

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  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

**A For the 2016 calendar year, or tax year beginning 04-01-2016, and ending 03-31-2017**

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

**C** Name of organization  
UNITED WAY OF CENTRAL OHIO INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
360 SOUTH THIRD STREET

City or town, state or province, country, and ZIP or foreign postal code  
COLUMBUS, OH 43215

**D** Employer identification number  
31-4393712

**E** Telephone number  
(614) 227-2700

**G** Gross receipts \$ 53,392,901

**F** Name and address of principal officer  
LISA S COURTICE PHD  
360 SOUTH THIRD STREET  
COLUMBUS, OH 43215

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

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

**J** Website: ▶ WWW.LIVEUNITEDCENTRALOHIO.ORG

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

**L** Year of formation 1951

**M** State of legal domicile  
OH

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
UWCO FIGHTS POVERTY BY BUILDING STRONG FAMILIES & NEIGHBORHOODS THROUGH SMART COMMUNITY SOLUTIONS

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	26
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	26
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	134
<b>6</b> Total number of volunteers (estimate if necessary)	5,624
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	48,954,684	52,139,173
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,728	19,741
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,121,680	1,233,987
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,091,092	53,392,901
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	36,759,369	35,757,641
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,864,393	7,618,323
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,413,085		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,010,696	9,989,635
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	54,634,458	53,365,599
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-4,543,366	27,302

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	40,466,437	39,225,406
<b>21</b> Total liabilities (Part X, line 26)	14,032,938	12,719,062
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	26,433,499	26,506,344

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2017-08-09  
CHERYL NELSON SENIOR VP OF FINANCE AND CFO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: JANE RUMORA  
Preparer's signature: JANE RUMORA  
Date:  
Check  if self-employed  
PTIN: P00074247  
Firm's name: GBQ PARTNERS LLC  
Firm's EIN: 20-2122306  
Firm's address: 230 WEST STREET SUITE 700  
COLUMBUS, OH 432152663  
Phone no: (614) 221-1120

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

UNITED WAY OF CENTRAL OHIO IS THE LOCAL ORGANIZATION THAT HARNESSSES THE POWER OF COMMUNITIES WORKING TOGETHER- PEOPLE, NONPROFITS, BUSINESSES, AND GOVERNMENT-TO FIGHT POVERTY, DELIVER SMART SOLUTIONS, AND CREATE CHANGE THAT LASTS

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 18,548,304 including grants of \$ 16,744,370 ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ 8,733,102 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ 18,983,276 including grants of \$ 18,983,276 ) (Revenue \$ 1,233,987 )  
See Additional Data

(Code ) (Expenses \$ 230,435 including grants of \$ 29,995 ) (Revenue \$ )

THE UNITED WAY OF CENTRAL OHIO IS AN ONGOING PARTNER WITH ORGANIZED LABOR, WORKING TO INSURE THAT UNION MEMBERS AND THEIR FAMILIES HAVE ACCESS TO A WIDE RANGE OF VITAL COMMUNITY SERVICES OUR SERVICES COVER A BROAD VARIETY OF NEEDS INCLUDING FOOD PROVISION, ASSISTING FAMILIES IN CRISIS, PROVIDING SUPPORT DURING LAYOFFS AND PLANT CLOSINGS, PROVIDING FOOD AND HOLIDAY ASSISTANCE AND MANY MORE THE AFL-CIO COMMUNITY SERVICE LABOR STAFF PROVIDES A WIDE VARIETY OF TRAINING AND EDUCATIONAL OPPORTUNITIES FOR LOCAL UNIONS AND THEIR MEMBERS

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 230,435 including grants of \$ 29,995 ) (Revenue \$ )

**4e Total program service expenses** ▶ 46,495,117

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (26); 1b Enter the number of voting members included in line 1a, above, who are independent (26); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 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? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (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? (No); 16b 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?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (OH); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 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: [X] Own website, [X] Another's website, [X] 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: CHERYL NELSON SENIOR VP OF FINANCE AND CFO 360 SOUTH THIRD STREET COLUMBUS, OH 43215 (614) 227-2700





