82) EVERY CHILD SUCCEEDS 3333 BURNET AVE, CINCINNATI, OH 45229-3026	31-1628467	501(C)(3)	110,000				DONOR DESIGN GENERAL
(83) FAMILIESFORWARD 2400 READING RD, CINCINNATI, OH 45202-1470	31-0536684	501(C)(3)	322,663				PROGRAM OPERATING COST
(84) FAMILIESFORWARD 2400 READING RD, CINCINNATI, OH 45202-1470	31-0536684	501(C)(3)	6,000				DONOR DESIGN GENERAL
(85) FAMILY INDEPENDENCE INITIATIVE 663 13TH ST., OAKLAND, CA 94612	02-0784790	501(C)(3)	65,725				PROGRAM OPERATING COST
(86) FAMILY NURTURING CENTER 8275 EWING BLVD, FLORENCE, KY 41042	31-1011326	501(C)(3)	91,443				PROGRAM OPERATING COST
(87) FAMILY SERVICE OF MIDDLETOWN 1311 COLUMBIA AVE, MIDDLETOWN, OH 45042	31-1023843	501(C)(3)	67,868				PROGRAM OPERATING COST
(88) FILLING THE GAP P.O. BOX 24101, CINCINNATI, OH 45224	85-1856290	501(C)(3)	15,000				PROGRAM OPERATING COST
(89) FLYWHEEL 1311 VINE ST, CINCINNATI, OH 45202	46-0889572	501(C)(3)	10,000				PROGRAM OPERATING COST
(90) FOREVER KINGS INC. 7357 BROOKCREST DR., CINCINNATI, OH 45237	84-2848713	501(C)(3)	75,000				PROGRAM OPERATING COST
(91) FREESTORE FOODBANK 1141 CENTRAL PARKWAY, CINCINNATI, OH 45202	23-7122205	501(C)(3)	275,758				PROGRAM OPERATING COST
(92) FREESTORE FOODBANK 1141 CENTRAL PARKWAY, CINCINNATI, OH 45202	23-7122205	501(C)(3)	52,000				DONOR DESIGN GENERAL
(93) GIRL SCOUTS OF KENTUCKY'S WILDERNESS ROAD COUNCIL 2277 EXECUTIVE DR, LEXINGTON, KY 40505	61-0608104	501(C)(3)	17,146				PROGRAM OPERATING COST
(94) GIRL SCOUTS OF WESTERN OHIO 4930 CORNELL RD, CINCINNATI, OH 45242	31-0679091	501(C)(3)	252,183				PROGRAM OPERATING COST
(95) GOURD-GEOUS SACRED VESSELS 647 FOREST AVE., CINCINNATI, OH 45229	83-1285505		12,500				PROGRAM OPERATING COST
(96) GRAD CINCINNATI, INC. 301 OAK ST, CINCINNATI, OH 45219	31-1816376	501(C)(3)	55,723				PROGRAM OPERATING COST
(97) GREAT MIAMI VALLEY YMCA 105 NORTH SECOND ST, HAMILTON, OH 45011	31-0536719	501(C)(3)	26,861				PROGRAM OPERATING COST
(98) GREAT OAKS HEALTH PROFESSIONS ACADEMY 1916 CENTRAL PARKWAY, CINCINNATI, OH 45214	31-0793117	SCHOOL DISTRICT	55,723				PROGRAM OPERATING COST
(99) GREATER CINCINNATI BEHAVIORAL HEALTH SERVICES 1501 MADISON RD, CINCINNATI, OH 45206	31-0802647	501(C)(3)	664,392				PROGRAM OPERATING COST

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(100) GREATER CINCINNATI FOUNDATION 720 E. PETE ROSE WAY, CINCINNATI, OH 45202	31-0669700	501(C)(3)	95,395				COMMUNITY COLLABORATION
(101) GREATER CINCINNATI FOUNDATION 720 E. PETE ROSE WAY, CINCINNATI, OH 45202	31-0669700	501(C)(3)	1,460,246				PROGRAM OPERATING COST
(102) GREATER CINCINNATI FOUNDATION 720 E. PETE ROSE WAY, CINCINNATI, OH 45202	31-0669700	501(C)(3)	8,947				DONOR DESIGN GENERAL
(103) GREATER CINCINNATI MICROENTERPRISE INITIATIVE 1740 LANGDON FARM RD, CINCINNATI, OH 45237	31-1595820	501(C)(3)	31,434				PROGRAM OPERATING COST
(104) GUIDING LIGHT MENTORING 4141 HAMILTON AVENUE, CINCINNATI, OH 45223	47-1683576	501(C)(3)	12,000				PROGRAM OPERATING COST
(105) HAMILTON COUNTY EDUCATIONAL SERVICE CENTER 11083 HAMILTON AVE., CINCINNATI, OH 45231	31-0967612	HAMILTON COUNTY ESC	9,160				PROGRAM OPERATING COST
(106) HEALTH CARE ACCESS NOW 7162 READING RD, CINCINNATI, OH 45237	26-4042151	501(C)(3)	42,864				PROGRAM OPERATING COST
(107) HEALTH CAREERS COLLABORATIVE OF GREATER CINCINNATI 1602 MADISON RD, CINCINNATI, OH 45206	31-1449807	501(C)(3)	42,864				PROGRAM OPERATING COST
(108) HEALTH COLLABORATIVE OF GREATER CINCINNATI 615 ELSINORE PL, CINCINNATI, OH 45202	31-1449807	501(C)(3)	60,000				PROGRAM OPERATING COST
(109) HEALTHPOINT FAMILY CARE 1401 MADISON AVE, COVINGTON, KY 41011	61-0729915	501(C)(3)	42,864				PROGRAM OPERATING COST
(110) HEALTHY HOMES BLOCK BY BLOCK 2110 SAINT MICHAEL ST, CINCINNATI, OH 45204	82-1424590	501(C)(3)	32,862				PROGRAM OPERATING COST
(111) HEARING SPEECH & DEAF CENTER OF GREATER CINCINNATI 2825 BURNET AVE, CINCINNATI, OH 45219	31-0536654	501(C)(3)	65,725				PROGRAM OPERATING COST
(112) HEART HOUSE, INC. 6815 US 50, AURORA, IN 47001	35-2036398	501(C)(3)	10,000				PROGRAM OPERATING COST
(113) HIGH ACHIEVERS AIM HIGH 7942 GLEN ORCHARD DRIVE, CINCINNATI, OH 45237	81-4155643	501(C)(3)	92,137				PROGRAM OPERATING COST
(114) HIGHPOINT HEALTH 600 WILSON CREEK RD, LAWRENCEBURG, IN 47032	35-6006595	501(C)(3)	10,000				PROGRAM OPERATING COST
(115) HODGE - EDU LLC 6116 W. FORDHAM, CINCINNATI, OH 45213	84-2947061		10,300				PROGRAM OPERATING COST
(116) HOLLY HILL CHILD & FAMILY SOLUTIONS 9599 SUMMER HILL RD, CALIFORNIA, KY 41007	61-0461729	501(C)(3)	32,862				PROGRAM OPERATING COST

