DLN: 93493273009180

OMB No. 1545-0047

2019

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

 \blacktriangleright Go to $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

Open to Public Inspection

A F	or the	2019 c	alendar year, or tax year beginr	ing 01-01-2019 , and ending 12-3	31-201	9				
B Che	ck if ap	oplicable:	C Name of organization United Way of Greater Cincinnati				D Employ	er iden	tification	number
		change	Officed way of Greater Chichinati				31-053	7502		
	me cha	-	Doing business as							
	tial return	urn ı/terminated	5 ting 5 times as							
		return	Number and street (or P.O. box if ma	il is not delivered to street address) Room/s	uite		E Telephon	ne numb	er	
□ Ар	plicatio	n pending	2400 Reading Road				(513) 7	62-710	00	
			City or town, state or province, count	ry, and ZIP or foreign postal code						
			Cincinnati, OH 45202				G Gross re	ceipts \$	295,890,6	36
			F Name and address of principal	officer:	H(a) Is this	a group re	turn fo	r	
			Moira Weir 2400 Reading Road			suboro	linates?			Yes 🗹 No
			Cincinnati, OH 45202		_ Н(Б) Are all include	subordinat	es		Yes 🗆 No
Ta:	x-exem	npt status:	✓ 501(c)(3)	nsert no.) 4947(a)(1) or 527			eur ." attach a l	ist. (se		
1 W	ebsite	e:▶ ww	w.uwgc.org		H(c)		exemption	•		
						·				
K Forr	n of or	ganization:	Corporation Trust Assoc	iation Other ►	L Year	r of forma	tion: 1920		te of legal o	domicile:
			·					ОН		
Pa	art I	Sum	mary							
			scribe the organization's mission or		DC ANT	ZATIONO	TO LIELD D	EOD! E	MEACUD	ADLV
e)			THEIR LIVES.	RING POWER OF INDIVIDUALS AND O	RGANIZ	ZATIONS	TO HELP P	EOPLE	MEASURA	ARLY
Governance	-									
Ē	-									
<u>¥</u>	-									
				ontinued its operations or disposed of body (Part VI, line 1a)	more th	ian 25%	of its net a		3	56
ಶ	1		•					_	1	54
Activities &			•	the governing body (Part VI, line 1b)			•	-		
E			, ,	endar year 2019 (Part V, line 2a) .			•	_	_	151
AC			•	essary)			•	-		6,614
•			elated business revenue from Part		7	_	0			
	b	Net unrel	ated business taxable income from	Form 990-T, line 39			•	7		
					<u> </u>	Pric	or Year		Curre	nt Year
ā			ions and grants (Part VIII, line 1h)				47,629,6	505		44,996,223
Ravenue	9	Program	service revenue (Part VIII, line 2g)		916,	573		648,843		
ş	10	Investme	ent income (Part VIII, column (A), lir		243,7	731		339,503		
	11	Other rev	enue (Part VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e)			144,7	707		46,992
	12	Total rev	enue—add lines 8 through 11 (mus	t equal Part VIII, column (A), line 12)			48,934,6	516		46,031,561
	13	Grants ar	nd similar amounts paid (Part IX, co	lumn (A), lines 1–3)			30,913,	745		34,521,579
	14	Benefits _I	paid to or for members (Part IX, col	umn (A), line 4)						(
8	15	Salaries,	other compensation, employee ber	efits (Part IX, column (A), lines 5-10)			13,119,0	016		8,004,324
Expenses	16a	Professio	nal fundraising fees (Part IX, colum	n (A), line 11e)						(
d)	b	Total fundr	raising expenses (Part IX, column (D), li	ne 25) ►4,724,926						
ū	17	Other exp	oenses (Part IX, column (A), lines 1	1a-11d, 11f-24e)			6,650,4	405		5,627,264
	18	Total exp	enses. Add lines 13–17 (must equa	l Part IX, column (A), line 25)			50,683,:	166		48,153,167
	19	Revenue	less expenses. Subtract line 18 from	m line 12			-1,748,5	550		-2,121,606
€ Q					Ве	ginning	of Current Y	ear	End o	of Year
Net Assets or Fund Balances										
Bag	20	Total ass	ets (Part X, line 16)				68,860,7	760		64,375,825
물물	21	Total liab	ilities (Part X, line 26)				33,629,8	313		31,057,326
Ζű	22	Net asset	s or fund balances. Subtract line 2	1 from line 20			35,230,9	947		33,318,499
	ırt II		ature Block							
				ned this return, including accompanying Declaration of preparer (other than off						
	nowle		1, it is true, correct, and complete.	beclaration of preparer (other than on	1001) 13	basea oi	T GII IIII OTTIII	acion o	winen p	cparci nas
		1 k								
		Signati	* ure of officer			2020 Date)-09-29			
Sign		Joighach	are or officer			Date	•			
Here	;		Weir President/CEO							
		17	r print name and title	I Bassasan ala si ana t	D-1	-	т.	DTI**		
		P	rint/Type preparer's name	Preparer's signature	Date	Che		PTI N P009618	384	
Paid		-	irm's name PVD IID				employed	.016020	50	
	pare	;1	irm's name ► BKD LLP				ı's EIN ► 44-	010026		
Use	On	ly F	irm's address ► 312 Walnut St Suite 300	0		Pho	ne no. (513)	621-830	00	
			Cincinnati, OH 45202							
May +	he ID	S discuss	this return with the preparer show	n ahove? (see instructions)			_		Yes 🗌	No.
inay t	ue try	o uiscuss	ans recarn with the preparer snow	n above: (see mistractions)			· · ·	_₹	. 162 L	110

Form	990 (20	019)					Page 2
Pa	rt III	Statement	of Program Ser	vice Accomplis	hments		
		Check if Schee	dule O contains a re	sponse or note to a	any line in this Part III		🗹
1	Briefly	describe the o	rganization's missio	n:			
UNIT LIVE:		LEADS AND M	OBILIZES THE CAR	ING POWER OF IND	DIVIDUALS AND ORGA	NIZATIONS TO HELP PEOPLE M	EASURABLY IMPROVE THEIR
2		-	, ,		,	which were not listed on	□ Yes ☑ No
			r 990-EZ?				□ Yes ▼ No
3		•	se new services on		changes in how it cond	duete any program	
J	service	es?	se changes on Sche		· · · · ·	· · · · · · · ·	. 🗌 Yes 🗹 No
4	Descri Section	, be the organiza n 501(c)(3) an	ation's program serv	vice accomplishmer ations are required	to report the amount	e largest program services, as n of grants and allocations to oth	
4a	(Code: See Ad	ditional Data) (Expenses \$	29,709,983	including grants of \$	25,491,540) (Revenue \$)
4b	(Code: See Ad	ditional Data) (Expenses \$	9,030,039	including grants of \$	9,030,039) (Revenue \$	79,904)
4c	(Code: See Ad	ditional Data) (Expenses \$	1,251,849	including grants of \$	0) (Revenue \$	35,209)
	(Code:) (Expenses \$	315,839	including grants of \$	0) (Revenue \$	613,633)
						perating divisions and other non-profit nagement and accounting.	t organizations. These fee-
4d			tes (Describe in Sch) (D	642 622)
	` '	nses \$		ncluding grants of) (Revenue \$	613,633)
<u>4e</u>	ıotal	program serv	rice expenses >	40,307,7	10		Form 990 (2019)

Form	prm 990 (2019) Page 3											
Pa	t IV Checklist of Required Schedules											
			Yes	No								
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes									
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes									
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No								
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes									
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5										
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No								
7	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>	7		No								
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No								
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No								
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes									
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.											
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes									
	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? If "Yes," complete Schedule D, Part VII	11b		No								
	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>	11c		No								
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No								
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No								
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes									
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No								
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes									
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No								
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No								
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes									
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes									
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No								
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No								
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes									
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a2 If "Yes."											

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

No

20b

21

Yes

	Checklist of Required Schedules (continued)			
ſ				
[Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
ā	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
t	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
[Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
[Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
(Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
ā	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	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):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
,	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Yes	
[Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
[Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
۱ (Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
5	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
art	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
	Full the many transfer Burg of Francisco File (1975)		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 73 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			

1c

Yes

-01111	290 (2019)			Page 5
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? 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).	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand	11-		Ne
	14a 14b		No	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	140		
	parachute payment(s) during the year?	15		No .
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to	lines
Se	ction A. Governing Body and Management			
		$\overline{}$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 56	- I		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 54			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
	- many - many - many -		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
6-	<u> </u>	16b		
<u>5e</u> 17	ction C. Disclosure 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)			
19	Describe in 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: Dawn Reynolds 2400 Reading Road Cincinnati, OH 45202 (513) 762-7100			

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. 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 below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week list any hours per week lis	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations 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. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 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) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or 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. 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. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's ta	Κ
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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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ 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 below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (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) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	related		
	See Additional Data Table												
													—
													—

Form	990 (2019)													Page 8
Pa	rt VII Section A. Officers, Direc	tors, Trustees	, Key	Emp	loye	es,	and	Higl	nest Compe	ısate	d Employees	(cont	tinued)	
	(A) Name and title	(B) Average hours per week (list any hours for related	than d	one b	ox, i in of tor/t	t che inle: ficer		son	(D) Reportab compensat from the organizati (W-2/109	ion e on	on compensation from related n organizations) ated of other sation the ion and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)		MISC)	relat organiza	ed	
See	Additional Data Table						"							
												+		
		1												
	Sub-Total				•		•							
	Total from continuation sheets to F Total (add lines 1b and 1c)	•					▶		836,8	76		0		67,929
2	Total number of individuals (includin of reportable compensation from the	g but not limited	to thos			bove	e) who	rec	eived more th	an \$10	00,000			
_	D. 1.1.	cc: I: I											Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>				ey e •		oyee,	or ni	gnest compen	sated • •	employee on	3		No
4	For any individual listed on line 1a, i organization and related organization individual										the	4	Yes	
5	Did any person listed on line 1a rece services rendered to the organization								_	r indi	vidual for	5		No
Se	ection B. Independent Contrac	tors												110
1	Complete this table for your five high from the organization. Report compe											mpen	sation	
	Name	(A) and business addre	255							Descr	(B) iption of services		(C Comper	
Strat	usLive LLC								Techr		Services		201111901	338,102
	College Park Square nia Beach, VA 23464													
	ersity of Cincinnati Clifton Avenue								Profes	ssional	Services			234,330
Cinci	nnati, OH 45220								Duefe		Camilaaa			105.033
	nons Supply Chain Solutions LLC Chestnut Ridge Dr								Profes	ssionai	Services			195,932
Cinci	nnati, OH 45230 Solutions								Profes	sional	Services			142,542
	Beechwood tchell, KY 41017													
Desig	n Impact								Profes	sional	Services			133,168
CINC	Oaklawn Drive INNATI, OH 45227	سا حسناسان مس	nat lie-	المطن			ادعامنا	ak -:	(a) whe ====:	ad	we then #100 co	۰۵ - ۴		
	Total number of independent contracto compensation from the organization >		. not IIM	iited 1	.o th	ose	nsted	apo\	ve) wno receiv	ea ma	ne than \$100,00	ot ot		

		(2019)	- f F	201100110						Page 9
Part	VIII				resno	onse or note to any	line in this Part VIII			\sqcap
		CHECK II SCHEC	-uiC	o contains d	, espc	and or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campa	igns	· .	1a	140,922		revenue		512 - 514
Grants Amounts		b Membership dues	5.	. [1 b					
6r3		c Fundraising even	ts .	. [1c	172,610				
Gifts, nilar A		d Related organizat	tions	· [1 d	1,305,500				
, <u>G</u>		e Government grants	(con	tributions)	1e	62,940				
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributio and similar amounts above	s not	included	1f	43,314,251				
fi b	!	g Noncash contributio lines 1a - 1f:\$	ns in	cluded in	1 g	2,248,690				
Contain and		h Total. Add lines :	1a-1	f		•	44,996,223			
						Business Code	,556,226			
	2a	RENTAL INCOME FRO	M AG	GENCIES		531120	257,218	257,218		
Program Service Revenue	b	CENTRAL SERVICES-	ACCC	DUNTING FEES		561499	105,100	105,100		
ice Re	c	c CENTRAL SERVICES-ADMINISTRATIVE SERVICES				561000	133,974	133,974		
n Serv	d	CENTRAL SERVICES-0	CITY	HUMAN SERVI	CES	900099	70,385	70,385		
rograr	e									
₫.	f	All other program	serv	rice revenue.			82,166	82,166		0 0
		Total. Add lines 2				648,843	_			
	3	Investment income similar amounts)		luding divide		nterest, and other	347,557	,		347,557
		Income from invest				ond proceeds	•			
	5	Royalties	_			•	•			
				(i) Rea	ıl	(ii) Personal	-			
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income								
		or (loss) I Net rental income	6c	(loss)			0			
		- Net rental mesme		(i) Securi		(ii) Other				
	7a Gross amount from sales of assets other			41,632	2					
	b	than inventory Less: cost or other basis and	7b	249,7	49,686	5	_			
	•	sales expenses Gain or (loss)	7c		-8,054	1	0			
		Net gain or (loss)			-	· · · •	-8,054			-8,054
Other Revenue	8a	Gross income from fu (not including \$ contributions reported		172,610 of						
e∧e		See Part IV, line 18	•	• • •	8a	41,503				
r R		Less: direct expen			8b	78,589				
the	C	Net income or (los	s) fr	om fundraisi	ng ev	ents 📂	-37,086			-37,086
	9a	Gross income from g See Part IV, line 19		ing activities.	9a					
	Ŀ	Less: direct expen	ses		9b					
	C	Net income or (los	s) fr	om gaming a	activit	ies \blacktriangleright				
	10	aGross sales of inve returns and allowa	entor	ry, less	10a	14,777				
	Ŀ	Less: cost of good	s sol	ld	10b	30,800				
	C	Net income or (los			invent		-16,023	3		-16,023
	11	Miscellaneou • a Refunds Anthem	us R	evenue		Business Code 90009	9 15,000			15,000
	_	.c. ands Andieni								
	t	Donor Designation	n Pro	ocessing Fees	5	90009	9 79,904	79,904		
	c	Miscellaneous Inco	ome			90009	9 5,197	,		5,197
	_	All other revenue					0			0 0
		TAII otner revenue Total. Add lines 1:				•				<u> </u>
	12	! Total revenue. Se	ee ir	nstructions .			100,101			
							46,031,561	728,747	7	0 306,591 Form 990 (2019)