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>	406,322				
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,569,488				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	50,163,363				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		843,197				
	<b>h Total.</b> Add lines 1a-1f . . . . .			52,139,173			
<b>Program Service Revenue</b>	<b>2a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f . . . . .						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		19,741			19,741	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
		<b>b</b> Less direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code						
<b>11a</b> DONOR DESIGNATION PROC FEES	900099	1,233,987	1,233,987				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			1,233,987				
<b>12 Total revenue.</b> See Instructions . . . . .			53,392,901	1,233,987	0	19,741	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	35,727,646	35,727,646		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	29,995	29,995		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,146,007	207,287	640,532	298,188
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	5,025,443	2,105,615	1,274,810	1,645,018
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	178,570	91,896	29,151	57,523
<b>9</b> Other employee benefits	841,262	317,922	219,068	304,272
<b>10</b> Payroll taxes	427,041	169,315	127,462	130,264
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	28,691	12,705	15,986	
<b>c</b> Accounting	47,523	3,273	31,000	13,250
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	764,175	392,326	346,112	25,737
<b>12</b> Advertising and promotion	348,106	12,267	153,439	182,400
<b>13</b> Office expenses	429,523	121,846	86,776	220,901
<b>14</b> Information technology	451,840	117,353	190,595	143,892
<b>15</b> Royalties				
<b>16</b> Occupancy	185,425	73,530	50,440	61,455
<b>17</b> Travel	141,879	56,797	38,014	47,068
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	5,959		5,959	
<b>21</b> Payments to affiliates	437,182	179,513	134,330	123,339
<b>22</b> Depreciation, depletion, and amortization	209,363	85,968	64,329	59,066
<b>23</b> Insurance	37,842	16,276	9,143	12,423
<b>24</b> 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.)				
<b>a</b> PROGRAM CONTRACTED AGEN	6,513,317	6,513,317		
<b>b</b> SPECIAL EVENTS	310,915	238,348	3,377	69,190
<b>c</b> MISCELLANEOUS	77,895	21,922	36,874	19,099
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	53,365,599	46,495,117	3,457,397	3,413,085
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	12,246,805	<b>1</b>	11,780,944
	<b>2</b> Savings and temporary cash investments . . . . .	560,758	<b>2</b>	1,257,142
	<b>3</b> Pledges and grants receivable, net . . . . .	21,623,802	<b>3</b>	20,615,802
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	94,864	<b>9</b>	98,270
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,568,034		
	<b>b</b> Less accumulated depreciation	2,297,052		
		1,409,057	<b>10c</b>	1,270,982
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	2,467,832	<b>12</b>	2,235,759
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets See Part IV, line 11 . . . . .	2,063,319	<b>15</b>	1,966,507	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	40,466,437	<b>16</b>	39,225,406	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,303,934	<b>17</b>	1,454,428
	<b>18</b> Grants payable . . . . .	12,357,584	<b>18</b>	10,932,619
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	274,845	<b>21</b>	288,318
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	96,575	<b>24</b>	43,697
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	14,032,938	<b>26</b>	12,719,062
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	18,827,489	<b>27</b>	20,727,079
	<b>28</b> Temporarily restricted net assets . . . . .	7,606,010	<b>28</b>	5,779,265
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	26,433,499	<b>33</b>	26,506,344
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	40,466,437	<b>34</b>	39,225,406

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	53,392,901
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	53,365,599
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	27,302
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	26,433,499
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	45,542
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	26,506,344

**Part XII Financial Statements and Reporting**

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

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 31-4393712

**Name:** UNITED WAY OF CENTRAL OHIO INC

Form 990 (2016)