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(117) HOPE HOUSE RESCUE MISSION 34 SOUTH MAIN ST, MIDDLETOWN, OH 45044	31-1254976	501(C)(3)	24,290				PROGRAM OPERATING COST
(118) HOUSE OF HOPE FELLOWSHIP CHURCH 1829 ELM STREET, CINCINNATI, OH 45202	61-1657582	501(C)(3)	24,944				PROGRAM OPERATING COST
(119) HOUSING OPPORTUNITIES MADE EQUAL (HOME) 2400 READING RD, CINCINNATI, OH 45202-1477	31-6062015	501(C)(3)	52,866				PROGRAM OPERATING COST
(120) HYDE PARK CENTER FOR OLDER ADULTS 2800 ERIE AVE, CINCINNATI, OH 45208	31-0857401	501(C)(3)	35,006				PROGRAM OPERATING COST
(121) ICAN HEALTH LLC 5868 ALDER CT., LIBERTY TOWNSHIP, OH 45044	84-4218245		13,945				PROGRAM OPERATING COST
(122) INTERFAITH HOSPITALITY NETWORK OF GREATER CINCINNATI, INC. 990 NASSAU ST, CINCINNATI, OH 45206	31-1335474	501(C)(3)	34,291				PROGRAM OPERATING COST
(123) JEWISH FAMILY SERVICE OF THE CINCINNATI AREA 8487 RIDGE RD, CINCINNATI, OH 45236	31-0744786	501(C)(3)	197,174				PROGRAM OPERATING COST
(124) JEWISH FEDERATION OF CINCINNATI 8499 RIDGE RD, CINCINNATI, OH 45236	31-0537174	501(C)(3)	75,000				PROGRAM OPERATING COST
(125) JEWISH FEDERATION OF CINCINNATI 8499 RIDGE RD, CINCINNATI, OH 45236	31-0537174	501(C)(3)	60,000				DONOR DESIGN GENERAL
(126) KENNEDY HEIGHTS MONTESSORI CENTER 6120 RIDGE AVE, CINCINNATI, OH 45213	31-0724420	501(C)(3)	12,859				PROGRAM OPERATING COST
(127) LADIES OF LEADERSHIP OHIO INC. 4439 READING RD., CINCINNATI, OH 45229	82-3489540	501(C)(3)	87,138				PROGRAM OPERATING COST
(128) LAUNDRY LOVE CINCINNATI PO BOX 68084, CINCINNATI, OH 45206	83-0827697	501(C)(3)	12,500				PROGRAM OPERATING COST
(129) LEARNING GROVE 333 MADISON AVE, COVINGTON, KY 41011	31-0910787	501(C)(3)	1,108,744				PROGRAM OPERATING COST
(130) LEARNING GROVE 333 MADISON AVE, COVINGTON, KY 41011	31-0910787	501(C)(3)	4,000				COMMUNITY COLLABORATION
(131) LEARNING GROVE 333 MADISON AVE, COVINGTON, KY 41011	31-0910787	501(C)(3)	2,000				DONOR DESIGN GENERAL
(132) LEGAL AID OF THE BLUEGRASS 104 EAST SEVENTH ST, COVINGTON, KY 41011	61-0668572	501(C)(3)	149,310				PROGRAM OPERATING COST
(133) LEGAL AID SOCIETY OF GREATER CINCINNATI 215 E NINTH ST, CINCINNATI, OH 45202	31-0536673	501(C)(3)	296,476				PROGRAM OPERATING COST
(134) LIFE LEARNING CENTER 20 WEST 18TH ST, COVINGTON, KY 41011	20-3454261	501(C)(3)	184,000				PROGRAM OPERATING COST
(135) LIFE LEARNING CENTER 20 WEST 18TH ST, COVINGTON, KY 41011	20-3454261	501(C)(3)	251,000				DONOR DESIGN GENERAL

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(136) LIFESPAN, INC. 1900 FAIRGROVE AVE, HAMILTON, OH 45011	31-0536660	501(C)(3)	16,431				PROGRAM OPERATING COST
(137) LIFETIME RESOURCES, INC. 13091 BENEDICT DR, DILLSBORO, IN 47018	35-2076514	501(C)(3)	16,431				PROGRAM OPERATING COST
(138) LIGHTHOUSE YOUTH & FAMILY SERVICES 401 EAST MCMILLIAN ST, CINCINNATI, OH 45206	23-7046229	501(C)(3)	170,742				PROGRAM OPERATING COST
(139) LIGHTHOUSE YOUTH & FAMILY SERVICES 401 EAST MCMILLIAN ST, CINCINNATI, OH 45206	23-7046229	501(C)(3)	2,000				DONOR DESIGN GENERAL
(140) LISC 28 LIBERTY STREET, NEW YORK, NY 10005	13-3030229	501(C)(3)	798,080				PROGRAM OPERATING COST
(141) LISC 28 LIBERTY STREET, NEW YORK, NY 10005	13-3030229	501(C)(3)	8,000				DONOR DESIGN GENERAL
(142) LITTLE SISTERS OF THE POOR OF CINCINNATI 476 RIDDLE RD., CINCINNATI, OH 45220	31-0621920	501(C)(3)	5,000				DONOR DESIGN GENERAL
(143) MADISONVILLE EDUCATION AND ASSISTANCE CENTER (MEAC) 4600 ERIE AVE, CINCINNATI, OH 45227	31-1218223	501(C)(3)	45,722				PROGRAM OPERATING COST
(144) MADISONVILLE MISSION MINISTRIES 5717 PRENTICE STREET, CINCINNATI, OH 45227	31-1806837	501(C)(3)	29,931				PROGRAM OPERATING COST
(145) MAYERSON JCC 8485 RIDGE RD, CINCINNATI, OH 45236	31-0536986	501(C)(3)	79,894				PROGRAM OPERATING COST
(146) MENTAL HEALTH AMERICA OF NORTHERN KENTUCKY & SOUTHWEST OHIO 912 SCOTT ST, COVINGTON, KY 41011	61-0712473	501(C)(3)	62,867				PROGRAM OPERATING COST
(147) MENTORING YOUNG MEN 3075 QUEEN CITY, CINCINNATI, OH 45238	82-3467337	501(C)(3)	9,771				PROGRAM OPERATING COST
(148) MORTAR CINCINNATI 1329 VINE STREET, CINCINNATI, OH 45202	47-2431620	501(C)(3)	49,294				PROGRAM OPERATING COST
(149) NEW HOPE SERVICES, INC. 725 WALL ST, JEFFERSONVILLE, IN 47130	35-1022158	501(C)(3)	10,000				PROGRAM OPERATING COST
(150) NEW HORIZONS REHABILITATION, INC. 237 SIX PINE RANCH RD, BATESVILLE, IN 47006	35-1169221	501(C)(3)	10,000				PROGRAM OPERATING COST
(151) NEW PERCEPTIONS, INC. 1 SPERTI DR, EDGEWOOD, KY 41017	61-0705047	501(C)(3)	131,450				PROGRAM OPERATING COST
(152) NEW PROSPECT BAPTIST CHURCH 1580 SUMMIT RD., CINCINNATI, OH 45237	31-0676519	501(C)(3)	36,655				PROGRAM OPERATING COST
(153) NORTHERN KENTUCKY AREA DEVELOPMENT DISTRICT 22 SPIRAL DR., FLORENCE, KY 41075	61-0719369	501(C)(3)	121,500				PROGRAM OPERATING COST
(154) NORTHERN KENTUCKY COMMUNITY ACTION COMMISSION, INC. 717 MADISON AVE., COVINGTON, KY 41011	61-0667805	501(C)(3)	65,725				PROGRAM OPERATING COST