P	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organizatio	ns must complete colu	mn (A).
	Check if Schedule O contains a response or note to a		_		🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	34,432,517	34,432,517		· .
2	Grants and other assistance to domestic individuals. See Part IV, line 22	89,062	89,062		
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	250,517	75,155	75,155	100,207
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	5,837,240	2,495,517	1,445,348	1,896,375
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	751,829	351,247	156,606	243,976
9	Other employee benefits	725,371	320,080	177,381	227,910
10	Payroll taxes	439,367	200,519	93,229	145,619
	Fees for services (non-employees):				
	Management				
	Legal	32,047		32,047	
	Accounting	70,110		70,110	
	-	37,714		37,714	
	Lobbying	37,714		37,714	
	Professional fundraising services. See Part IV, line 17			_	
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,361,070	956,412	213,430	191,228
12	Advertising and promotion	128,141	62,235	24,823	41,083
13	Office expenses	249,376	96,333	88,532	64,511
14	Information technology	1,154,630	384,408	136,038	634,184
15	Royalties				
16	Occupancy	478,953	39,124	181,048	258,781
17	Travel	74,831	37,432	11,997	25,402
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	183,885	69,413	22,439	92,033
20	Interest	2,773	1,229	659	885
21	Payments to affiliates	526,000	233,123	125,083	167,794
22	Depreciation, depletion, and amortization	664,813	294,672	158,036	212,105
23	Insurance	98,313	48,219	16,763	33,331
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a ALLOCATION TO RED CROSS	242,700			242,700
	b MISCELLANEOUS EXPENSE	321,908	121,013	54,093	146,802
	С				
	d				
	e All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	48,153,167	40,307,710	3,120,531	4,724,926
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

Assets

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12

13

14

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16

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18

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21

23

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25

26

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32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Page 11

500 4,089,626 27,582,751 1,573,678

400.000

21.550

116,501

12,144,076

17,352,864

1,094,279

64,375,825

2,201,364

28.747.290

82.890

25,782

31.057.326

29.024,798

4,293,701

33,318,499

64,375,825

Form 990 (2019)

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

Notes and loans receivable, net

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11

Prepaid expenses and deferred charges . .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Tax-exempt bond liabilities . . .

Accounts payable and accrued expenses .

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

	Beginning of year		End of year
Cash-non-interest-bearing	500	1	
Savings and temporary cash investments	2,859,583	2	4,
Pledges and grants receivable, net	32,167,213	3	27,

17,605,768

5,461,692

400.000

30.634

262,371

12,690,631

15,323,503

950,398

68,860,760

4,713,863

28.080.190

18,787

816,973

33.629.813

28,220,985

7,009,962

35,230,947

68,860,760

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2	Savings and temporary cash investments	2,859,583	2	
3	Pledges and grants receivable, net	32,167,213	3	
4	Accounts receivable, net	4,175,927	4	
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled	o	5	

10a

10b

1 -	Treages and grants receivable, her	,,=	_	
4	Accounts receivable, net	4,175,927	4	
5	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	5	
6	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	6	

3a

3h

No

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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 in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software Version: 2019v5.0

EIN: 31-0537502 Name: United Way of Greater Cincinnati

Software ID: 19010655

Form 990 (2019)

Form 990, Part III, Line 4a: Community Impact Solutions See Schedule O

Form 990, Part III, Line 4b: DONOR DESIGNATIONS See Schedule O Form 990, Part III, Line 4c: DIRECT SERVICES See Schedule O

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) organizations organization (Wfrom the

Officer

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Key employee

Highest compensated employee

Former

2/1099-MISC)

224,750

(W- 2/1099-

MISC)

organization and

related

organizations

25,766

0

0

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	
	for related organizations below dotted line)	individual trustee or director
Barbara Turner	2.0	
Board, Vice Chair, New 2019		X
Mary Miller	2.0	
Vice Chair-Board, Community Impact		X
Ross Mever	59.0	

and Independent Contractors

Ross Meyer

Steven Shifman

Tillie Hidalgo Lima

Board Chair

Adam Hall

Board Member

Alfonso Cornejo

Board Member

Board Member

Board Member

Archie Brown

Board Member, New 2019

Anne Lynch

Alicia Bond-Lewis

Interim President & CEO

Secretary, Termed 2019

(A) Name and Title **(D)** Reportable (B) (C) (E) (F) Average Position (do not check more Reportable Estimated than one box, unless person hours per compensation compensation amount of other is both an officer and a week (list from the from related compensation the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Cary Sierz

Board Member

Board Member

Board Member

David Faulk

Charles Session Jr

	any hours	1	direct			ee)	•	organization (W-	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
Ashish Vaidya	1.0	×							0	0	
Board Member, New 2019		^							٥	0	
Brian Coley MD FACR	1.0								0	0	
Board Member		×									
Brian Cox	1.0										

Board Member, New 2019							
Brian Coley MD FACR	1.0	_			0	0	
Board Member		^			0	0	
Brian Cox	1.0	X			0	0	
Board Member		_ ^			0	0	
Brian Robinson	1.0				0	0	

Brian Cox	1.0	l x			0		0
Board Member		^			0		0
Brian Robinson	1.0	1					
Board Member		X			0	0	U
Candace McGraw	1.0	1					
Board Member, Termed 2019		X			0	0	0
Carl Satterwhite	1.0						
		Ιv			l n	l n	0

Board Member							
Candace McGraw	1.0	v			0	0	
Board Member, Termed 2019		_ ×			U	U	U
Carl Satterwhite	1.0	V					
Board Member		×			O	O	U
Carolyn Pione Micheli	1.0	V			0		
Board Member Termed 2019		×			U	0	U

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Candace McGraw	1.0	X			0	_	
Board Member, Termed 2019		^				٥	
Carl Satterwhite	1.0	X				0	
Board Member		X			0		
Carolyn Pione Micheli	1.0	V				0	
Board Member, Termed 2019		Х			0	0	
Cary Sierz	1.0						

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person compensation compensation amount of other hours per is both an officer and a week (list from the from related compensation the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Fernando Figueroa

Board Member

Garren Colvin

Board Member

Gary Heiman

Gary Huffman

Gerald Sparkman

Board Member

Board Member, Termed 2019

Board Member, Termed 2019

	any hours	.5.5	direct	or/ti	rust	ee)	•	organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
David Gooch	1.0	X						0	0	0
Board Member		^						0	٥	0
David Phillips	1.0							0	0	0
Board Member		Х						U	٥	0
Deborah Hayes	1.0	V							0	0
Board Member		X								0
Eddie Tyner	1.0	V							0	0

		l X	ı	 	I	1 (1	(1)	
Board Member		,,					J	
Deborah Hayes	1.0	V				0	0	
Board Member		^				0	0	
Eddie Tyner	1.0	V				0	0	
Board Member		X				U	0	
Fric Kearney	1.0							

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Deborah Hayes	1.0				0	_	
Board Member		^				0	
Eddie Tyner	1.0	x				0	
Board Member		^			0	0	
Eric Kearney	1.0	V					
Board Member		X				٥	

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

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Institutional

Truste

Key employee

Individual trustee or director

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Highest compensated employee

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(W- 2/1099-

MISC)

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related

organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

any hours for related organizations below dotted line)
1.0
1.0

and Independent Contractors

Heidi Shore

Board Member

Inga McGlothin

Board Member

James Sowar

Board Member

Board Member

Board Member

Board Member, Termed 2019

Board Member, Chair NKY Area

Jay Brewer

Jeff O'Neil

Jill Mever

Jim Scott

Board Member

Kenneth Stecher

Board Member

Board Member

Kim Chiodi

Kasey Bond

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee)

Officer

employee

Institutional

Trustee

Individual trustee or director

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Highest compensated employee

Former

organization (W-

2/1099-MISC)

organizations

(W-2/1099-

MISC)

from the

organization and

related

organizations

any hours

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Kimberly Halbauer

Board Member

Board Member

Mark Clement

Board Member

Mark Jahnke

Board Member

Melvin Gravely

Board Member

Michael Comer

Michael Filomena

Monica Posey EdD

Board Member

Board Member

Matthew Van Sant

Marcia Voorhis Andrew

Board Member, Chair Middletown Area

Board Member, Chair Eastern Area

Vice Chair, Board - Accountability & Services

Kip Heekin

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person hours per compensation compensation amount of other week (list is both an officer and a from related from the compensation from the

organization and related organizations

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	(direct	or/ti	rust	ee)		organization (W-	organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)
Neville Pinto PhD	1.0	Х						0	
Board Member									
Paige Stephens	1.0	x						0	
Board Member		^							
Peter McLinden	2.0	l							
Board Member, Chair, Community Services		X						0	
R Michael Prescott	1.0	Х						0	

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and Independent Contractors

Board Member, Termed 2019

Board Member, Termed 2019

Board Member, Chair D&O Counties

Board Member, Chair Leadership Council of

Board Member, Chair Volunteer Connection

Rebecca Rahschulte PhD

Renita Jones-Street

Board Member Roni Luckenbill

Nonprofits

Scott Phillips

Sean Rugless

Board Member

Thomas Vaughan

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Jennifer Ingram

Leshia Lyman

Mike Baker

Vice President, Success By 6

Interim SVP, Community Impact

Vice President, Diversity Equity & Inclusion

	1 2	'		.,		,				
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Timothy Elsbrock	3.0	x						0	0	0
Immediate Past Chair		_ ^						٥	0	٥
Tracey Grabowski	1.0	×						0	0	0
Board Member		^						0	0	0
	1.0									

			4,		ted			
Timothy Elsbrock	3.0	×				0	0	
Immediate Past Chair		^				0	0	
Tracey Grabowski	1.0	×					0	
Board Member		^				0	0	
Trey Grayson	1.0	×					0	
Board Member		_ ^				0	0	
William Butler	1.0	×				0	0	

Tracey Grabowski	1.0	l .			0	0	,
Board Member		^			0	0	
Trey Grayson	1.0	V			0		
Board Member		_ ×			0	U	
William Butler	1.0	\ _\ \			0		
Board Member		_ ×			0	U	
Charles Wright	50.0			~	127 781	0	6 287

Board Member							
William Butler	1.0	V			0	0	0
Board Member		^			U	0	U
Charles Wright	50.0				127,781	0	6,287
Interim SVP, Strategy Officer				X	127,761	0	0,267
Holly End	50.0			٧.	4.40.000		020
			1 1	Х	140,088	0	820

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114,250

108,543

121,464

14,949

14,320

5,787

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Charles Wright	50.0			_	127,781	0	
Interim SVP, Strategy Officer				^	127,761		
Holly End	50.0			V	1.40.000		
SVP, Development				Х	140,088	0	
Jannifey Inguan	40.0						