## Form 990, Part III, Line 4a:

PROGRAM FUNDING (FUNDED PARTNERS) - STRONG FAMILIES, VIBRANT NEIGHBORHOODS, SMART COMMUNITY SOLUTIONS IN THE COMING YEAR, UWCO AND OUR AGENCY PARTNERS WILL BE TRANSITIONING TO A RESULTS-BASED ACCOUNTABILITY (RBA) PROCESS WHERE WE WILL BE REPORTING ON RESULTS INDICATORS ACROSS ALL OF OUR INVESTMENTS THE RBA PROCESS WILL BE DESIGNED TO SUPPORT EFFICIENT COLLECTION AND EFFECTIVE USE OF DATA TO CONTINUOUSLY IMPROVE AND TO TELL THE STORY OF OUR COLLECTIVE IMPACTUNITED WAY OF CENTRAL OHIO IS DEDICATED TO THE SINGULAR GOAL OF FIGHTING POVERTY WE DO THAT BY ACTING AS A CATALYST FOR LASTING IMPROVEMENTS AND BY MOBILIZING OUR COMMUNITY TO GIVE AND VOLUNTEER WE PROVIDE A COMPREHENSIVE SYSTEM OF PATHWAYS LINKING PEOPLE TO HIGH-QUALITY SERVICES THAT EFFECTIVELY HELP THEM EMERGE FROM POVERTY WE BRING LEADERS TOGETHER TO IMPROVE THE POLICIES AND SYSTEMS THAT DIRECTLY AFFECT THOUSANDS OF LIVES, AND WE DEVELOP AND IMPLEMENT INNOVATIVE AND INTEGRATED WAYS TO REDUCE POVERTY WE WORK IN PRIORITY NEIGHBORHOODS TO CREATE BROAD POSITIVE CHANGES BY EMPOWERING NEIGHBORHOOD LEADERS AND RESIDENTS TO CHANGE THE PLACES THEY LIVE WE ARE DEDICATED TO MAKING THE PRINCIPLES OF DIVERSITY AND INCLUSION A FOUNDATION FOR EVERYTHING WE DO BECAUSE WE KNOW THE BEST DECISIONS ARE MADE WHEN ALL VOICES ARE HEARD AND RESPECTED AS ONE OF THE LARGEST UNITED WAYS IN THE COUNTRY, WE BRING TOGETHER MORE THAN 80,000 DONORS AND VOLUNTEERS FOR MORE INFORMATION, VISIT FIGHTPOVERTYOHIO.ORG COMMUNITY RESULTS YOUNG CHILDREN ENTER KINDERGARTEN READY TO SUCCEED CONDITIONS -IN 2015-16 55 2% OF CHILDREN ENTERING KINDERGARTEN IN THE COLUMBUS CITY SCHOOL DISTRICT WERE NOT ON TRACK IN THE AREAS OF LANGUAGE AND LITERACY (BASED ON KINDERGARTEN READINESS ASSESSMENTS) RESULTS -IN 2016, UNITED WAY FINANCIAL SUPPORT PROVIDED 15,250 CHILDREN AND THEIR FAMILIES WITH HIGH QUALITY EARLY CARE, EDUCATION SERVICES, AND SERVICES THAT SUPPORTED THE CHILD'S HEALTHY DEVELOPMENT YOUTH GRADUATE FROM HIGH SCHOOL PREPARED FOR ADDITIONAL LEARNING AND PRODUCTIVE CAREERS CONDITIONS -FOR THE CLASS OF 2015, THE FOUR-YEAR GRADUATION RATE FOR COLUMBUS CITY SCHOOL DISTRICT WAS 74%, WHICH WAS LOWER THAN THE STATEWIDE GRADUATION RATE OF 83% RESULTS -IN 2016, WITH UNITED WAY SUPPORT, 24,265 CHILDREN AND YOUTH WERE SERVED BY PROGRAMS THAT BUILT THE SOCIAL COMPETENCIES AND LIFE SKILLS THAT YOUTH NEED TO GRADUATE FROM HIGH SCHOOL AND PREPARE FOR A PRODUCTIVE LIFE AND INCREASE STUDENT ACADEMIC ACHIEVEMENT PEOPLE ACHIEVE FINANCIAL STABILITY CONDITIONS -IN 2016, THE UNEMPLOYMENT RATE IN FRANKLIN COUNTY WAS 4% WHILE THIS IS AN IMPROVEMENT OVER PREVIOUS YEARS, IT STILL MEANS THAT 26,773 FRANKLIN COUNTY RESIDENTS ARE WITHOUT A JOB, DESPITE THEIR EFFORTS TO FIND WORK RESULTS -IN 2016, 4,121 UNDER-EMPLOYED AND UNEMPLOYED CENTRAL OHIOANS RECEIVED JOB TRAINING, COACHING AND PLACEMENT SERVICES TO HELP THEM SECURE AND MAINTAIN EMPLOYMENT PEOPLE IN CRISIS HAVE ACCESS TO EMERGENCY FOOD, SHELTER AND FINANCIAL ASSISTANCE CONDITIONS -IN 2016 3,067 CHILDREN SLEPT IN EMERGENCY SHELTER IN COLUMBUS AND FRANKLIN COUNTY 58% PERCENT OF