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(155) NORTHERN KENTUCKY EDUCATION COUNCIL 7310 TURFWAY RD, FLORENCE, KY 41042	20-3105862	501(C)(3)	32,862				PROGRAM OPERATING COST
(156) NORWOOD CITY SCHOOL DISTRICT 2132 WILLIAMS AVENUE, NORWOOD, OH 45212	31-6000908	SCHOOL DISTRICT	30,000				COMMUNITY COLLABORATION
(157) OHIO JUSTICE & POLICY CENTER 215 EAST NINTH ST, CINCINNATI, OH 45202	31-1319172	501(C)(3)	27,000				PROGRAM OPERATING COST
(158) OHIO VALLEY VOICES INC. 6642 BRANCH HILL GUINEA PIKE, LOVELAND, OH 45140	31-1639795	501(C)(3)	5,000				DONOR DESIGN GENERAL
(159) ONE COMMUNITY, ONE FAMILY 920 COUNTY LINE ROAD, BATESVILLE, IN 47006	46-4339778	501(C)(3)	12,859				PROGRAM OPERATING COST
(160) OPERATION RESTORATION 1450 POYDRAS ST., NEW ORLEANS, LA 70112	61-1791941	501(C)(3)	10,000				PROGRAM OPERATING COST
(161) PEOPLE WORKING COOPERATIVELY, INC. 4612 PADDOCK RD, CINCINNATI, OH 45229	31-0859104	501(C)(3)	77,870				PROGRAM OPERATING COST
(162) PEOPLES CHURCH CINCINNATI 220 WM HOWARD TAFT RD., CINCINNATI, OH 45219	31-0543275	501(C)(3)	70,505				PROGRAM OPERATING COST
(163) PER SCHOLAS, INC. 804 E 138TH ST, BRONX, NY 10454	04-3252955	501(C)(3)	41,435				PROGRAM OPERATING COST
(164) POLICY MATTERS OHIO 3631 PERKINS AVE, CLEVELAND, OH 44114	34-1921881	501(C)(3)	20,000				PROGRAM OPERATING COST
(165) POWER INSPIRES PROGRESS 727 EZZARD CHARLES DR, CINCINNATI, OH 45203	31-1367071	501(C)(3)	28,576				PROGRAM OPERATING COST
(166) PRICHARD COMMITTEE FOR ACADEMIC EXCELLENCE 271 WEST SHORT ST, LEXINGTON, KY 40507	61-1026214	501(C)(3)	46,500				PROGRAM OPERATING COST
(167) PRO SENIORS, INC. 7162 READING RD, CINCINNATI, OH 45237	31-0887471	501(C)(3)	75,726				PROGRAM OPERATING COST
(168) PROKIDS 2605 BURNET AVE, CINCINNATI, OH 45219	31-1020021	501(C)(3)	72,154				PROGRAM OPERATING COST
(169) Q-KIDZ DANCE TEAM 1524 LINN STREET, CINCINNATI, OH 45203	81-4606313	501(C)(3)	12,500				PROGRAM OPERATING COST
(170) QUEEN CITY FOUNDATION PO BOX 3145, CINCINNATI, OH 45201	23-7011445	501(C)(3)	12,000				PROGRAM OPERATING COST
(171) REDWOOD REHABILITATION CENTER 71 ORPHANAGE RD, FT MITCHELL, KY 41017	61-6013702	501(C)(3)	318,622				PROGRAM OPERATING COST
(172) RETIRED SENIOR VOLUNTEER PROGRAM PO BOX 4194, LAWRENCEBURG, IN 47025	35-1185161	501(C)(3)	10,000				PROGRAM OPERATING COST
(173) RIVER VALLEY RESOURCES INC 100 E SECOND STREET, MADISON, IN 47250	35-1820770	501(C)(3)	41,867				PROGRAM OPERATING COST



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(174) ROSEMARY'S BABIES CO. 3284 NORTH BEND ROAD #313, CINCINNATI, OH 45238	81-3727709	501(C)(3)	20,003				PROGRAM OPERATING COST
(175) SAFE PASSAGE, INC. 125 E. GEORGE ST., BATESVILLE, IN 47006	35-2056072	501(C)(3)	10,000				PROGRAM OPERATING COST
(176) SALVATION ARMY OF GREATER CINCINNATI PO BOX 238, CINCINNATI, OH 45201-0238	13-5562351	501(C)(3)	30,152				PROGRAM OPERATING COST
(177) SANTA MARIA COMMUNITY SERVICES 617 STEINER AVE, CINCINNATI, OH 45204	31-0537141	501(C)(3)	966,433				PROGRAM OPERATING COST
(178) SANTA MARIA COMMUNITY SERVICES 617 STEINER AVE, CINCINNATI, OH 45204	31-0537141	501(C)(3)	2,000				DONOR DESIGN GENERAL
(179) SEVEN HILLS NEIGHBORHOOD HOUSES 901 FINDLAY STREET, CINCINNATI, OH 45217	31-0648619	501(C)(3)	84,106				PROGRAM OPERATING COST
(180) SEW VALLEY 1010 HULBERT AVE., CINCINNATI, OH 45223	82-2721314	501(C)(3)	10,000				PROGRAM OPERATING COST
(181) SHARED HARVEST FOODBANK, INC. 5901 DIXIE HIGHWAY, FAIRFIELD, OH 45014	31-1096571	501(C)(3)	16,431				PROGRAM OPERATING COST
(182) SOCIETY OF ST VINCENT DE PAUL CINCINNATI 1125 BANK ST, CINCINNATI, OH 45214	31-0537510	501(C)(3)	32,000				DONOR DESIGN GENERAL
(183) SOJOURNER RECOVERY SERVICES 1020 SYMMES ROAD, FAIRFIELD, OH 45014	31-1010029	501(C)(3)	18,574				PROGRAM OPERATING COST
(184) SOUTHEASTERN INDIANA ECONOMIC OPPORTUNITY CORPORATION (SIEOC) PO BOX 240, AURORA, IN 47001	35-1118476	501(C)(3)	12,859				PROGRAM OPERATING COST
(185) ST. JOSEPH ORPHANAGE 5400 EDALBERT DRIVE, CINCINNATI, OH 45239	31-0537147	501(C)(3)	65,725				PROGRAM OPERATING COST
(186) STARFIRE COUNCIL OF GREATER CINCINNATI, INC. 5030 OAKLAWN DR, CINCINNATI, OH 45227	31-1372833	501(C)(3)	49,294				PROGRAM OPERATING COST
(187) STEPPING STONES, INC. 5650 GIVEN RD, CINCINNATI, OH 45243	31-0671799	501(C)(3)	119,305				PROGRAM OPERATING COST
(188) STRATEGIES TO END HOMELESSNESS 2368 VICTORY PARKWAY, CINCINNATI, OH 45206	20-8286347	501(C)(3)	197,174				PROGRAM OPERATING COST
(189) SUPPORTS TO ENCOURAGE LOW INCOME FAMILIES (SELF) PO BOX 1322, HAMILTON, OH 45012	31-1445223	501(C)(3)	27,147				PROGRAM OPERATING COST
(190) SWEET SISTAH SPLASH 1218 SYCAMORE ST., CINCINNATI, OH 45202	45-4993074		7,500				PROGRAM OPERATING COST
(191) TALBERT HOUSE 2600 VICTORY PARKWAY, CINCINNATI, OH 45206	31-0713350	501(C)(3)	273,723				PROGRAM OPERATING COST