40.0

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efil	e GR/	<u>APHIC prii</u>	nt - DO NOT PROC	CESS	As Filed Data -			DLN: 9	3493273009180
SCI	HED	ULE A	Duk	dic C	harity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047
	m 99		Complete if	the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form 9	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 10-EZ.	r a section	2019
		f the Treasury	► Go to <u>w</u> ı	ww.irs.	<i>gov/Form990</i> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	he organiza of Greater Cinci						Employer identific	ation number
								31-0537502	
	rt I		for Public Charity a private foundation b					See instructions.	
1 1	rganiz		onvention of churches		•	•		(A)(i)	
2		·							
			scribed in section 17			,			
3		·	or a cooperative hospi		-			•	orkers Alexa December Ha
4	Ц	name, city,		operate	d in conjunction with	a nospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		-	ation operated for the (iv). (Complete Part I		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local governn	nent or	governmental unit de	scribed in sectio	on 170(b)(1)(A	۱)(v).	
7	✓		ation that normally red O(b)(1)(A)(vi). (Co			s support from a	governmental u	ınit or from the gener	al public described in
8			ty trust described in s	-	•	(Complete Part I	I.)		
9			ural research organiza ant college of agricult						ege or university or a
10		from activit investment	ies related to its exen	npt fund d busine	tions—subject to ceress taxable income (le	tain exceptions,	and (2) no more	ns, membership fees, than 331/3% of its su sses acquired by the c	
11			ation organized and o			r public safety. S	ee section 509	(a)(4).	
12		more public		ations de	escribed in section 5	09(a)(1) or se	ction 509(a)(2	s of, or to carry out th). See section 509(a s 12e, 12f, and 12a.	
a		Type I. A so	supporting organization	n opera ularly ap	ted, supervised, or c	ontrolled by its s	upported organiz	zation(s), typically by of the supporting orga	
b		manageme		rganiza	tion vested in the sar			organization(s), by ha ge the supported orga	
С								nd functionally integra	ited with, its
d		Type III n	integrated. The orga	grated nization	. A supporting organi generally must satis	ization operated fy a distribution	in connection wi	I nd E. th its supported orgar I an attentiveness req	
e		Check this	 You must comple box if the organization or Type III non-funct 	receiv	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organiz			-		<u> </u>	
g	Provi	de the follow	ing information about	the sup	oported organization(s).			
	(i) N	Name of supp organization		EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			<u> </u>						
Tota		uouk Dad	tion Act Notice, see	the To	atmestices for	Cat. No. 11285	<u> </u>	 	90 or 990-EZ) 2019

Page 2

	If the organization falled	to quality unde	er the tests listed	below, please	complete Part II	1.)	
<u>S</u>	Section A. Public Support						
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not	61,677,581	60,045,401	59,500,934	47,629,605	44,996,2	23 273,849,744
2	include any "unusual grant.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to						0
_	the organization without charge	61 677 501	CO 04E 401	F0 F00 024	47.620.605	44.006.3	22 272 040 744
	Total. Add lines 1 through 3 The portion of total contributions by	61,677,581	60,045,401	59,500,934	47,629,605	44,996,2	23 273,849,744
5	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						14,412,305
6	(f) Public support. Subtract line 5 from line 4.						259,437,439
S	Section B. Total Support						
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	(or fiscal year beginning in) ▶						
7 8	Amounts from line 4 Gross income from interest.	61,677,581	60,045,401	59,500,934	47,629,605	44,996,2	273,849,744
•	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,029,078	772,319	358,448	358,390	347,5	2,865,792
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	148,345	15,672,549	172,847	190,023	100,1	01 16,283,865
11	Total support. Add lines 7 through 10						292,999,401
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	5,555,178
13	First five years. If the Form 990 is f	or the organization	n's first, second, th	ird, fourth, or fifth	tax year as a sec	tion 501(c)(3)	organization,
	check this box and stop here						▶ □
S	ection C. Computation of Publi						
14	D 11: 1 1 2010 (1)			column (f))		14	88.55 %
	Public support percentage for 2018 So					15	89.18 %
	33 1/3% support test—2019. If the						
100	and stop here. The organization qua						
b	, 33 1/3% support test—2018. If the	ne organization did	not check a box o	on line 13 or 16a, a	and line 15 is 33 1	/3% or more, c	heck this
17 a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	t— 2019. If the order meets the "facts	ganization did not s-and-circumstanc	check a box on lines" test, check this	ie 13, 16a, or 16b, s box and stop he	, and line 14 re. Explain	▶ ⊔
b	organization	st—2018. If the o zation meets the "	rganization did no facts-and-circums	t check a box on li tances" test, check	ne 13, 16a, 16b, o this box and sto j	or 17a, and line p here.	
18	supported organization						▶□
-							. □

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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? If "Yes," provide detail in Part VI.
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Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	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 Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in Part VI). See instructions	sive (provide		
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions if any for years prior to 2019			

7 Total annual distributions. Add lines 1 through 6.					
Distributions to attentive supported organizations to who details in Part VI). See instructions					
9 Distributable amount for 2019 from Section C, line 6	9 Distributable amount for 2019 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.					
3 Excess distributions carryover, if any, to 2019:					
a From 2014					
b From 2015					
c From 2016					

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
Total of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017		

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

d Excess from 2018.

e Excess from 2019.

Schedule A (Form 990 or 990-EZ) 2019 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). **Facts And Circumstances Test** 990 Schedule A, Supplemental Information Return Reference Explanation Schedule A, Part II, Line 10 DESCRIPTION - MISCELLANEOUS, COLUMN A - 148345.0, COLUMN B - 156501.0, COLUMN C - 172847.0 , COLUMN D - 190023.0, COLUMN E - 100101.0, COLUMN F - 767817.0; DESCRIPTION - GAIN ON FOR Other Income GIVENESS OF DEBT, COLUMN A - , COLUMN B - 12117200.0, COLUMN C - 0.0, COLUMN D - , COLUMN E - , COLUMN F - 12117200.0: DESCRIPTION - GAIN ON NEW MARKET TAX CREDITS, COLUMN A - , CO

LUMN B - 3398848.0, COLUMN C - 0.0, COLUMN D - , COLUMN E - , COLUMN F - 3398848.0;

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493273009180

Open to Public Inspection

Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

		01(c)(3)) organizations: Complete Parts	s I-A and C below.	Do not complete Part I-B.	
	Section 527 organizations: Complete organization answered "Yes" or	e Part I-A only. n Form 990, Part IV, Line 4, or Form 9	90-EZ. Part VI. lir	ie 47 (Lobbyina Activities	s), then
		have filed Form 5768 (election under s			
		have NOT filed Form 5768 (election ur			
	e organization answered "Yes" or xy Tax) (see separate instruction:	n Form 990, Part IV, Line 5 (Proxy Ta: s)_then	() (see separate i	nstructions) or Form 990-	-EZ, Part V, line 35c
	Section 501(c)(4), (5), or (6) organiz				
	ne of the organization			Employer iden	tification number
Unit	ed Way of Greater Cincinnati			31-0537502	
Par	t I-A Complete if the orga	nization is exempt under section	n 501(c) or is	a section 527 organiz	zation.
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political car	npaign activities ir	Part IV (see instructions f	or definition of
2	Political campaign activity expend	litures (see instructions)		>	\$
3		aign activities (see instructions)			
Par	t I-B Complete if the organ	nization is exempt under section	n 501(c)(3).		
1	Enter the amount of any excise ta	ax incurred by the organization under se	ection 4955	>	\$
2	Enter the amount of any excise ta	ax incurred by organization managers u	nder section 4955	>	\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV.				
Par	t I-C Complete if the organ	nization is exempt under section	n 501(c), exce	ept section 501(c)(3)	•
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities 🕨	\$
2		anization's funds contributed to other o			\$
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and o	n Form 1120-POL,	line 17b ▶	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments. For of political contributions received	employer identification number (EIN) of each organization listed, enter the am that were promptly and directly deliver see (PAC). If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds. olitical organization, such a	Also enter the amount
	(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,
1					enter -0
2					
3					
4					
5					
6 For P	anerwork Reduction Act Notice con-	the instructions for Form 990 or 990-EZ.		Na F0004C Sahadula C./	Form 000 or 000 E71 2010
	apei work neuacion Act Notice, see i		Cat.	No. 50084S Schedule C (Form 990 or 990-EZ) 2019

1.500.000

Sche	dule C (Form 990 or 990-EZ) 2019				Р	age 3
	Complete if the organization is exempt under section 501(c)(3) and has NOT fill Form 5768 (election under section 501(h)).	ed				5
	`	(a)		(b)	
For e activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ty.	Yes	No	,	Amour	nt
1	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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r secti	on		
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		<u> </u>
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				501(c	:)(6)
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a b	Current year	2a 2b				
c	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3				
4	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?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	rt IV Supplemental Information					

Provide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-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.

Return Reference Explanation

Schedule C, Part II-A Lobbying Activities

. 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. 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. In 2019, United Way of Greater Cincinnati recorded expenditures of \$ 235,512 for the Public Policy and Government Relations function. This amount provided salaries for approximately 1.2 full-time equivalent staff positions. This total amount included salaries, benefits, travel, travel related expenses and meetings. Of the total amount spent on public policy no more than 15% or \$35,327 was spent on lobbying and of that amount \$32,854 was spent on direct lobbying and \$2,473 was spent on grassroots lobbying. In 2019, 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: * 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. st 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. 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. Through service contracts, we spent: * \$37,714 to Top Shelf Lobby LLC to advocate for early childhood education in Kentucky. Of that amount, no more than \$18,857 was spent on direct lobbying. We made the following allocations to nonprofit organizations for education, advocacy or lobbying about public sector policies or funding: * \$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. st \$26,000 to Children Inc. to advocate on behalf of early care and education in Kentucky. Of that amount no more than \$6,240 was spent on direct lobbying and no more than \$1,560 was spent on grassroots lobbying. st \$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. \$30,000 to Ohio Justice & Policy Center to advocate for removing employment barriers for people with criminal records in Ohio. Of that amount no more than \$2,250 was spent on direct lobbying and no more than \$6,750 was spent on grassroots lobbying. * \$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. st \$50,000 to

Prichard Committee to advocate on behalf of early care and education in Kentucky. Of that amount no more

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As Filed Data -

DLN: 93493273009180

OMB No. 1545-0047

SCHEDULE D

(Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

2019

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Open to Public Inspection

	me of the organization led Way of Greater Cincinnati		Employer identification number
J.111	saa, s. stocker emerimen		31-0537502
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered "Ye		
		(a) Donor advised funds	(b) Funds and other accounts
•	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
ļ	Aggregate value at end of year		
;	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		
i	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor, or for any other purpose c	
Pai	rt III Conservation Easements.		
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the orga	anization (check all that apply).	
	Preservation of land for public use (e.g., recreation	on or education) \Box Preservation of an	historically important land area
	Protection of natural habitat	\square Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the for	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histor	ric structure included in (a)	2c
d	Number of conservation easements included in (c) acqu structure listed in the National Register	uired after 7/25/06, and not on a historic	2d
1	Number of conservation easements modified, transferred tax year ▶	ed, released, extinguished, or terminated by t	the organization during the
ļ	Number of states where property subject to conservation	on easement is located >	
•	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		of violations, Yes No
•	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing co	nservation easements during the year
,	Amount of expenses incurred in monitoring, inspecting \$ \\$, handling of violations, and enforcing conserv	vation easements during the year
ı	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17	70(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		Yes No
)	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	servation easements in its revenue and exper e footnote to the organization's financial state	nse statement, and
ar	t III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures, or Othe	er Similar Assets.
.a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its fina	16 (ASC 958), not to report in its revenue sta r public exhibition, education, or research in fo	
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put following amounts relating to these items:	16 (ASC 958), to report in its revenue statem	
ſ	i) Revenue included on Form 990, Part VIII, line 1		▶\$
	i)Assets included in Form 990, Part X		
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS	ical treasures, or other similar assets for finar	
а	Revenue included on Form 990, Part VIII, line 1	, ,	> \$
b	Assets included in Form 990, Part X		
	Panerwork Peduction Act Notice see the Instruction	one for Form 200	52202D Sahadula D (Farma 000) 201

d Equipment .

Sch	edule D (Form 990) 2019								Page 2
Pai	rt III Organizations Maintaini	ng Collections of Art,	Histori	cal Trea	sures, o	r Other :	Similar Ass	sets (co	ontinued)
3	Using the organization's acquisition, a items (check all that apply):	accession, and other records	s, check a	any of the	following t	hat are a	significant us	e of its	collection
а	Public exhibition		d	☐ Lo	an or exch	ange prog	rams		
b	Scholarly research		е	□ ot	her				
С	Preservation for future generat	ions							
4	Provide a description of the organizat Part XIII.	ion's collections and explair	n how the	y further	the organiz	zation's ex	empt purpose	e in	
5	During the year, did the organization assets to be sold to raise funds rathe							☐ Yes	. □ No
Pa	Escrow and Custodial A Complete if the organization X, line 21.		orm 990,	Part IV	, line 9, o	r reporte	d an amoun	it on Fo	orm 990, Part
1a	Is the organization an agent, trustee, included on Form 990, Part X?							☐ Yes	□ No
b	If "Yes," explain the arrangement in	Part VIII and complete the	following:	table:			Δm	ount	
C	, ,	· ·	_			1c	All	iount	
d						1d			
e						1e			
f	- ,					1f			
							Lilia.		
2a	•						•		⊢ ∐ No
b	, ,	Part XIII. Check here if the	explanation	on has be	en provide	d in Part X		Ш	
- 2	art V Endowment Funds. Complete if the organization	on answered "Yes" on Fo	rm 990	Part IV	line 10				
	complete in the organization	(a) Current year		ior year		ears back	(d) Three year	s back (e) Four years back
1 a	Beginning of year balance	. 563,634		631,00	7	584,800	59	92,514	662,883
b	Contributions	0			0	0		0	0
c	Net investment earnings, gains, and lo	sses 105,607		-37,56	1	74,610	2	23,431	-34,436
d	Grants or scholarships	28,592	:	29,81	2	28,403	3	31,145	35,933
е	Other expenditures for facilities and programs	0	,		0	0		0	0
f	Administrative expenses	. 0)	ı	0	0		0	0
g	End of year balance	. 640,649	•	563,63	4	631,007	58	34,800	592,514
2	Provide the estimated percentage of	the current year end balanc	e (line 1g	, column	(a)) held a	s:			
а	Board designated or quasi-endowmer	nt ▶ 100 %							
b	Permanent endowment ► 0 %								
c	Temporarily restricted endowment ▶	0 %							
	The percentages on lines 2a, 2b, and	2c should equal 100%.							
3а	organization by:		ation that	are held	and admin	istered for	the		Yes No
	(i) unrelated organizations							3a	
	(ii) related organizations							3a(
ь 4	If "Yes" on 3a(ii), are the related org. Describe in Part XIII the intended use							3	b Yes
	art VI Land, Buildings, and Eq		JANITIC IIL II	u.1u3.					
ĽĊ	Complete if the organization		rm 990.	Part IV	, line 11a	. See For	m 990, Part	X, line	e 10.
	Description of property (a)	Cost or other basis (b) Cos	st or other			umulated d) Book value
		(investment)							
1 a	Land			476,7	42				476,742
b	Buildings			14,171,2	55		3,364,850		10,806,405
	Leasehold improvements								

2,567,423

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

390,348

841,845

19,084

12,144,076

1,725,578

371,264

Part VII	Investments—Other Securities.	Dar+ T\/ !:-	0 11b 500 50 000 5	
	Complete if the organization answered "Yes" on Form 990 (a) Description of security or category (including name of security)	, Part IV, lin (b) Book value	(c) Metho	Part X, line 12. d of valuation: -year market value
	ll derivatives			
(2) Closely- (3)Other	held equity interests			
(A)				
(B)				
(C)		+ +		
(D)		+		
(E)		+		
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	P		
Part VIII	Investments—Program Related.		0 11c Soo Form 000	Dart V line 12
	Complete if the organization answered 'Yes' on Form 990 (a) Description of investment	, Part IV, lin	e 11c. See Form 990, (b) Book value	(c) Method of valuation:
				Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (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, Par	 t X, line 15.
(1)	(a) Description	· ·		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) ———				
	omn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.		· · · · · · ·	•
	Complete if the organization answered 'Yes' on Form 990, (a) Description of liability	Part IV, line	11e or 11f.See Form	990, Part X, line 25. (b) Book value
1. (1) Federal	income taxes			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 25.)		<u> </u>	0
	or uncertain tax positions. In Part XIII, provide the text of the footn 's liability for uncertain tax positions under FIN 48 (ASC 740). Chec			

2

3

4

b

C 5

1

2

C

d

3

4

5

b

Part XIII

See Additional Data Table

Part XII

Schedule D (Form 990) 2019

Page 4

577,578

37,032,322

8,999,239

46,031,561

39,522,348

368,420

39,153,928

C	Recoveries of prior year grants	٠	•	•	•
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d				

Subtract line **2e** from line **1**

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.)

Other (Describe in Part XIII.) Add lines **4a** and **4b**

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines 2a through 2d .

Return Reference

Net unrealized gains (losses) on investments h Donated services and use of facilities . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

2c

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.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

2d 4a

2a

2b

2c

2d

4a 4b

Explanation

2a

2b

4b

8,999,239 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

3 4c 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

1

2e

65.278

368,420

143,880

368,420

8.999.239

2e 3

4c 8,999,239 5 48.153.167 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

Schedule D (Form 990) 2019

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: 19010655 **Software Version:** 2019v5.0 **EIN:** 31-0537502

Name: United Way of Greater Cincinnati

Supplemental Information

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	INTENDED USES OF UWGC'S ENDOWMENT FUNDS The endowment funds of UWGC are used to fund programs that support the greater Cincinnati human service community.

Supplemental Information							
Return Reference	Explanation						
48 (ASC 740) footnote	FIN 48 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.						

Supplemental Information						
Return Reference	Explanation					
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Market Value CHange in Beneficial Interest - 143880					

upplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not n audited financial statements	Amounts Designated by Contributors - 9030039 Cost of Goods Sold Inventory30800

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Amounts Designated by Contributors - 9030039 Cost of Goods Sold30800

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493273009180 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** United Way of Greater Cincinnati 31-0537502 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments and independent fundraising, program specific type of in the region region service(s) in the region contractors in the services, investments, grants region to recipients located in the region) North America (Canada & Mexico 0 0 Grantmaking 20,290 only) 20,290 3a Sub-total . **b** Total from continuation sheets to Part I . . . c Totals (add lines 3a and 3b) 20,290 Cat. No. 50082W

Schedule F (Form 990) 2019

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

Schedule F (Form 990) 20	Page 2							
Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America (Canada & Mexico only)	Donor Design General	20,290	Check			
	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter							
3 Enter total number	Enter total number of other organizations or entities							
							Schedule	F (Form 990) 2019

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page 4
Par	Toreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	☐Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐Yes	✓ No

Schedule F (F	chedule F (Form 990) 2019 Page 5						
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method) amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to proving any additional information. See instructions.							
990 Schedule F, Supplemental Information Return Reference Explanation							
2 Procedure	, Part I, Line es for use of grant	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, the Impact Cabinet, and are approved annually by the Board of Directors.					

Return Reference Explanation

Schedule F, Part I, Line 2 United Way of Greater Cincinnati makes allocation decisions based on impact, alignment, accountability and

990 Schedule F, Supplemental Information

PROCEDURES FOR
MONITORING USE OF
GRANT FUNDS

Online Vary of Greater Concinnation makes and control decisions based on impact, anything 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, the Impact Cabinet, and are approved

annually by the Board of Directors.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493273009180 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization United Way of Greater Cincinnati 31-0537502 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2019

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

	dule G (Form 990 or 990-EZ) 2019 rt III Fundraising Events. Comple	ete if the organization a	answered "Yes" on For	m 990, Part IV, line 18	Page 2 B, or reported more		
	than \$15,000 of fundraising e gross receipts greater than \$!	vent contributions and					
	gross receipts greater than \$.	(a)Event #1	(a)Event #1 (b) Event #2		(d) Total events (add col. (a) through		
		Golf Outing	Golf Outing		col. (c))		
		(event type)	(event type)	(total number)			
ē							
Revenue							
Rev							
	4. Caran manaimha	166.760	47.252		214.112		
	1 Gross receipts	166,760	47,353		214,113		
	2 Less: Contributions3 Gross income (line 1 minus	144,260	28,350		172,610		
	line 2)	22,500	19,003	C	41,503		
	4 Cash prizes						
Se	5 Noncash prizes		1,582		1,582		
Direct Expenses	6 Rent/facility costs	50,404	17,689		68,093		
찞	7 Food and beverages		44		44		
o g	8 Entertainment						
ā	9 Other direct expenses	8,752	118		8,870		
	10 Direct expense summary. Add lines 4 t	through 9 in column (d)			78,589		
-	11 Net income summary. Subtract line 10				-37,086		
Fal	Gaming. Complete if the organization on Form 990-EZ, line 6a.		s on Form 990, Part 1	v, line 19, or reported			
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))		
Re	1 Gross revenue						
se							
ens	2 Cash prizes						
찣	3 Noncash prizes						
Direct Expense	4 Rent/facility costs						
ā	5 Other direct expenses						
		☐ Yes%	☐ Yes %	☐ Yes %			
	6 Volunteer labor	□ No	□ No	□ No			
	7 Direct expense summary. Add lines 2 t						
	8 Net gaming income summary. Subtrac		n (d)	_			
9 a	Enter the state(s) in which the organization licensed to conduct of	☐ Yes ☐ No					
b							
					1		
10a	Were any of the organization's gaming lic						
b	If "Yes," explain:						

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3			
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио				
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes					
13	Indicate the percentage of gam	ning activity conducted in:								
а	The organization's facility .			13a			%			
b	An outside facility			13b			%			
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:						
	Name •									
	Address >									
15a			m the organization receives gaming		·∏yes	Пио				
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the						
c	If "Yes," enter name and addre	ss of the third party:								
	Name •									
	Address ▶									
16	Gaming manager information:									
	Name 🟲									
	Gaming manager compensation ► \$									
	Description of services provided	d ▶								
	☐ Director/officer	☐ Employee	☐ Independent contractor							
17	Mandatory distributions:									
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио				
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3					
		pt activities during the tax year								
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.			
	Return Reference		Explanation							

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

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 for the latest information.

OMB No. 1545-0047

DLN: 93493273009180

Open to Public Inspection

ame of the organization						Employer identific	cation number
nited Way of Greater Cincinnati						31-0537502	
Part I General Information	ation on Grants	and Assistance				•	
Does the organization main the selection criteria used t	ntain records to sub to award the grants	stantiate the amount of or assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistance	e, and	☑ Yes 🗌 N
Describe in Part IV the organic	·	_	-				
Part II Grants and Other A that received more to	Assistance to Dom than \$5,000. Part II	nestic Organizations a can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes'	on Form 990, Part IV, line	21, for any recipient
(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 noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
Enter total number of sectionEnter total number of other							197 0
							dul- T (F 000) 2010

(Form 990)

Department of the

Treasury

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2019

Part III

	recipients	cash gra	nt noncash assis	stance FMV, appraisal, oth	er)
(1) Gift Cards for Furloughed Federal Workers during government shutdown	163		89,062	Book	Grocery Gift Cards
(2)					
(3)					
(4)					

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

(6)Explanation 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

(7) Part IV Return Reference Schedule I, Part II, Line 1(h) Purpose of Grant or Assistance

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 II, Line 1(d) The remaining distributions not listed in Part II, include designations and other allocations from 2019 that will be paid in 2020 based on amounts collected and grant

Amount of Cash Grant amounts less than or equal to \$5,000.

Schedule I, Part I, Line 2 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 Procedures for monitoring use of grant funds. made based on recommendations from a volunteer leadership group, the Impact Cabinet, and are approved annually by the Board of Directors.

Page **2**

Additional Data

4C for Children

2100 Sherman Ave Cincinnati, OH 45212 4C for Children

2100 Sherman Ave Cincinnati, OH 45212

Software ID: 19010655 **Software Version:** 2019v5.0 **EIN:** 31-0537502 Name: United Way of Greater Cincinnati

Form 990, Schedule I, Part II, Gran	its and Other Assistance to De	omestic Organizations and I	Domestic Governments.	

(a) Name and address of	(D) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(T) Method of Valuation
organization		if applicable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)

501(c)(3)

501(c)(3)

31-0823634

31-0823634

/L) CIN (a) IDC anation

465,300

2,000

(g) Description of

non-cash assistance

Program Operating Cost

(h) Purpose of grant

Donor Design General

or assistance

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Economic Opp 406 West Plum St Georgetown, OH 45121

Abilities First 4710 Timber Trail Dr	31-0620685	501(c)(3)	85,800		Program Operating Cost
Middletown, OH 450445399					
AdamsBrown Counties	31-0710683	501(c)(3)	23,200		Program Operating Cost

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Program Operating Cost

Addiction Services Council 31-6059934 501(c)(3) 49.600 2828 Vernon Place

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2153 W 8th St Cincinnati, OH 45204

Cincinnati, OH 45219 Adopt A Class Foundation 20-2587299 501(c)(3) 40.000 Program Operating Cost

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 011 12 1700101 E04()(3) 440 400 Operating Cost

Donor Design General

American Cancer Society OH	13-1/88491	501(c)(3)	110,400		Program (
Division					
5555 Frantz Rd					
Dublin, OH 43017					

141,901

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

American Cancer Society OH

Division 5555 Frantz Rd Dublin, OH 43017 13-1788491

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government American Heart Assoc Gtr Cinci 13-5613797 501(c)(3) 52,638 Donor Design General

Community Collaboration

5211 Madison Rd Cincinnati, OH 45227				
American Red Cross Gtr Cinci- Dayton PO Box 73857	53-0196605	501(c)(3)	3,215,000	

Chicago, IL 606737857

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

|Program Operating Cost

6.700

ArtsWave	31-0537138	501(c)(3)	15,000		Donor Design General
20 W Central Prkwy					
Cincinnati OH 45202				1	

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

School District

31-6000730

Batavia Local Schools

800 Bauer Ave Batavia, OH 45103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 61-0844925 501(c)(3) 46.400 BAWAC Inc Community Program Operating Cost

Rehabilitation Center
7970 Kentucky Dr
Florence, KY 41042

Be Concerned Inc 61-1071487 501(c)(3) 12,500

Program Operating Cost

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1100 Pike St Covington, KY 41011