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(192) TALBERT HOUSE 2600 VICTORY PARKWAY, CINCINNATI, OH 45206	31-0713350	501(C)(3)	2,000				DONOR DESIGN GENERAL
(193) TEEN CHALLENGE CINCINNATI PO BOX 249, MILFORD, OH 45150	23-7303165	501(C)(3)	16,431				PROGRAM OPERATING COST
(194) TENDER MERCIES, INC. PO BOX 14465, CINCINNATI, OH 45250-0465	31-1137270	501(C)(3)	69,297				PROGRAM OPERATING COST
(195) TENDER MERCIES, INC. PO BOX 14465, CINCINNATI, OH 45250-0465	31-1137270	501(C)(3)	2,000				DONOR DESIGN GENERAL
(196) THE CENTRAL & SOUTHERN OHIO REGION OF THE AMERICAN RED CROSS FEDERATED PAYMENT PROCESSING, CHICAGO, IL 60673-7857	53-0196605	501(C)(3)	3,192,900				COMMUNITY COLLABORATION
(197) THE CHILDREN'S HOME OF CINCINNATI, OHIO 5050 MADISON RD, CINCINNATI, OH 45227-1440	31-0536969	501(C)(3)	895,679				PROGRAM OPERATING COST
(198) THE COMMUNITY BUILDERS 185 DARTMOUTH ST., BOSTON, MA 02116	04-2324773	501(C)(3)	25,000				PROGRAM OPERATING COST
(199) THE DAD INITIATIVE, INC 260 NORTHLAND BLVD, SPRINGDALE, OH 45246	90-1131034	501(C)(3)	32,862				PROGRAM OPERATING COST
(200) THE GASKINS FOUNDATION P.O. BOX 741, CINCINNATI, OH 45201	90-0644647	501(C)(3)	28,625				PROGRAM OPERATING COST
(201) THE HEIGHTS MOVEMENT NP 1324 SIMMONS AVE., LINCOLN HEIGHTS, OH 45215	85-2171901	501(C)(3)	5,000				PROGRAM OPERATING COST
(202) THE SALVATION ARMY INDIANA DIVISION 6060 CASTLEWAY ARMY, INDIANAPOLIS, IN 46209-1041	36-2167910	501(C)(3)	10,000				PROGRAM OPERATING COST
(203) THE SALVATION ARMY OF GREATER CINCINNATI PO BOX 238, CINCINNATI, OH 45201-0238	13-5562351	501(C)(3)	216,463				PROGRAM OPERATING COST
(204) THE SALVATION ARMY OF MIDDLETOWN PO BOX 445, MIDDLETOWN, OH 45042	13-5562351	501(C)(3)	44,293				PROGRAM OPERATING COST
(205) TRIIBE FOUNDATION 1937 CHASE AVE., CINCINNATI, OH 45223	84-3496915	501(C)(3)	11,500				PROGRAM OPERATING COST
(206) UC FOUNDATION - PARTNER FOR ACHIEVING PO BOX 19970, CINCINNATI, OH 45219-0970	26-1594868	501(C)(3)	22,500				COMMUNITY COLLABORATION
(207) UNITED WAY OF WARREN COUNTY 3989 S. US ROUTE 42, LEBANON, OH 45036	23-7132362	501(C)(3)	26,502				DONOR DESIGN GENERAL
(208) URBAN LEAGUE OF GREATER SOUTHWESTERN OHIO (ULGSO) 3458 READING RD, CINCINNATI, OH 45229	31-0565428	501(C)(3)	466,503				PROGRAM OPERATING COST
(209) URBAN LEAGUE OF GREATER SOUTHWESTERN OHIO (ULGSO) 3458 READING RD, CINCINNATI, OH 45229	31-0565428	501(C)(3)	1,000				DONOR DESIGN GENERAL

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(210) URBAN MINORITY ALCOHOLISM & DRUG ABUSE OUTREACH PROGRAM (UMADAOP) 3021 VERNON PLACE, CINCINNATI, OH 45219	31-1182430	501(C)(3)	49,294				PROGRAM OPERATING COST
(211) UWGC FOUNDATION 2400 READING RD, CINCINNATI, OH 45202	31-1064812	501(C)(3)	103,000				DONOR DESIGN GENERAL
(212) VILLEDGE, INC. PO BOX 68045, CINCINNATI, OH 45206	81-4106901	501(C)(3)	75,000				PROGRAM OPERATING COST
(213) VOLUNTEERS OF AMERICA MID-STATES, INC. 933 GOSS AVE, LOUISVILLE, KY 40217	61-0480950	501(C)(3)	62,153				PROGRAM OPERATING COST
(214) WELCOME HOUSE OF NORTHERN KENTUCKY, INC. 205 W. PIKE ST, COVINGTON, KY 41011	61-1020382	501(C)(3)	108,589				PROGRAM OPERATING COST
(215) WESLEY COMMUNITY SERVICES 2091 RADCLIFF DR, CINCINNATI, OH 45204	31-0537097	501(C)(3)	32,862				PROGRAM OPERATING COST
(216) WEST END ART GALLERY P.O. BOX 141359, CINCINNATI, OH 45250	81-2526024	501(C)(3)	13,200				PROGRAM OPERATING COST
(217) WOMEN HELPING WOMEN 215 E NINTH ST, CINCINNATI, OH 45202-6109	31-0864991	501(C)(3)	72,154				PROGRAM OPERATING COST
(218) WOMEN'S CRISIS CENTER 835 MADISON AVE., COVINGTON, KY 41011	61-0908752	501(C)(3)	164,312				PROGRAM OPERATING COST
(219) WORKING IN NEIGHBORHOODS (WIN) 1814 DREMAN AVE, CINCINNATI, OH 45223	31-0962007	501(C)(3)	49,294				PROGRAM OPERATING COST
(220) WORKING IN NEIGHBORHOODS (WIN) 1814 DREMAN AVE, CINCINNATI, OH 45223	31-0962007	501(C)(3)	2,000				DONOR DESIGN GENERAL
(221) XAVIER UNIVERSITY-CBI 3800 VICTORY PARKWAY, CINCINNATI, OH 45207-7770	31-0537516	501(C)(3)	15,000				DONOR DESIGN GENERAL
(222) YMCA OF GREATER CINCINNATI 1105 ELM ST, CINCINNATI, OH 45202	31-0537178	501(C)(3)	458,149				PROGRAM OPERATING COST
(223) YOUTH AT THE CENTER 1110 MAIN ST., CINCINNATI, OH 45202	47-5658812	501(C)(3)	28,900				PROGRAM OPERATING COST
(224) YOUTH ENCOURAGEMENT SERVICES, INC. 11636 COUNTY FARM RD, AURORA, IN 47001	31-0991515	501(C)(3)	10,000				PROGRAM OPERATING COST
(225) YWCA OF GREATER CINCINNATI 898 WALNUT ST, CINCINNATI, OH 45202	31-0537518	501(C)(3)	402,386				PROGRAM OPERATING COST
(226) YWCA OF GREATER CINCINNATI 898 WALNUT ST, CINCINNATI, OH 45202	31-0537518	501(C)(3)	50,000				DONOR DESIGN GENERAL
(227) YWCA OF HAMILTON, OHIO 244 DAYTON ST, HAMILTON, OH 45011	31-0537167	501(C)(3)	12,859				PROGRAM OPERATING COST
(228) ZION GLOBAL MISSIONS 9180 CINCINNATI COLUMBUS RD., WEST CHESTER, OH 45069	45-0918209	501(C)(3)	49,000				PROGRAM OPERATING COST