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government perating Cost

Donor Design General

Beech Acres Parenting Center	31-0536663	501(c)(3)	92,800		Program Ope
6881 Beechmont Ave			·		
Cincinnati OH 45230					

25,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Beech Acres Parenting Center

6881 Beechmont Ave Cincinnati, OH 45230 31-0536663

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 31-1101401 501(c)(3) 69.600l Bethany House Services Inc Program Operating Cost

1841 Fairmount Ave
Cincinnati, OH 45214

Big Brothers Big Sisters of 31-0846147 501(c)(3) 40,800

Program Operating Cost

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Butler County 1755 S Erie Blvd Hamilton, OH 45011

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Big Brothers Big Sisters of 31-0577668 501(c)(3) 262,400 Program Operating Cost Greater Cincinnati 2400 Reading Rd

Donor Design General

12.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Cincinnati, OH 45202

Big Brothers Big Sisters of

Greater Cincinnati 2400 Reading Rd Cincinnati, OH 45202 31-0577668

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

Program Operating Cost

Boone County Fiscal Court	Government Entity	267,958		Community
PO Box 960				Collaboration
Burlington, KY 41005				

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

School District

Boone County Schools

8330 US 42 Florence, KY 41042 61-6001252

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Boy Scouts of America - Dan 31-0536651 501(c)(3) 357.600 Program Operating Cost Beard Council

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Cincinnati 600 Dalton Ave Cincinnati, OH 45203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Program Operating Cost

Boys & Girls Clubs of Greater	31-0536965	501(c)(3)	2,000		Donor Design General
Cincinnati					
600 Dalton Ave					
Cincinnati, OH 45203					

22,400

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

31-1357625

Breakthrough Cincinnati Inc

6905 Given Rd Cincinnati, OH 45243

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Deighton Contaction 61 0672006 E01/-1/21 1 167 700 Program Operating Cost

Operating Cost

PO Box 325 Newport, KY 41072	01-00/3880	301(c)(3)	1,167,700		Program
Brown County Educational Service Center	31-1081006	School District	10,000		Program (

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

9231 Hamer Rd Georgetown, OH 45121

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 24 6004400 E04()(3) 10 100 Operating Cost

PO Box 191	31-6084499	501(c)(3)	18,400		Program Operating Cost
Georgetown, OH 45121					
Brown County Senior Citizens	51-0166580	501(c)(3)	57,600		Program Operating Cost

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

505 North Main St Georgetown, OH 45121

Council

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Desian General

Donor Design General

Butler County United Way 323 N Third St Hamilton, OH 45011	31-0/34490	501(c)(3)	158,/14		Donor De
Camp Joy Foundation	31-0672822	501(c)(3)	80,192		Donor De

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 157

Clarksville, OH 45113

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 31-0805286 501(c)(3) 176.800 Cancer Family Care Program Operating Cost

Donor Design General

Cancer Family Care 31-0805286 501(C)(3) 176,800 Program
4790 Red Bank Expressway
Cincinnati, OH 45227

6.980

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Cape Fear Area United Way

5919 Oleander Dr Wilmington, NC 28403 56-0529949

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 24 4240524 E04()(3) CC 100 Operating Cost

Caracole Inc 4138 Hamilton Ave Cincinnati, OH 45223	31-1210524	501(c)(3)	66,400		Program Operating Cost
Catholic Charities Diocese of Covington	61-0461728	501(c)(3)	167,200		Program Operating Cost

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3629 Church St Covington, KY 41015

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Catholic Charities 31-0536968 501(c)(3) 471.200 Program Operating Cost SouthWestern Ohio 7162 Reading Rd

Cincinnati, OH 45237

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Cincinnati, OH 45237

Catholic Charities 31-0536968 501(c)(3) 86.748 Donor Design General SouthWestern Ohio 7162 Reading Rd

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government erating Cost

CCHMC 3333 Burnett Ave Cincinnati, OH 452293039	31-0833936	501(c)(3)	160,715		Program Operating Cost
ССНМС	31-0833936	501(c)(3)	16,997		Donor Design General

3333 Burnet Ave Cincinnati, OH 452293039

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Contar for Addiction Treatment 21-0702742 501/61/21 77 600 l Program Operating Cost

834 Ezzard Charles Dr Cincinnati, OH 452142525	31-0/92/42	301(c)(3)	77,000		Program Operating Cost
Center for Employment	13-3843322	501(c)(3)	55,200		Program Operating Cost

Opportunities 50 Broadway

New York, NY 10004

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Center for Great 61-0733046 501(c)(3) 121 600 Program Operating Cost

Neighborhoods of Covington 321 W MLK Blvd/12th St Covington, KY 41011		(-)(-)	,		
Central Clinic	31-1411744	501(c)(3)	456,800		Program Ope

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

311 Albert Sabin Way Cincinnati, OH 45229

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Central Connections 31-1026085 501(c)(3) 85.600l Program Operating Cost

Donor Design General

 Central Connections
 31-1026085
 501(c)(3)
 85,600
 Program

 3907 Central Ave
 Middletown, OH 450445006
 450445006
 Program

6.162

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Chenango United Way

83 North BRd St Norwich, NY 13815

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Operating Cost

Child Focus Inc 551-B Cincinnati-Batavia Pike Cincinnati, OH 45244	31-0952668	501(c)(3)	320,000		Program Operating Cost
Children's Home of Cincinnati	31-0536969	501(c)(3)	1,071,500		Program Operating Cost

Ohio

5050 Madison Rd Cincinnati, OH 452271440

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Children's Home of Cincinnati 31-0536969 501(c)(3) 2.000 Donor Design General

5050 Madison Rd Cincinnati, OH 452271440					
Children's Law Center Inc	61-1167352	501(c)(3)	14,400		Program Operating Cost

1002 Russell St Covington, KY 41011

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Inc 644 Linn St Cincinnati, OH 45203

Churches Active In Northside 4230 Hamilton Ave Cincinnati, OH 45223	31-1341556	501(c)(3)	20,000		Program Operating Cost
Cincinnati Area Senior Services	31-0825754	501(c)(3)	220,800		Program Operating Cost

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 20-0105431 501(c)(3) 41.600 Cincinnati Arts and Technology Program Operating Cost Center 700 W Pete Rose Way

Donor Design General

60.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Cincinnati, OH 45203

700 W Pete Rose Way Cincinnati, OH 45203

Center

Cincinnati Arts and Technology

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Cincinnati Association for the 31-0538511 501(c)(3) 183.856 Program Operating Cost Blind & Visually Impaired

2045 Gilbert Avenue Cincinnati, OH 45202 Program Operating Cost

Cincinnati Early Learning 31-1110503 501(c)(3) 113.000 Centers Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1301 E McMillan Cincinnati, OH 45206

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government rating Cost

Cincinnati Union Bethel 2401 Reading Rd Cincinnati, OH 45202	31-0536655	501(c)(3)	72,800		Program Operating Cost
Cincinnati Works	31-1656186	501(c)(3)	294,400		Program Operating Cost

708 Walnut St Cincinnati, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Cincinnati Works	31-1656186	501(c)(3)	2,000		Donor Design General
708 Walnut St					
Cincinnati, OH 45202					

59,200

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Cincinnati Youth Collaborative

Cincinnati, OH 452192508

301 Oak St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Community Action Agency 1740 Langdon Farm Rd Cincinnati, OH 452373817

Cincinnati Youth Collaborative 301 Oak St	31-1204406	501(c)(3)	102,000		Donor Design General
Cincinnati, OH 452192508					
Cincinnati-Hamilton County	31-6053035	501(c)(3)	41,600		Program Operating Cost

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Program Operating Cost

 CincySmiles Foundation
 31-0537044
 501(c)(3)
 82,400
 Program Operat

 635 West 7th St
 Cincinnati, OH 452031513
 452031513
 Program Operat

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

31-1158133

Clearinghouse

PO Box 478 Aurora, IN 47001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 31-1111703 501(c)(3) 131.200 Clermont County Community Program Operating Cost

Service Inc
3003 Hospital Dr
Batavia, OH 45103

110.400

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Clermont Senior Services Inc

2085 James E Sauls Sr Batavia, OH 45103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 46 5305000 FO4 () (3) 100 000 Operating Cost

Collaboration

Community Building Institute	46-5205808	JUI(C)(3)	169,600		Program C
Middletown Inc					_
800 Lafayette Ave					
Middletown, OH 45044					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

172 East State St

Columbus, OH 43215

501(c)(3) Community Initiatives 94-3255070 125.000 Community

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Community Shares of Greater 31-1445067 501(c)(3) 10.000 Donor Design General

Cincinnati 315 W Court St Cincinnati, OH 45202			·		_
Corporation for Ohio	31-0811788	501(c)(3)	21,600		Program Operating Cost

Appalachian Development

PO Box 787 Athens, OH 45764

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Council for a Strong America 13-3840271 501(c)(3) 18.000l |Community 1212 New York Ave NW Collaboration

Washington, DC 20005 Covington Independent Public 61-6001265 School District 15.400l | Program Operating Cost

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Schools 25 E 7th Street

Covington, KY 41011

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 20-1515753 501(c)(3) 73.600 Covington Partners in Program Operating Cost Prevention

96.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

PO Box 0426
Covington, KY 41012
Crossroad Health Center

5 East Liberty St Cincinnati, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government n Operating Cost

CWFF Child Development	31-0901096	501(c)(3)	55,200		Program
Center					-
430 Forest Avenue					
Cincinnati, OH 45229					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

90-1131034

DAD Initiative

260 Northland Blvd Springdale, OH 45246

36.800

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) DCCH Center for Children and 61-0463943 501(c)(3) 59.200 Program Operating Cost Families 75 Orphanage Rd Fort Mitchell, KY 41017

Donor Design General

14,355

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

DCCH Center for Children and

Families 75 Orphanage Rd Fort Mitchell, KY 41017

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Decatur County United Fund 35-1046461 501(c)(3) 5.965 Donor Design General

108 S Broadway St Suite 1 Greensburg, IN 47240					
Fasterseals Serving Greater	31-0873433	501(c)(3)	230.800		Program O

2901 Gilbert Ave Cincinnati, OH 45206

Program Operating Cost 201(6)(2) Cincinnati

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Fasterseals Serving Greater 31-0873433 501(c)(3) 2001 Donor Design General

Lastersears Serving Greater	JI-00/J4JJ	301(0)(3)	200		שם וטווטםן
Cincinnati					
2901 Gilbert Ave					
Cincinnati, OH 45206					

2935 Hamilton Mason Rd Hamilton, OH 45011

501(c)(3) Envision Partnerships 31-0784671 31.200 Program Operating Cost

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Erlanger-Elsmere Independent 61-6001276 School District 20.400 Program Operating Cost

School District 500 Graves Ave Erlanger, KY 41018

1.766.400

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Every Child Succeeds 31-1628467

3333 Burnet Ave Cincinnati, OH 452293026

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Design General

Every Child Succeeds	31-1628467	501(c)(3)	135,000		Donor D
3333 Burnet Ave					
Cincinnati, OH 452293026					

2400 Reading Rd Cincinnati, OH 452021470

FamiliesFORWARD 31-0536684 501(c)(3) 347,400 Program Operating Cost

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Operating Cost

Family Independence Initiative	02-0784790	501(c)(3)	73,600		Program O
1201 Martin Luther King Jr					
Way					
Oakland, CA 94612					

8275 Ewina Blvd Florence, KY 41042

501(c)(3) Family Nurturing Center 31-1011326 102.400 Program Operating Cost

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Family Service of Middletown	31-1023843	501(c)(3)	76,000		Program Operating Cost
1311 Columbia Ave			· ·		
Middletown, OH 45042					

24.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Flywheel Social Enterprise Hub 1

1311 Vine St Cincinnati, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-7122205 501(c)(3) 308.800 Freestore Foodbank Program Operating Cost 1141 Central Parkway

Donor Design General

28.341

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Cincinnati, OH 45202
Freestore Foodbank

1141 Central Parkway Cincinnati, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Girl Scouts of Kentucky's 61-0608104 501(c)(3) 19.200 Program Operating Cost Wilderness Road Council 2277 Executive Dr

282,400

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Lexington, KY 40505

Girl Scouts of Western Ohio-

Cincinnati 4930 Cornell Rd Cincinnati, OH 45242

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government n Operating Cost

GRAD Cincinnati Inc	31-1816376	501(c)(3)	62,400		Program
301 Oak St					
Cincinnati, OH 45219					

25,600

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Great Miami Valley YMCA

105 North Second St Hamilton, OH 45011

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Great Oaks Institute Health 21-0702117 School Dictrict 62 400l Program Operating Cost

Great Oaks Institute health	31-0/9311/	SCHOOL DISCHEL	02,400		program Op
Professions Academy					1
1916 Central Parkway					l
Cincinnati, OH 45214					

744.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Greater Cincinnati Behavioral

Health Services 1501 Madison Rd Cincinnati, OH 45206

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

501(c)(3)

Greater Cincinnati Foundation

720 E Pete Rose Way Cincinnati, OH 45202 31-0669700

Greater Cincinnati Foundation	31-0669700	501(c)(3)	540,000		Program Operating Cost
720 E Pete Rose Way					
Cincinnati, OH 45202					

Donor Design General

103.620

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 31-1595820 501(c)(3) 35.200 Greater Cincinnati Program Operating Cost

Microenterprise Initiative 1740 Langdon Farm Rd Cincinnati, OH 45237

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

200 Clarendon Street Boston, MA 02116

GreenLiaht Fund 20-0407083 501(c)(3) 25.000l Program Operating Cost

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Health Care Access Now 7162 Reading Rd Cincinnati, OH 45237	26-4042151	501(c)(3)	48,000		Program Operating Cost
Health Collaborative of Greater	31-1449807	501(c)(3)	120,000		Program Operating Cost

Cincinnati 615 Elsinore Pl Cincinnati, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government n Operating Cost

HealthPoint Family Care	61-0729915	501(c)(3)	48,000		Program
1401 Madison Ave					
Covington, KY 41011					

36,800

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Healthy Homes Block by Block

2918 Price Ave Cincinnati, OH 45204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government rating Cost

Hearing Speech & Deaf Center	31-0536654	501(c)(3)	73,600		Program Opera
of Greater Cincinnati					
2825 Burnet Ave					
Cincinnati, OH 45219					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

35-2036398

Heart House Inc.

6815 US 50 Aurora, IN 47001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Heart of West Michigan United 38-1360923 501(c)(3) 14 720 Donor Design General

West Mental West Michigan Office	30 1300323	301(0)(3)	14,723		Donor Design Ceneral
Way					
118 Commerce Ave SW					
Grand Rapids, MI 495034106					
Highpoint Health	35-6006595	501(c)(3)	10,000		Brogram Operating Cost
nighpoint nealth	33-0000393	201(C)(3)	10,000		Program Operating Cost

600 Wilson Creek Rd Lawrenceburg, IN 47032

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Operating Cost

Holly Hill Child & Family	61-0461729	501(c)(3)	36,800		Program Op
Solutions					- '
9599 Summer Hill Rd					
California, KY 41007					

27.200

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Hope House Mission

34 South Main St Middletown, OH 45044

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Housing Opportunities Made 31-6062015 501(c)(3) 59,200 Program Operating Cost

Equal Gtr Cinci 2400 Reading Rd Cincinnati, OH 452021477					
Hyde Park Center for Older Adults	31-0857401	501(c)(3)	39,200		Program Operating Cost

2800 Erie Ave Cincinnati, OH 45208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government erating Cost

InterAct for Change 3805 Edwards Rd Cincinnati, OH 452091948	30-0065901	501(c)(3)	80,000		Program Opera
Interfaith Hospitality Network	31-1335474	501(c)(3)	38,400		Program Opera

Cincinnati, OH 45206

erating Cost (-/(-/ of Greater Cincinnati 990 Nassau St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

501(c)(3)

Jewish Federation of Cincinnati

8499 Ridge Rd Cincinnati, OH 45236 31-0537174

Jewish Family Service-	31-0744786	501(c)(3)	220,800		Program Operating Cost
Cincinnati					
8487 Ridge Rd					
Cincinnati, OH 45236					

Program Operating Cost

150.000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government lewish Federation of Cincinnati 31-0537174 501(c)(3) 50 0001 Donor Design General

8499 Ridge Rd	31 033/1/4]	30,000		Donor Design
Cincinnati, OH 45236					
Kennedy Heights Montessori	31-0724420	501(c)(3)	14,400		Program Ope

6120 Ridge Ave Cincinnati, OH 45213

perating Cost Center

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government m Operating Cost

Kenton Elementary	School District	16,450		Program
1055 Eaton Drive		i i		-
Fort Wright, KY 41017				

12.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Learn United LLC

3200 E Camelback Rd Phoenix, AZ 85032

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government ram Operating Cost

Community

Collaboration

|--|

32,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

31-0910787

Learning Grove

333 Madison Ave

Covington, KY 41011

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Legal Aid of the Bluegrass 61-0668572 501(c)(3) 167 200 Program Operating Cost

104 East Seventh St Covington, KY 41011	01 00003/2	301(0)(3)	107,200		Trogram operating cost
Legal Aid Society of Greater	31-0536673	501(c)(3)	487,000		Program Operating Cost

Cincinnati 215 E Ninth St

Cincinnati, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

Donor Design General

Life Learning Center	20-3454261	501(c)(3)	184,000		Program Operating Cost
20 West 18th St			· ·		
Covington, KY 41011					

252,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Life Learning Center

20 West 18th St Covington, KY 41011

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government m Operating Cost

Life Time Resources Inc 13091 Benedict Dr Dillsboro, IN 47018	35-2076514	501(c)(3)	18,400		Program

18.400

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

31-0536660

LifeSpan Inc

1900 Fairgrove Ave Hamilton, OH 45011

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-7046229 501(c)(3) 191.200 Lighthouse Youth & Family Program Operating Cost

1.616.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Services 401 East McMillian St Cincinnati, OH 45206

28 Liberty Street New York, NY 10005

LISC

23-7046229

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Madiconvilla Education and 21_1210222 501/61/21 51 200 Program Operating Cost

riadisonvine Education and	31-1210223	301(0)(3)] 31,200		priogram operaum
Assistance Center					
4600 Erie Ave					
Cincinnati, OH 45227					

55.200

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

31-0536986

Maverson JCC of Cincinnati

8485 Ridge Rd Cincinnati, OH 45236

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

501(c)(3)

Mercy Neighborhood Ministries

1602 Madison Rd Cincinnati, OH 45206 31-1430847

Mental Health America of NKY	61-0712473	501(c)(3)	70,400		Program Operating Cost
& SWOH					
912 Scott St					
Covington, KY 41011					

Program Operating Cost

49.500

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

Metro United Way	61-0444680	501(c)(3)	10,315		Donor Design General
334 East Broadway					
Louisville, KY 40203					

31,500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

School District

Middletown City Schools

One Donham Plaza Middletown, OH 45044

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Design General

Mile High United Way Inc	84-0404235	501(c)(3)	10,406		Donor D
711 Park Ave W					
Denver, CO 802052891					

55,200

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

MORTAR Cincinnati

1329 Vine Street Cincinnati, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

National Kidney Foundation Inc	13-1673104	501(c)(3)	24,906		Donor Design General
615 Elsinore Place					
Cincinnati, OH 45202					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

New Hope Services

Jeffersonville, IN 47130

725 Wall St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

New Horizons Rehabilitation	35-1169221	501(c)(3)	10,000		Program Operating Cost
Inc					
237 Six Pine Ranch Rd					
Batesville, IN 47006					

152.200

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

61-0705047

New Perceptions Inc

Edgewood, KY 41017

1 Sperti Dr

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) Northern Kentucky Community 61-0667805 501(c)(3) 73 600 l Program Operating Cost

Action Commission	01 000,003	301(0)(3)	73,000		Trogram operating cost
717 Madison Ave Covington, KY 41011					
Northern Kentucky Education	20-3105862	501(c)(3)	36,800		Program Operating Cost

Council 7310 Turfway Rd Florence, KY 41042

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government Norwood City School District 31-6000908 School District 130.000 I Community Collaboration

Collaboration

Norwood City School District 31-6000908 School District 130,000 Community 2132 Williams Avenue Norwood, OH 45212

Ohio Justice & Policy Center 31-1319172 501(c)(3) 30,000 Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

215 Fast Ninth St

Cincinnati, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) One Community One Family 46-4339778 501(c)(3) 14.400 Program Operating Cost Inc 920 County Line Road

Donor Design General

9.843

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Batesville, IN 47006

(CA)

Orange County United Way

18012 Mitchell Ave South Irvine, CA 926146008

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) People Working Cooperatively 31-0859104 501(c)(3) 87.200 Program Operating Cost Inc 4612 Paddock Rd

Donor Design General

2.0001

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Cincinnati, OH 45229

People Working Cooperatively

4612 Paddock Rd Cincinnati, OH 45229

Inc

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government gram Operating Cost

Per Scholas Inc 804 E 138th St Bronx, NY 10454	04-3252955	501(c)(3)	46,400		Progra
			l		

Cleveland, OH 44114

Policy Matters Ohio 34-1921881 501(c)(3) 20,000 Community 3631 Perkins Ave Collaboration

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 31-1367071 501(c)(3) 32.000l Power Inspires Progress Program Operating Cost 727 Ezzard Charles Dr Cincinnati, OH 45203

|Community

Collaboration

50.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Prichard Committee for

Academic Excellence

271 West Short St Lexington, KY 40507

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Pro Seniors Inc	31-0887471	501(c)(3)	84,800		Program Operating Cost
7162 Reading Rd					
Cincinnati, OH 45237					

80.800

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

31-1020021

ProKids

2605 Burnet Ave Cincinnati, OH 45219

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government am Operating Cost

Redwood Rehabilitation Center	61-6013702	501(c)(3)	361,800		Program
71 Orphanage Rd					
Fort Mitchell, KY 41017					

River Valley Resources Inc 35-1820770 501(c)(3) 10.000 Program Operating Cost

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

100 F Second Street Madison, IN 47250

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Rosemary's Babies Co 81-3727709 501(c)(3) 22,400 Program Operating Cost

3284 North Bend Road 313 Cincinnati, OH 45238 RSVP Retired Senior Volunteer 35-1185161 501(c)(3) 10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Lawrenceburg, IN 47025

Program Operating Cost Program PO Box 4194

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Safe Passage Inc 35-2056072 501(c)(3) 10.400 Program Operating Cost

PO Box 235 Batesville, IN 47006 Salvation Army Indiana 36-2167910 501(c)(3) 10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Indianapolis, IN 462091041

Program Operating Cost Division 6060 Castleway Army

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Salvation Army of Greater 13-5562351 501(c)(3) 242.400 Program Operating Cost

Cincinnati PO Box 238 Cincinnati, OH 452010238

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Middletown, OH 45042

Salvation Army of Middletown 13-5562351 501(c)(3) 49.600 Program Operating Cost PO Box 445

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) 31-0537141 501(c)(3) 885,300 Program Operating Cost Santa Maria Community

Services 617 Steiner Ave Cincinnati, OH 45204					
Seven Hills Neighborhood	31-0648619	501(c)(3)	55,200		Program O

901 Findlay Street Cincinnati, OH 45217

Program Operating Cost 201(6)(2) Houses

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Operating Cost

Donor Design General

Shared Harvest Foodbank Inc	31-1096571	501(c)(3)	18,400		Program O
5901 Dixie Highway					
Fairfield, OH 45014					

30.758

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Shared Harvest Foodbank Inc

5901 Dixie Highway Fairfield, OH 45014

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 31-1010029 20.800 Program Operating Cost

Donor Design General

Sojourner Recovery Services 501(c)(3) 314 North Erie Hwy Hamilton, OH 45011

5.195

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Sojourner Recovery Services

314 North Erie Hwv Hamilton, OH 45011

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Southeastern Indiana 35-1118476 501(c)(3) 14,400 |Program Operating Cost

Economic Opportunity Corp PO Box 240					
Aurora, IN 47001					
Southern Hills Career &	31-0793753	501(c)(3)	10,000		Program Operating Cost

Technical Center

Georgetown, OH 451219472

9193 Hamer Rd

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

St Joseph Home	31-0536703	501(c)(3)	48,000		Program Operating Cost
10722 Wyscarver Rd					
Cincinnati, OH 45241					

St Joseph Orphanage 31-0537147 501(c)(3) 73,600 Program Operating Cost

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5400 Edalbert Dr. Cincinnati, OH 45239

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government St Joseph Orphanage 31-0537147 501(c)(3) 57.686 Donor Design General 5400 Edalbert Dr

Donor Design General

44.379

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Cincinnati, OH 45239
St Rita School for the Deaf

1720 Glendale Milford Rd Cincinnati, OH 45215

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Starfire Council of Greater 31-1372833 501(c)(3) 55.200 Program Operating Cost

Cincinnati Inc 5030 Oaklawn Dr Cincinnati, OH 45227

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5650 Given Rd Cincinnati, OH 45243

Stepping Stones Inc 31-0671799 501(c)(3) 133.600 Program Operating Cost

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 20-8286347 501(c)(3) 220.800 Program Operating Cost Strategies to End

Homelessness 2368 Victory Parkway Cincinnati, OH 45206		, , , ,			
Supports to Encourage Low	31-1445223	501(c)(3)	30,400		Program Operating Cost

Income Families PO Box 1322 Hamilton, OH 45012

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government perating Cost

Sweet Cheeks Diaper Bank	47-5175383	501(c)(3)	7,500		Program Ope
1615 Republic Street					
Cincinnati, OH 45202					

292,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

31-0713350

Talbert House

2600 Victory Parkway Cincinnati, OH 45206

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government esian General

Talbert House	31-0713350	501(c)(3)	11,966		Donor Desi
2600 Victory Parkway					
Cincinnati, OH 45206					

18.400

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Teen Challenge Cincinnati

PO Box 249 Milford, OH 45150

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Desian General

PO Box 249	Donor De
Milford, OH 45150	

77.600

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Tender Mercies Inc.