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	UNITED WAY OF GREATER CINCINNATI MAKES ALLOCATION DECISIONS BASED ON IMPACT, ALIGNMENT, ACCOUNTABILITY AND LEARNING. FUNDED PARTNERS REPORT ON IMPACT ANNUALLY, INCLUDING DEMOGRAPHICS SERVED AND RESULTS ACHIEVED. ANNUAL REPORTS ARE REVIEWED BY STAFF AND FOLLOW-UP WITH THE FUNDED PARTNER AS NEEDED. ALLOCATION DECISIONS ARE MADE BASED ON RECOMMENDATIONS FROM A VOLUNTEER LEADERSHIP GROUP AND ARE APPROVED ANNUALLY BY THE BOARD OF DIRECTORS.
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ABILITIES FIRST 4710 TIMBER TRAIL DR, MIDDLETOWN, OH 45044-5399
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ADAMS BROWN COUNTIES ECONOMIC OPPORTUNITIES, INC. 406 WEST PLUM ST, GEORGETOWN, OH 45121
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AMERICAN CANCER SOCIETY - GREATER CINCINNATI HAMILTON COUNTY, DUBLIN, OH 43017
SCHEDULE I, PART II, LINE 1(D) - AMOUNT OF CASH GRANT	THE REMAINING DISTRIBUTIONS NOT LISTED IN PART II, INCLUDE DESIGNATIONS AND OTHER ALLOCATIONS FROM 2020 THAT WILL BE PAID IN 2021 BASED ON AMOUNTS COLLECTED AND GRANT AMOUNTS LESS THAN OR EQUAL TO \$5,000.
SCHEDULE I, PART II, LINE 1(H) - PURPOSE OF GRANT OR ASSISTANCE	PURPOSE OF GRANT OR ASSISTANCE DEFINITIONS PER UNITED WAY WORLDWIDE:  *PROGRAM OPERATING COST - A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT OPERATES.  *COMMUNITY COLLABORATION - A RESTRICTED GRANT MADE TO A FUND ASSOCIATED WITH BRINGING ORGANIZATIONS WITHIN THE COMMUNITY TOGETHER FOR THE PURPOSE OF CREATING COLLABORATIVE EFFORTS THAT WILL ADDRESS SPECIFIC COMMUNITY ISSUES.  *DONOR DESIGNATED FOR GENERAL SUPPORT - AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL OPERATING COSTS, COMMUNITY COLLABORATION, AND DONOR DESIGNATED GENERAL SUPPORT.
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	GIFT CARDS FOR INDIVIDUALS AFFECTED BY COVID SHUTDOWN

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER CINCINNATI

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Employer identification number

31-0537502

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- |  |           |                                     |
|--|-----------|-------------------------------------|
| <b>a</b> Receive a severance payment or change-of-control payment? . . . . .                           | <b>4a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . . | <b>4b</b> | <input checked="" type="checkbox"/> |
| <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .    | <b>4c</b> | <input checked="" type="checkbox"/> |

**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:

- |  |           |                                     |
|--|-----------|-------------------------------------|
| <b>a</b> The organization? . . . . .         | <b>5a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? . . . . . | <b>5b</b> | <input checked="" type="checkbox"/> |
- 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:

- |  |           |                                     |
|--|-----------|-------------------------------------|
| <b>a</b> The organization? . . . . .         | <b>6a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? . . . . . | <b>6b</b> | <input checked="" type="checkbox"/> |
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MOIRA WEIR PRESIDENT & CEO, NEW 2020	(i) 274,345	75,000	179	0	17,652	367,176	0
	(ii)	0	0	0	0	0	0	0
2	ROSS MEYER INTERIM PRESIDENT & CEO, TERMED 2020	(i) 156,566	0	62	2,445	10,502	169,575	0
	(ii)	0	0	0	0	0	0	0
3	CHARLES WRIGHT CHIEF OPERATING OFFICER	(i) 115,737	0	17,140	2,906	19,455	155,238	0
	(ii)	0	0	0	0	0	0	0
4		(i)						
	(ii)							
5		(i)						
	(ii)							
6		(i)						
	(ii)							
7		(i)						
	(ii)							
8		(i)						
	(ii)							
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III

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

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 3 - REVIEW OF COMPENSATION</p>	<p>UWGC USED THE FOLLOWING PROCESS FOR DETERMINING THE COMPENSATION OF OFFICERS, KEY EMPLOYEES AND THE HIGHEST COMPENSATED EMPLOYEES:</p> <p>THE UWGC CODE OF REGULATIONS STATES THE BOARD IS RESPONSIBLE FOR SUPERVISING ALL ASPECTS OF RUNNING THE BUSINESS, BUT CAN DELEGATE CERTAIN DECISIONS TO THE OFFICERS OF THE ORGANIZATION. THE REVIEW OF COMPENSATION CHANGES AT THE PRESIDENT/CEO LEVEL ARE APPROVED BY THE EXECUTIVE COMMITTEE FORMED FROM THE BOARD WHICH SERVES AS EXECUTIVE COMPENSATION COMMITTEE.</p> <p>IN MARCH, 2020 MOIRA WEIR WAS HIRED AS CEO OF UWGC AND HER COMPENSATION WAS DETERMINED BY THE UWGC EXECUTIVE COMMITTEE. WEIR THEN IDENTIFIED HER LEADERSHIP TEAM INCLUDING NAMING CHARLES WRIGHT AS CHIEF OPERATING OFFICER WITH RESPONSIBILITY FOR, AMONG OTHER THINGS, FINANCIAL OPERATIONS. WEIR REVIEWED COMPENSATION FOR ALL MEMBERS OF HER LEADERSHIP TEAM WITH THE CHAIR AND VICE CHAIR OF THE BOARD.</p>

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization  
**UNITED WAY OF GREATER CINCINNATI**

Employer identification number  
**31-0537502**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	163	1,573,976	MARKET VALUE
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 ▶ ( NATIONAL ADVERTISING )	✓	1	325,000	MARKET VALUE
26 Other ▶ ( ADVERTISING )	✓	2	157,220	MARKET VALUE
27 Other ▶ ( PROGRAM EVENT SUPPLIES )	✓	3	1,038,984	COST
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29** 0

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



**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS OTHER - NATIONAL ADVERTISING NUMBER OF CONTRIBUTIONS OTHER - ADVERTISING NUMBER OF CONTRIBUTORS OTHER - PROGRAM EVENT SUPPLIES NUMBER OF CONTRIBUTORS
SCHEDULE M, PART I, LINE 9 -	THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN (B) INCLUDES THE NUMBER OF NONCASH CONTRIBUTIONS MADE TO UWGC.