Cincinnati, OH 452500465

PO Box 14465

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Tender Mercies Inc PO Box 14465	31-1137270	501(c)(3)	2,000		Donor Design General
Cincinnati OH 452500465					

PO Box 14465 Cincinnati, OH 452500465 UC Foundation 26-1594868 501(c)(3) 27,200

PO Box 19970

Cincinnati, OH 452190970

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government United Way of Bartholomew 35-1132860 501(c)(3) 8.898 Donor Design General

2955 N Meridian St Indianapolis, IN 462084026

County 1531 13th St		(-)(-)	-,		
Columbus, IN 472011302					
United Way of Central Indiana	35-1007590	501(c)(3)	15,846		Donor Design General

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government

63 West Main St Wilmington, OH 45177

United Way of Central Ohio 360 S 3rd St Columbus, OH 43215	31-4393712	501(c)(3)	72,830		Donor Design General
United Way of Clinton County	23-7148000	501(c)(3)	5,449		Donor Design General

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 57-0362066 501(c)(3) 5.574 Donor Design General United Way of Greenville County 105 Edinburah Ct

Greenville, SC 296072529 United Way of Massachusetts 04-2382233 501(c)(3) 21.391

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Boston, MA 02210

Donor Design General Bay & Merrimack Valley 51 Sleeper St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 30-0200478 501(c)(3) 5.887 Donor Design General United Way of Metropolitan Chicago 333 South Wabash Ave

Donor Design General

8.746

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Chicago, IL 60523
United Way of Metropolitan

Dallas Inc 1800 N Lamar Dallas, TX 75202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government United Way of New York City 13-2617681 501(c)(3) 14.822 Donor Design General 205 East 42nd St

New York, NY 10017 United Wav of Northeast 59-0637825 501(c)(3) 13.206

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Jacksonville, FL 322031428

Donor Design General Florida PO Box 41428

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government E044 \(\sigma\) 22.000 General

United Way of Rutland County	03-6000224	501(c)(3)	22,869		Donor Design Ge
Inc					1
88 Park Streeet					1
Rutland, VT 05701					

United Way of South Texas 74-2052527 501(c)(3) 20.754 |Donor Design General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 187

Mcallen, TX 785050187

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

United Way of Tampa Bay Inc 5201 WKennedy Blvd Tampa, FL 336091820	45-2508287	501(c)(3)	14,564		Donor Design General
United Way of the Coalfield Inc	61-0732633	501(c)(3)	6,478		Donor Design General

PO Box 366

Madisonville, KY 424310366

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government United Way of the Greater 31-0536658 501(c)(3) 78.258 Donor Design General

	Dayton Area	
	PO Box 634625	5
	Cincinnati, OH	452634625
_		

PO Box 36 Trov, OH 45373

31-0619209 501(c)(3) 5.025

United Way of Troy Ohio Inc Donor Design General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government United Way of Warren County 23-7132362 501(c)(3) 44 713 Donor Design General

3989 S US Route 42 Lebanon, OH 45036	25-7152502	301(0)(3)	44,/13		Donor Design General
Urban League of Greater	31-0565428	501(c)(3)	532,400		Program Operating Cost

Southwestern Ohio 3458 Reading Rd

Cincinnati, OH 45229

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Urban League of Greater 31-0565428 501(c)(3) 11.220 Donor Design General Southwestern Ohio 3458 Reading Rd

56.175

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Cincinnati, OH 45229
Urban Minority Alcoholism &

3021 Vernon Place Cincinnati, OH 45219

Drug Abuse Outreach Program

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Visiting Nurse Association of 31-0536716 501(c)(3) 430.930 Donor Design General

Gtr Cinti & NKY 2400 Reading Rd Cincinnati, OH 452021468					
Volunteers of America Mid- States Inc	61-0480950	501(c)(3)	69,600		Program Operating Cost

933 Goss Ave Louisville, KY 40217

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Wave Pool 2940 Colerain Avenue Cincinnati, OH 45225	45-5054823	501(c)(3)	7,500		Program Operating Cos
Welcome House of Northern	61-1020382	501(c)(3)	121.600		Program Operating Co

Covington, KY 41011

.(5)(3) Kentucky Inc 205 Pike St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Wesley Community Services	31-0537097	501(c)(3)	36,800		Program Operating Cost
2091 Radcliff Dr					
Cincinnati OH 45204					

524 W Main St Mount Orab, OH 45154

Cincinnati, OH 45204					
Western Brown Local Schools	31-0801979	School District	9,200		Program Operating Cost

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

Women Helping Women	31-0864991	501(c)(3)	80,800		Program Operating Cost
215 E Ninth St					
Cincinnati OH 452026109					

Women's Crisis Center 61-0908752 501(c)(3) 184,000 Program Operating Cost

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3580 Hargrave Dr Hebron, KY 41048

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

|Donor Design General

Working in Neighborhoods 1814 Dreman Ave	31-0962007	501(c)(3)	55,200		Program Operating Cost
Cincinnati, OH 45223					

2.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Working in Neighborhoods

1814 Dreman Ave Cincinnati, OH 45223

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government m Operating Cost

Donor Design General

Xavier University	31-0537516	501(c)(3)	240,000		Program
3800 Victory Parkway					-
Cincinnati, OH 452077770					

15.000l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Xavier University

3800 Victory Parkway Cincinnati, OH 452077770

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

YMCA of Greater Cincinnati	31-0537178	501(c)(3)	441,600		Program Operating Cost
1105 Elm St					
Cincinnati, OH 45202					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Youth Encouragement Services

11636 County Farm Rd Aurora, IN 47001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government erating Cost

Donor Design General

YWCA of Greater Cincinnati	31-0537518	501(c)(3)	450,600		Program Opera
898 Walnut St					
Cincinnati, OH 45202					

50,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

YWCA of Greater Cincinnati

898 Walnut St Cincinnati, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

 YWCA of Hamilton
 31-0537167
 501(c)(3)
 14,400
 Program Operating Cost

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

244 Dayton St Hamilton, OH 45011

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9327	3009	180
Sch	nedule J	C	ompensati	ion Information	MO	B No.	1545-0	0047
(For	m 990)		Compensa ganization answ	rustees, Key Employees, and Highe Ited Employees Iered "Yes" on Form 990, Part IV, li to Form 990.	ne 23.	20	19)
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest informa	tion. O	pen t	o Pul ectio	
Nar	ne of the organiza			E	mployer identificat			
Unit	ed Way of Greater C	Cincinnati		3:	1-0537502			
Pa	rt I Questi	ons Regarding Compensa	ntion					
							Yes	No
1a				the following to or for a person listed on the service of the serv				
	First-class	s or charter travel		Housing allowance or residence for pe	rsonal use			
	_	· companions	닏	Payments for business use of personal				
		nification and gross-up paymen	_	Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauffer	ur, chef)			
b				follow a written policy regarding payme ve? If "No," complete Part III to explain		1 b		
2				or allowing expenses incurred by all	1-2	2		
	directors, truste	ees, officers, including the CEO/	executive Director	r, regarding the items checked on Line	lar			
3				d to establish the compensation of the				
				not check any boxes for methods CEO/Executive Director, but explain in l	Part III.			
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations	☑	Approval by the board or compensation	n committee			
4		-	990, Part VII, Se	ction A, line 1a, with respect to the filin				
	related organiza	ation:						
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonquali	ified retirement plan?		4b		No
С			,	nsation arrangement?		4c		No
	ir res to any o	or lines 4a-c, list the persons an	d provide the app	licable amounts for each item in Part II	.1.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5	For persons liste	ed on Form 990, Part VII, Section	on A, line 1a, did t	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а	The organization	n?				5a		No
b						5b		No
	,	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	-	n?				6a		No
b						6b		No_
_	•	6a or 6b, describe in Part III.	A D 4 P. C.					
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixed rt III		7		No
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," desc		8		No
9				presumption procedure described in Re		9		
For F	Panerwork Redu	uction Act Notice, see the Ins	structions for Fo	orm 990. Cat. No. 500	053T Schedule J		990)	2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not 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 (D) Nontaxable (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D) (ii) Bonus & incentive (i) Base (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 Ross Meyer 224,642 (i) Ω 108 9.063 16,703 250,516 0 Interim President & CEO 0 (ii)

Schedule J (Form 990) 2019	Page 3
Part III Supplemental Inform	mation
Provide the information, explanation, o	r 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	Explanation
Schedule J, Part I, Line 3 REVIEW OF COMPENSATION	UWGC used the following process for determining the compensation of officers, key employees and the highest compensated employees: In the fall of 2018, the President/CEO left the organization and the Executive Vice President/COO announced her resignation effective early 2019. UWGC staff were named by the board to serve these interim roles while a permanent search for the President/CEO took place. 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 Compensation Committee formed from the Board. The UWGC Board Chair asked the COO, CFO, and HR VP to propose a balanced budget which included current senior leadership team members to fill this interim role while a search process took place. The Board Chair reviewed the Code of Regulations with UWGC legal counsel to verify compliance. The Board Chair then received approval in December 2018 from the Executive Compensation Committee to approve the proposed salary adjustments of senior leadership team members to fill this role on an interim basis.
Calcadada 1 Dart II	Division by the terror and all Describes 31, 2010 are individual annual in the sub-of-takening Describes (CFO, The CFO division was bounded in the interior basis by a

Schedule J, Part II During the tax year ended December 31, 2019 one individual served in the role of Interim President/CEO. The CFO duties were handled in the interim basis by a director and controller in the Finance Department who reported to the Interim CEO. Ross Mever began serving as Interim President/CEO starting on October 29, 2018 through 2019. His compensation reflected the role as Interim President/CEO set by the Board of Directors. During 2019, the CFO position was open so the

Interim President/CEO served as the top financial person of the organization. In addition, there were multiple executive level positions that remained open Ithroughout 2019. In 2020, a President/CEO was hired along with a Chief Operating Officer to oversee the financial operations of UWGC. Multiple executive level positions were also filled in 2020.

Schedule 1 (Form 990) 2019

Department of the Treasury	C) ► Complet	Tran	00011										
Internal Revenue Service Name of the organiz	C) Complet		Sacur	ons with Ir	ntereste	d Person	IS			01	4B No. :	1545-	-0047
			anization	answered "Yes	" on Form 9	90, Part IV, li	nes 2	5a, 2	25b, 26	5,	20	1	0
Internal Revenue Service Name of the organiz		27, 28a,		28c, or Form 99 ach to Form 990			Ю Ь.				20	1.	<u> </u>
Name of the organiz	/ ▶ G	o to <u>www.ii</u>	rs.gov/Fo	orm990 for inst	ructions and	the latest inf	orma	tion.		C	pen t		
United Way of Cuantage	l zation						En	nploy	er ide	ntifica	Insp ition n		
United Way of Greater								-053					
Part I Excess	Benefit Tran	sactions (section 50	1(c)(3), section !	501(c)(4), and	section 501(c				s only)	ı <u>.</u>		
Complete	if the organiza	tion answere	d "Yes" or	Form 990, Part	IV, line 25a o	r 25b, or Form	990-E	Z, Pa	rt V, lir	ne 40b.	_		
1 (a) Na	ame of disqualif	ied person	(b	Relationship be	tween disqua organization	lified person ar	nd		escript ansacti		<u>``</u>		ected?
				organization					arisacti		Ye	s	No
2 Enter the amou	unt of tax incurr	ed by the ord	anization	managers or dis	gualified perso	ons during the	vear u	ınder	section	1			
4958					·	_	•			\$			
3 Enter the amou	int of tax, if any	, on line 2, a	above, reii	nbursed by the o	rganization .		•			\$			
Comple	to and/or F ete if the organi ed an amount or	zation answe	red "Yes"	on Form 990-EZ,	Part V, line 3	88a, or Form 99	90, Par	t IV,	line 26	; or if	the orga	anizat	ion:
(a) Name of (b) Relationship	(c) Purpose	(d) Loa	Loan to or from the (e) Original (f) Balance				(g) In (h) default? Approved					
interested person wit	th organization	of loan	org	janization?	principal amount	due	аега	boar		vea by d or	lor '		antr
					_				nittee?				
			То	From			Yes	No	Yes	No	Yes		No
Total					<u> </u> ▶ \$					<u> </u>			
Part III Grants	or Assistan	ce Benefit	ing Inte	rested Perso	ns.								
				Yes" on Form 9		1							
(a) Name of interest) Relationship erested perso			of assistance	(d) Type o	of assi	stanc	e	(e) Pui	rpose of	assis	stance
	11100	organizat											
									+				
				+					\dashv				
									\dashv				

Complete if the organization a	answered "Yes" on Forn	n 990, Part IV, line 288	a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh o organiz reven	f ation's
				Yes	No
(1) University of Cincinnati	Board Member		COMM RESEARCH COLLABORATION		No

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

Explanation

Neville Pinto, Ph.D, who is a Board Member of UWGC, is the President of the University of Cincinnati.

Return Reference

TRANSACTIONS WITH INTERESTED

Part V

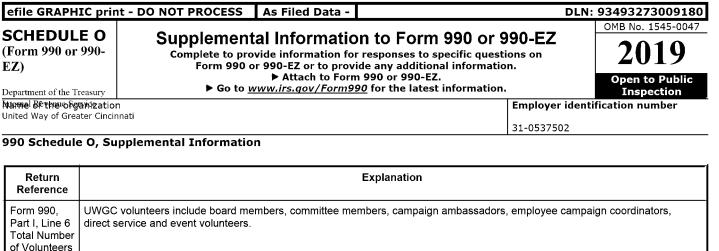
Schedule L, Part IV BUSINESS

Supplemental Information

PERSONS Schedule I (Form 990 or 990-F7) 2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493273009180 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** United Way of Greater Cincinnati 31-0537502 **Types of Property** (c) (d) (a) (b) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household Cars and other vehicles Boats and planes . Intellectual property . . Χ 262 1,880,270 Market value Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . Qualified conservation contribution-Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . 17 Real estate—Other . 18 Collectibles . . . 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . 23 Scientific specimens . . Archeological artifacts . Χ 350,000 Market value National Other ▶ (Advertising 25 Other ▶ (Advertising) Χ 3,020 Market value Χ 15,400 Cost 27 Other ▶ (Gift Cards) 28 Other ▶ (_ Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 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? 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes 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 32a Nο **b** If "Yes," describe in Part II. 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. Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
	The number of contributions in Part I, Column (B) includes the number of noncash contributions made to UWGC.
	Securities - Publicly traded - Number of Contributions Other - National Advertising Number of Contributions Other - Advertising Number of contributors Other - Gift Cards Number of Contributors
	Schedule M (Form 990) (2019)



990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SERVICE DESCRIPTION	Community Solutions United Way of Greater Cincinnati is uniquely positioned to convene and harness the collective power of diverse social service agencies, governments, businesses, donors and more to tackle ingrained, persistent, community-wide problems in a coordinated, comprehensive way that maximizes donor dollars. United Way of Greater Cincinnati focuses on four impact areas to build community success: Quality Educational Experiences: Establi shing a Pathway to Success for Greater Cincinnati Families From readying children for kind ergarten, to ensuring high school graduation, to post-secondary job training for adults, U nited Way of Greater Cincinnati is dedicated to quality education experiences that set chi Idren and adults on the path to success. In some parts of the region, nearly 40% of childr en entering kindergarten do not have the basic skills they need. This can directly impact their ability to catch up and read at grade level by third grade. Some national studies sh ow children not reading at grade level by third grade are up to 74% more likely to drop ou t of high school, which makes them more likely to be unemployed or live in poverty. They'r e also likely to earn less in their lifetimes than peers with a high school degree. The fa ilure to prepare children for kindergarten can have life-long consequences. United Way of Greater Cincinnati supports quality educational experiences with long-term impact. In 2019, with the support of partners like you, United Way of Greater Cincinnati: * Supported 361 children in Me and My School, a Success by 6 program, and helped them prepare for kinderg arten * Engaged 440 school and community partners through Success by 6 across 10 priority communities * Led and supported four state policy modifications or enactments in support of quality child care services and expanded access for families * Helped 1,958 children enr olled in quality early education programs with kindergarten preparation * Supported 18,858 school-aged children and youth achieve grade promotio

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SERVICE DESCRIPTION	rent assistance, from individuals across our commun itythrough United Way 2-1-1 24/7 resource & referral hotline * Ensured 285 families avoide d homelessness and disruptive school moves through United Way's Stable Families program in Cincinnati & Northern Kentucky * Funded programs that addressed the basic needs of our community by providing: > more than 120,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SERVICE DESCRIPTION	help our region's families access physical and mental health services. In 2019, with the support of partners like you, United Way of Greater Cincinnati: * Ensured 10,166 people had a access to mental health care, 13,21 people had a usual place to go for health care, and 4,324 accessed dental care * Helped 27,894 improve their health behaviors through the supp ort of a range of health and wellness services and programs * Supported 3,772 in managing a chronic health condition or disability * Worked with 44,201 who reported their health as good or excellent In addition to its four impact areas, United Way supports a non-profit system of care for families, innovation and capacity building. In 2019, with your help, Un ited Way of Greater Cincinnati: * hosted four networking events for nonprofit staff, seven learning events to share best practices and expertise and a mini learning series on syste m thinking. More than156 individuals participated in in-person events and a total of 385 p eople engaged with United Way's Family-Centered Innovation Network through our online plat form. * facilitated three design sprints to apply human-centered design practices to helpn on-profit organizations explore challenges together, co-create and protype new solutions. * engaged 13 community members, referred to as Champions of Change, to co-design a process for United Way to invest in Black-Led and grassroots ideas in 2020

990 Schedule O, Supplemental Information

Return

Reference	Explanation
Form 990, Part III, Line 4b Program Service Description	Donor Designations 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.

Evolunation

990 Schedule O, Supplemental Information

Return

Reference	·
Form 990, Part III, Line 4c Direct Services	Direct Services are services provided by UWGC, such as United Way 211 and United Way Volunteer Connection. 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. United Way Volunteer Connection strives to increase the effectiveness and participation of all segments of volunteer resources through recruitment, training, education, and recognition.

Explanation

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 315,839 including grants of \$ 0)(Revenue \$ 613,633) CENTRAL SERVICES 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.

Return Reference	Explanation
Form 990, Part IV, Line 28c CHECKLIST OF REQUIRED SCHEDULES	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.

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Form 990, Part	Scott Phillips and David Phillips - Family relationship
VI, Line 2	
Family/business	
relationships	
amongst	
interested	
persons	

Return Reference	Explanation
Form 990, Part VI, Line 8b Documentation of meetings held by committees of governing body	There was one committee meeting in which the committee acted on behalf of the governing body where only an agenda was available for support of what was discussed at the meeting. The only UWGC staff member present is no longer with the organizations and minutes couldn't be produced.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing	GOVERNING BODY AND MANAGEMENT The 2019 Form 990 was prepared by the finance staff and then reviewed by the Controller, the accountability and service cabinet, and BKD, LLP, UWGC's audit firm. A hidden link to UWGC's website provided access to a draft of the Form 990 to the Board for their review prior to the Form 990 filing. Questions or comments from board members regarding the Form 990 were directed to the Controller.

990 Schedule O, Supplemental Information

Return

Reference	·
Form 990, Part VI, Line 12c Conflict of interest policy	POLICIES 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. Members of the Board, Cabinets and some committees and UWGC staff are requested to annually file with the Chief Strategy Officer (CSO) 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. 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.

Explanation

Return

Reference	
Form 990, Part VI, Line 15a Process to establish compensation of top management official	POLICIES UWGC used the following process for determining the compensation of officers, key employees and the highest compensated employees: In the fall of 2018, the President/CEO left the organization and the Executive Vice President/COO announced her resignation effective early 2019. UWGC staff were named by the board to serve these interim roles while a permanent search for the President/CEO took place. 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 Compensation Committee formed from the Board. The UWGC Board Chair asked the COO, CFO, and HR VP to propose a balanced budget which included current senior leadership team members to fill this interim role while a search process took place. The Board Chair reviewed the Code of Regulations with UWGC legal counsel to verify compliance. The Board Chair then received approval in December 2018 from the Executive Compensation Committee to approve the proposed salary adjustments of senior leadership team members to fill this role on an interim basis.

Explanation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	SEE the Schedule O disclosure for Form 990, Part VI, Line 15A.

Reference	Explanation
Form 990,	DISCLOSURE UWGC's most recently audited financial statements are available on its website at www.uwgc.org. UWGC makes
Part VI Line	its governing documents and conflict of interest policy available to the public upon request

Evolunation

Part VI, Line 19 Required documents available to

the public

Return

990 Schedule O, Supplemental Information

Return
Reference

Explanation

ľ	Form 990, Part	Ross Meyer's average hours worked per week for UWGC Foundation was 1 hour.
	VII, Section A,	
	Line 1a	
l	STATEMENT OF	
ı	COMPENSATION	

Return Reference	Explanation
Form 990, Part VII, Section A OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES	UWGC board members whose term expired in April 2019 or who left the board for various reasons during 2019 are as follows: 1. Gary Heiman 2. Gary Huffman 3. Tillie Hidalgo Lima 4. Candace McGraw 5. Jill Meyer 6. Carolyn Pione Micheli 7. Scott Phillips 8. R. Michael Prescott

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Other Program Service Revenue - Total Revenue: 82166, Related or Exempt Function Revenue: 82166, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Form 990,	Market Value Change in Beneficial Interest - 143880;
Part XI, Line	
9 Other	
changes in	
net assets or	
fund	
halances	

Return

Statement Certification

Reference	
Form 990,	Moira Weir, President/CEO and Charles Wright, Chief Operating Officer, certify that they have reviewed the audited financial
Header, Line	statements and financial information reported on the IRS Form 990 of United Way of Greater Cincinnati (UWGC). Based on their
C CEO/CFO	knowledge, the financial information contained in these documents do not contain any untrue statement of material fact or omit any
Financial	material facts necessary which would make the statements misleading and, based on their knowledge, fairly present, in all material

Explanation

respects, the financial condition, results of operation and cash flows of UWGC as of, and for the year ended December 31, 2019.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**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 for instructions and the latest information.

OMB No. 1545-0047 2019

DLN: 93493273009180

Open to Public Inspection **Employer identification number**

Name of the organization United Way of Greater Cincinnati	1	loyer identi 537502	fication	number								
Part I Identification of Disregarded Entities. Complete if	f the orgar	nization answ	ered "Ye:	s" on Form	n 990, Part	IV, line 3						
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activ		(c) Legal domicile (state or foreign country)		(d) Total inco	ome (e) End-of-year a		ssets	(1 Direct co ent	ntrolling	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns. Compl	ete if the org	anization	answered	l "Yes" on I	orm 990,	, Part I	V, line 34 b	ecause	it had one or	more	
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	Legal don	c) nicile (state n country)	(d) Exempt Cod	e section	Public c	(e) harity status on 501(c)(3))	Dire	(f) ect controlling entity	Section (13) co	g) n 512(b ontrolled tity?
(1)UNITED WAY OF GREATER CINCINNATI FOUNDATION 2400 READING ROAD	HUMAN SI	ERVICE	(DH	501(c)(3)	-	Туре І		UWGC		Yes	No
CINCINNATI, OH 45202 31-1064812												
For Paperwork Reduction Act Notice, see the Instructions for Form 9	290			t. No. 5013	257				Scho	dule R (Form	990) 2	019

AL LI LETNI C		(b)	(c)	(d)	(e)	(f)	(g)	(1		(i)	(j)	(k
(a) Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomining income (related unrelated excluded for tax under sections 5 514)	ated, total incor d, rom er	Share of	Disprop alloca	rtionate tions?	e Code V-UBI amount in bo 20 of Schedule K- (Form 1065)	managing partner?		Percer
					314)			Yes	No		Yes	No	
t IV Identification of Related Organiza because it had one or more related or (a) Name, address, and EIN of related organization	rganizations Taxable as a Crganizations treated as (b) Primary activity	a corporatio	or Truston or truston or truston or truston (c) egal micile or foreign	st during t	(d)	ganization ar r. (e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	Share	(g) of end- year assets	-of- Perc	h) entage ership	Se	(i) ection 5 13) con entit
		coı	ıntry)			·							Yes
HARITABLE REMAINDER TRUST	GRANT MAKING		IL	NA		Trust						'	Yes
Valnut Street Inati, OH 45202													

Schedule R (Form 990) 2019		Pa	ge 3
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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	ı	No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	10	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	ı	No
e Loans or loan guarantees by related organization(s)	1e	:	No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g	ı	No
h Purchase of assets from related organization(s)	1h	ı	No
i Exchange of assets with related organization(s)	11		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 <u>j</u>	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	(No
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1n	n	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1r	1 Yes	

•	Dividends from related organization(3)			
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	,
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	10	Yes	

Reimbursement paid to related organization(s) for expenses . No No **q** Reimbursement paid by related organization(s) for expenses . 1r No

1s Yes 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. (d) Method of determining amount involved (a) Name of related organization (b) (c) Transaction Amount involved type (a-s) (1)United Way of Greater Cincinnati Foundation С 1,305,500 Book Value

0

131,922

161,176

Book Value

Book Value

Schedule R (Form 990) 2019

(2)United Way of Greater Cincinnati Foundation

(3)United Way of Greater Cincinnati Foundation

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)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Fo	chedule R (Form 990) 2019						
Part VII	Supplemental Info	ormation					
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).					
Return Reference		Explanation					