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

Department of Treasury Internal  
Revenue Service

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

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the Organization  
**UNITED WAY OF GREATER CINCINNATI**

Employer Identification Number  
**31-0537502**

Return Reference - Identifier	Explanation
FORM 990, HEADER, LINE C - CEO/CFO FINANCIAL STATEMENT CERTIFICATION	MOIRA WEIR, PRESIDENT/CEO AND RANDY BUSH, CHIEF FINANCIAL OFFICER, CERTIFY THAT THEY HAVE REVIEWED THE AUDITED FINANCIAL STATEMENTS AND FINANCIAL INFORMATION REPORTED ON THE IRS FORM 990 OF UNITED WAY OF GREATER CINCINNATI (UWGC). BASED ON THEIR KNOWLEDGE, THE FINANCIAL INFORMATION CONTAINED IN THESE DOCUMENTS DO NOT CONTAIN ANY UNTRUE STATEMENT OF MATERIAL FACT OR OMIT ANY MATERIAL FACTS NECESSARY WHICH WOULD MAKE THE STATEMENTS MISLEADING AND, BASED ON THEIR KNOWLEDGE, FAIRLY PRESENT, IN ALL MATERIAL RESPECTS, THE FINANCIAL CONDITION, RESULTS OF OPERATION AND CASH FLOWS OF UWGC AS OF, AND FOR THE YEAR ENDED DECEMBER 31, 2020.
FORM 990, PART I, LINE 6 - TOTAL NUMBER OF VOLUNTEERS	UWGC VOLUNTEERS INCLUDE BOARD MEMBERS, COMMITTEE MEMBERS, CAMPAIGN AMBASSADORS, EMPLOYEE CAMPAIGN COORDINATORS, DIRECT SERVICE AND EVENT VOLUNTEERS.

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION</p>	<p>COMMUNITY SOLUTIONS DESCRIPTION</p> <p>UNITED WAY OF GREATER CINCINNATI BELIEVES ALL FAMILIES IN OUR REGION DESERVE ECONOMIC WELL-BEING, SO WE BUILD SOLUTIONS AND ALIGN SYSTEMS TO HELP PEOPLE THRIVE. WE WORK CLOSELY WITH COMMUNITIES TO IDENTIFY PATTERNS, UNCOVER THE GREATEST NEED AND CHANGE SYSTEMS SO MORE PEOPLE HAVE ECONOMIC STABILITY.</p> <p>IN 2020, UNITED WAY FOCUSED ON FOUR FUNDAMENTAL STRATEGIES:</p> <p>*STABILIZING AND SUPPORTING OUR NONPROFIT SYSTEM OF CARE  *SUPPORTING FAMILIES THROUGH DIRECT RELIEF EFFORTS  *EMPOWERING FAMILIES TO GET HELP WHERE THEY LIVE, WORK AND WORSHIP  *INNOVATE PROGRAMS AND SYSTEMS TO RESPOND TO A RAPIDLY CHANGING WORLD</p> <p>STABILIZING AND SUPPORTING OUR NONPROFIT SYSTEM OF CARE  AMONG THE ACCOMPLISHMENTS IN THIS STRATEGY:</p> <p>COVID-19 REGIONAL RESPONSE FUND: AT THE START OF THE PANDEMIC, UWGC QUICKLY HELPED RAISE AND GRANT MORE THAN \$7.2 MILLION DOLLARS IN RESPONSIVE GRANTS. THIS WORK INCLUDED:</p> <p>*MOBILIZING 13 FUNDING PARTNERS, FIVE MEDIA PARTNERS AND 46 COMMUNITY SUPPORTERS  *PROVIDING GRANTS THAT SUPPORTED MORE THAN 250 COMMUNITY NONPROFITS, FAITH-BASED ORGANIZATIONS, AND NEIGHBORHOOD GROUPS  *MOVING MORE THAN 330 INDIVIDUALS AND FAMILIES FROM EMERGENCY SHELTERS OR CONGREGATING LIVING INTO HOTELS/MOTELS BEFORE TRANSITIONING TO PERMANENT HOUSING  *OPENING FIVE PANDEMIC CHILDCARE CENTERS FOR ESSENTIAL WORKERS  *HELPING HOSPITAL SYSTEMS ACROSS THE REGION PURCHASE CRITICAL EQUIPMENT AND SUPPLIES  *SUPPORTING NONPROFITS TO PROVIDE MORE THAN 600,000 MEALS</p> <p>FLEXIBLE PROGRAM FUNDING: UWGC INVESTED \$20.6 MILLION IN GRANTS TO 136 ORGANIZATIONS IN SUPPORT OF MORE THAN 200 SOCIAL SERVICES AND PROGRAMS.</p> <p>*PROVIDED GREATER FLEXIBILITY, ALLOWING NONPROFIT PARTNERS TO SHIFT FUNDING TO MEET THE IMMEDIATE NEEDS OF OUR COMMUNITY AND ACCESS RESOURCES AHEAD OF TRADITIONAL PAYMENT SCHEDULES  *PROGRAMS FUNDED BY UNITED WAY FULFILLED MORE THAN 715,000 NEEDS, A 47% INCREASE FROM 2019</p> <p>ADVOCATING AND INVESTING IN SYSTEM CHANGE: UNITED WAY INVESTED \$279,000 IN SIX POLICY PARTNERS TO CONTINUE TO ADVANCE SYSTEMS CHANGE.</p> <p>*ALONG WITH UNITED WAY WORLDWIDE, ADVOCATED IN SUPPORT OF THE CARES ACT AND CENTERS FOR DISEASE CONTROL AND PREVENTION'S EVICTION MORATORIUM  *SUPPORTED THE RENEWAL OF PRESCHOOL PROMISE IN CINCINNATI, CONTINUING TO ENSURE A STRONG EARLY-EDUCATION SYSTEM OF CARE FOR CINCINNATI FAMILIES</p> <p>ADMINISTRATION OF CARES FUNDING TO NONPROFITS: UWGC ADVOCATED FOR CARES TO SUPPORT NONPROFIT AGENCIES AS THEY RESPONDED TO COMMUNITY NEEDS, AND ADMINISTERED NEARLY \$2 MILLION OF CARES GRANTS TO 43 ORGANIZATIONS.</p> <p>*UNITED WAY, FUNDED BY HAMILTON COUNTY GOVERNMENT, CREATED AND ADMINISTERED NEARLY \$1 MILLION IN GRANTS TO SUPPORT SERVICES TO 9,000 COUNTY YOUTH  *ADMINISTERED NEARLY \$900,000 IN CARES GRANTS ACROSS HAMILTON, CLERMONT, GRANT, KENTON, AND BOONE COUNTIES TO SUPPORT EMERGENCY SHELTER, FOOD AND FINANCIAL ASSISTANCE FOR RENT, MORTGAGE, AND UTILITY PAYMENTS.</p> <p>SUPPORTING FAMILIES THROUGH DIRECT RELIEF EFFORTS</p> <p>UWGC'S WORK IN THIS STRATEGY:</p> <p>*INVESTING MORE THAN \$1.7 MILLION IN DIRECT RELIEF AND LEVERAGING AN ADDITIONAL \$390,000 IN RESOURCES THROUGH DONATIONS AND VOLUNTEER TIME.  *DISTRIBUTING \$160,000 IN GIFT CARDS FOR FOOD AND OTHER ITEMS TO NEARLY 4,000 HAMILTON COUNTY FAMILIES FACING FINANCIAL CHALLENGES.  *PARTNERING WITH FAMILY INDEPENDENCE INITIATIVE TO DISTRIBUTE \$225,000 IN RENTAL ASSISTANCE TO 300 FAMILIES.  *DISTRIBUTING NONPROFIT RELIEF FUNDS THROUGH UNITED WAY'S PROJECT LIFT, PROVIDING NEARLY \$250,000 TO 350 HOUSEHOLDS, SUPPORTING 965 INDIVIDUALS.  *PREPARING TAX RETURNS FOR 8,447 HOUSEHOLDS THROUGH THE SUPPORT OF MORE THAN 400 VOLUNTEERS.</p> <p>IN ADDITION, UNITED WAY HELPED MANY FAMILIES NAVIGATE COMMUNITY RESOURCES AND SERVICES. UNITED WAY'S 211 HELPLINE SERVED AS A ONE-STOP SHOP FOR RELIEF, FIELDING MORE THAN 132,400 REQUESTS FOR SERVICES. OUR HAMILTON COUNTY CARE COORDINATION EFFORT REACHED OUT TO QUARANTINED HOUSEHOLDS, SUPPORTING MORE THAN 5,000 HAMILTON COUNTY RESIDENTS AND DISTRIBUTING 207 HEALTH KITS AND 328 FOOD KITS.</p> <p>EMPOWERING FAMILIES TO GET HELP WHERE THEY LIVE, WORK AND WORSHIP</p> <p>THE WORK IN THIS STRATEGY INCLUDED:</p> <p>*SUPPORTING 220 FAITH-BASED PARTNERS WITH GRANTS (\$152,000) AND PERSONAL PROTECTION EQUIPMENT (\$500,000 WORTH.)  *SUPPLYING 400 EDUCATIONAL AND COMMUNITY PARTNERS WITH NEARLY 1 MILLION MASKS AND OTHER PERSONAL PROTECTION EQUIPMENT.</p>

Return Reference - Identifier	Explanation
	<p>*PROVIDING \$41,500 IN GRANTS TO 19 EARLY EDUCATION PROVIDERS AND SIMILAR ORGANIZATIONS LOCATED ACROSS GREATER CINCINNATI.            *PARTNERING WITH COMMUNITY ORGANIZATIONS TO HOST MOBILE PANTRIES IN OHIO'S CLERMONT AND BROWN COUNTIES, PROVIDING 2,400 HOUSEHOLDS SHELF STABLE FOOD, FRESH FRUITS AND VEGETABLES AND CRITICAL HOUSEHOLD ITEMS.</p>
<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION</p>	<p>DONOR DESIGNATIONS</p> <p>AS PART OF THE UWGC CAMPAIGN, DONORS MAY DESIGNATE ALL OR A PORTION OF THEIR PLEDGE TO A UWGC INITIATIVE OR IMPACT AREA, A UWGC AGENCY PARTNER, OR ANOTHER UNITED WAY. SOME DONORS ARE ABLE TO DESIGNATE TO ANY 501(C)(3) ORGANIZATION, BASED ON THEIR COMPANY'S GIVING PLATFORM. ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UWGC UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING. 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. DESIGNATIONS RECEIVED IN THE FALL CAMPAIGN ARE DISTRIBUTED THE FOLLOWING YEAR BASED UPON AMOUNTS COLLECTED.</p>
<p>FORM 990, PART III, LINE 4C - DIRECT SERVICES</p>	<p>DIRECT SERVICES ARE SERVICES PROVIDED BY UWGC, SUCH AS UNITED WAY 211 AND UNITED WAY VOLUNTEER CONNECTION.</p> <p>UNITED WAY 211 LINKS PEOPLE TO SERVICES AND VOLUNTEER OPPORTUNITIES. UNITED WAY 211 IS AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK TO PEOPLE IN: HAMILTON, CLERMONT, BROWN, AND BUTLER COUNTIES AND MIDDLETOWN IN OHIO; BOONE, KENTON, CAMPBELL, AND GRANT COUNTIES IN KENTUCKY; AND DEARBORN, JEFFERSON, OHIO, RIPLEY, AND SWITZERLAND COUNTIES IN INDIANA.</p> <p>UNITED WAY VOLUNTEER CONNECTION STRIVES TO INCREASE THE EFFECTIVENESS AND PARTICIPATION OF ALL SEGMENTS OF VOLUNTEER RESOURCES THROUGH RECRUITMENT, TRAINING, EDUCATION, AND RECOGNITION.</p>
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$289,335 INCLUDING GRANTS OF )(REVENUE \$563,931)</p> <p>CENTRAL SERVICES</p> <p>CENTRAL SERVICES INCLUDE SELF-SUPPORTING PROGRAMS WHICH SERVE UWGC'S OPERATING DIVISIONS AND OTHER NON-PROFIT ORGANIZATIONS. THESE FEE-PRODUCING PROGRAMS INCLUDE GROUP EMPLOYEE BENEFITS ADMINISTRATION, BUILDING AND GROUNDS MANAGEMENT AND ACCOUNTING.</p>
<p>FORM 990, PART IV, LINE 28C - CHECKLIST OF REQUIRED SCHEDULES</p>	<p>UWGC BOARD MEMBERS ARE REPRESENTATIVE OF THE COMMUNITY THAT UWGC SERVES. THEREFORE, SEVERAL BOARD MEMBERS HAVE RELATIONSHIPS WITH OTHER ORGANIZATIONS WITH WHICH UWGC DOES BUSINESS. HOWEVER, THESE RELATIONSHIPS ARE APPROPRIATE AS THESE TYPES OF TRANSACTIONS ARE DONE IN THE NORMAL COURSE OF BUSINESS.</p>
<p>FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS</p>	<p>UWGC MADE THE FOLLOWING SIGNIFICANT CHANGES TO THE CODE OF REGULATIONS:</p> <ul style="list-style-type: none"> <li>* REDUCED MAXIMUM NUMBER OF DIRECTORS TO 40.</li> <li>* CHANGED THE QUORUM FOR THE BOARD OF DIRECTORS TO ONE HALF.</li> <li>* ELIMINATED THE EX OFFICIO DIRECTOR POSITIONS OTHER THAN FOR THE CURRENT UWGC PRESIDENT/CEO.</li> <li>* CHANGED THE REQUIRED 3 BOARD COMMITTEES TO EXECUTIVE/COMPENSATION COMMITTEE, GOVERNANCE COMMITTEE, AND FINANCE AND AUDIT COMMITTEE.</li> <li>* ELIMINATED SECTIONS ON AGENCY PARTNERS AND ON THE LEADERSHIP COUNCIL FOR NONPROFITS.</li> </ul> <p>THESE CHANGES WERE APPROVED BY THE BOARD OF DIRECTORS IN AUGUST 2020.</p>
<p>FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY</p>	<p>GOVERNING BODY AND MANAGEMENT</p> <p>THE 2020 FORM 990 WAS PREPARED BY THE FINANCE STAFF AND THEN REVIEWED BY THE CONTROLLER AND CHIEF FINANCIAL OFFICER (CFO), THE FINANCE AUDIT AND COMPLIANCE COMMITTEE, AND BKD, LLP, UWGC'S AUDIT FIRM. THE FORM 990 WAS PROVIDED TO THE BOARD FOR THEIR REVIEW PRIOR TO FILLING THE FORM 990 THROUGH A SECURE PORTAL. QUESTIONS OR COMMENTS FROM BOARD MEMBERS REGARDING THE FORM 990 WERE DIRECTED TO THE CFO.</p>
<p>FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY</p>	<p>POLICIES</p> <p>UWGC STAFF AND VOLUNTEERS ARE REQUIRED TO ACKNOWLEDGE THAT THEY HAVE RECEIVED AND READ THE UWGC CODE OF ETHICS (CODE) AND ITS REQUIREMENTS AND THAT THEY ARE RESPONSIBLE FOR ADHERING TO THE PRINCIPLES AND STANDARDS OF THE CODE. THEY CONFIRM THAT THEY HAVE CONDUCTED THEMSELVES IN ACCORD WITH THE PRINCIPLES AND STANDARDS OF THE CODE.</p> <p>MEMBERS OF THE BOARD, CABINETS AND SOME COMMITTEES AND UWGC STAFF ARE REQUESTED TO ANNUALLY FILE WITH THE CHIEF FINANCIAL OFFICER (CFO) A DISCLOSURE OF ALL KNOWN POTENTIAL CONFLICTS OF INTEREST. THE ETHICS OFFICER REVIEWS THESE DISCLOSURES, NOTES ANY POTENTIAL CONFLICTS, REQUESTS ADDITIONAL INFORMATION AND/OR DISCUSSES THE POTENTIAL CONFLICT WITH THE INDIVIDUAL, IF NECESSARY.</p> <p>IF A CONFLICT (OR A POTENTIAL CONFLICT) ARISES IN ANY MATTER BEFORE THE BOARD, IF THEY ARE BOARD MEMBERS, OR ANY COMMITTEE UPON WHICH THEY SERVE, STAFF/VOLUNTEERS SHOULD DISCLOSE THIS AND REFRAIN FROM VOTING IN CONNECTION WITH SUCH MATTER. SUCH KNOWN CONFLICTS WOULD INCLUDE BOARD MEMBERSHIP/OFFICER POSITION ON UWGC FUNDED AGENCIES OR OTHER FUNDED PROGRAMS/COLLABORATIONS.</p>

Return Reference - Identifier	Explanation							
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>POLICIES</p> <p>UWGC USES THE FOLLOWING PROCESS FOR DETERMINING THE COMPENSATION OF OFFICERS, KEY EMPLOYEES AND THE HIGHEST COMPENSATED EMPLOYEES: THE UWGC CODE OF REGULATIONS STATES THE BOARD IS RESPONSIBLE FOR SUPERVISING ALL ASPECTS OF RUNNING THE BUSINESS, BUT CAN DELEGATE CERTAIN DECISIONS TO THE OFFICERS OF THE ORGANIZATION. THE REVIEW OF COMPENSATION CHANGES AT THE PRESIDENT/CEO LEVEL ARE APPROVED BY THE EXECUTIVE COMMITTEE FORMED FROM THE BOARD WHICH SERVES AS EXECUTIVE COMPENSATION COMMITTEE. IN MARCH, 2020 MOIRA WEIR WAS HIRED AS CEO OF UWGC AND HER COMPENSATION WAS DETERMINED BY THE UWGC EXECUTIVE COMMITTEE. WEIR THEN IDENTIFIED HER LEADERSHIP TEAM INCLUDING NAMING CHARLES WRIGHT AS CHIEF OPERATING OFFICER WITH RESPONSIBILITY FOR, AMONG OTHER THINGS, FINANCIAL OPERATIONS. WEIR REVIEWED COMPENSATION FOR ALL MEMBERS OF HER LEADERSHIP TEAM WITH THE CHAIR AND VICE CHAIR OF THE BOARD.</p>							
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	SEE THE SCHEDULE O DISCLOSURE FOR FORM 990, PART VI, LINE 15A.							
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>DISCLOSURE</p> <p>UWGC'S MOST RECENTLY AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE AT WWW.UWGC.ORG. UWGC MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.</p>							
FORM 990, PART VII, SECTION A - OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES	<p>UWGC BOARD MEMBERS WHOSE TERM EXPIRED IN APRIL 2020 OR WHO LEFT THE BOARD FOR VARIOUS REASONS DURING 2020 ARE AS FOLLOWS:</p> <ol style="list-style-type: none"> <li>1. ROSS MEYER</li> <li>2. ALFONSO CORNEJO</li> <li>3. ANNE LYNCH</li> <li>4. BRIAN COLEY</li> <li>5. BRIAN COX</li> <li>6. BRIAN ROBINSON</li> <li>7. CARL SATTERWHITE</li> <li>8. DAVID FAULK</li> <li>9. DAVID GOOCH</li> <li>10. DAVID PHILLIPS</li> <li>11. GARREN COLVIN</li> <li>12. HEIDI SHORE</li> <li>13. INGA MCGLOTHIN</li> <li>14. JEFF O'NEIL</li> <li>15. KENNETH STECHER</li> <li>16. KIMBERLY HALBAUER</li> <li>17. MARCIA VOORHIS ANDREW</li> <li>18. MARK CLEMENT</li> <li>19. MARK JAHNKE</li> <li>20. MELVIN GRAVELY</li> <li>21. MICHAEL FILOMENA</li> <li>22. NEVILLE PINTO</li> <li>23. PAIGE STEPHENS</li> <li>24. PETER MCLINDEN</li> <li>25. REBECCA RAHSCHULTE</li> <li>26. RENITA JOES-STREET</li> <li>27. TRACEY GRABOWSKI</li> <li>28. TREY GRAYSON</li> <li>29. WILLIAM BUTLER</li> <li>30. MATTHEW VAN SANT</li> </ol>							
FORM 990, PART VII, SECTION A, LINE 1A - STATEMENT OF COMPENSATION	MOIRA WEIR'S AVERAGE HOURS WORKED PER WEEK FOR UWGC FOUNDATION WAS 1 HOUR.							
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%; text-align: center;">(a) Description</th> <th style="width: 20%; text-align: center;">(b) Amount</th> </tr> </thead> <tbody> <tr> <td>MARKET VALUE CHANGE IN BENEFICIAL INTEREST</td> <td style="text-align: right;">76,414</td> </tr> <tr> <td>LOSS ON SALE OF FIXED ASSETS</td> <td style="text-align: right;">61,168</td> </tr> </tbody> </table>		(a) Description	(b) Amount	MARKET VALUE CHANGE IN BENEFICIAL INTEREST	76,414	LOSS ON SALE OF FIXED ASSETS	61,168
	(a) Description	(b) Amount						
	MARKET VALUE CHANGE IN BENEFICIAL INTEREST	76,414						
LOSS ON SALE OF FIXED ASSETS	61,168							

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

UNITED WAY OF GREATER CINCINNATI

Employer identification number

31-0537502

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNITED WAY OF GREATER CINCINNATI FOUNDATION (31-1064812) 2400 READING ROAD, CINCINNATI, OH 45202	HUMAN SERVICE	OH	501(C)(3)	12 TYPE I	UWGC	✓	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**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 had one or more related organizations treated as a partnership 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) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	✓	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	✓	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	✓	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	✓	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	✓	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	✓	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	✓	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
UNITED WAY OF GREATER CINCINNATI FOUNDATION	C	1,209,500	BOOK VALUE
(1) UNITED WAY OF GREATER CINCINNATI FOUNDATION	O	92,463	BOOK VALUE
(2) UNITED WAY OF GREATER CINCINNATI FOUNDATION	L	125,198	BOOK VALUE
(3)			
(4)			
(5)			
(6)			



**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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST 425 WALNUT STREET, CINCINNATI, OH 45202	GRANT MAKING	IL	N/A	TRUST				✓	