FAMILIES WERE NEWLY HOMELESS, MEANING THEY HAD NOT ACCESSED EMERGENCY SHELTER WITHIN THE PAST TEN YEARS RESULTS -IN 2016, UNITED WAY'S WORK TO HELP PEOPLE IN CRISIS REACHED 244,292 INDIVIDUALS IN MEETING IMMEDIATE NEEDS RELATED TO FOOD, SHELTER AND FINANCIAL ASSISTANCE PEOPLE OVERCOME BARRIERS TO ACCESSING HEALTH AND WELLNESS SERVICES CONDITIONS -IN 2015, 11% OF ADULTS IN FRANKLIN COUNTY RESIDENTS STILL DO NOT HAVE HEALTH INSURANCE RESULTS -IN 2016, UNITED WAY HELPED MORE THAN 17,752 PEOPLE GET THE CARE THEY NEED THROUGH CARE COORDINATION AND LINKAGE TO HEALTH AND WELLNESS SERVICES PEOPLE MAINTAIN HEALTHY NUTRITION AND PHYSICAL FITNESS CONDITIONS -NEARLY 31% OF FRANKLIN COUNTY ADULTS ARE CONSIDERED OBESE AS MANY AS 22 5% ENGAGED IN NO PHYSICAL ACTIVITY WITHIN THE MONTH PRIOR TO BEING SURVEYED RESULTS -IN 2016, UNITED WAY HELPED OVER 17,882 CHILDREN AND ADULTS EAT HEALTHY MEALS AND TO BE MORE PHYSICALLY ACTIVE THE COMMUNITY IS PREPARED TO RESPOND TO DISASTERS AND EMERGENCIES IN A COORDINATED AND COMPREHENSIVE WAY CONDITIONS -ONLY 60% OF FRANKLIN COUNTY FAMILIES SURVEYED HAVE A PLAN FOR EMERGENCIES, AND LESS THAN 30% HAD PRACTICED THEIR PLAN OR HAD A DISASTER SUPPLY KIT RESULTS -IN 2016, UNITED WAY HELPED PREPARE OVER 41,449 INDIVIDUALS TO RESPOND IN THE EVENT OF AN EMERGENCY OR DISASTER THROUGH COMMUNITY DISASTER EDUCATION AND INSTRUCTION IN CPR, FIRST AID, AED, AND OTHER LIFESAVING SKILLS TRAINING PEOPLE LIVE IN SAFE AND DECENT HOUSING CONDITIONS -AS OF AUGUST, 2008, THERE WERE 4,946 VACANT HOMES IN COLUMBUS, UP 25% FROM JUST 18 MONTHS EARLIER IN JUNE OF 2013, THAT NUMBER INCREASED TO 6,236 VACANT HOMES IN COLUMBUS, A 26% INCREASE FROM 2008 IN JANUARY OF 2016, THE NUMBER OF VACANT HOMES IN THE CITY OF COLUMBUS HAS REDUCED TO 5,280, NEARING PRE-RECESSION LEVELS RESULTS -UNITED WAY'S INVESTMENT IN THE HEALTHY NEIGHBORS HEALTHY FAMILIES COLLABORATIVE / SOUTH SIDE HOUSING INITIATIVE, THROUGH OUR MEMBER AGENCY COMMUNITY DEVELOPMENT FOR ALL PEOPLE, IS CREATING SAFE, QUALITY AND AFFORDABLE HOUSING ON COLUMBUS' SOUTH SIDE IN 2016, UNITED WAY'S INVESTMENT SUPPORTED THE ACQUISITION, REHABILITATION OR REPAIR OF 51 PROPERTIES IN THE AREA, AND OVER 275 PROPERTIES HAVE BENEFITTED SINCE 2010 PEOPLE LIVE IN SAFE NEIGHBORHOODS CONDITIONS -IN 2000, FRANKLIN COUNTY JUVENILE COURT REPORTED INTERACTIONS WITH 10,297 DELINQUENT AND UNRULY YOUTH, AND 11,759 IN 2008, AN INCREASE OF 14 2% DURING THAT PERIOD IN 2009, THERE WERE 1,700 ADMISSIONS TO THE FRANKLIN COUNTY JUVENILE DETENTION CENTER, WHEREAS IN 2012 THERE WERE ONLY 1,021, RESULTING IN A 66% DECREASE IN JUST 4 YEARS IN 2015, THAT NUMBER CONTINUED TO DECLINE, WITH 914 JUVENILES BEING ADMITTED TO THE FRANKLIN COUNTY JUVENILE DETENTION FACILITY RESULTS -IN 2016, THE INVESTMENTS MADE BY UNITED WAY ASSISTED 3,944 INDIVIDUALS IN POSITIVE YOUTH DEVELOPMENT AND/OR DIVERSION TACTICS SUCH AS STRATEGIES TO REDUCE CRIMINAL ACTIVITY AND DELINQUENCY INVESTMENT ALSO SUPPORTED CRIME-DETERRING INTERVENTIONS RELATED TO SAFETY AND SECURITY IN NEIGHBORHOODS SERVED BY UNITED WAY

## Form 990, Part III, Line 4b:

SPECIAL INITIATIVE PROGRAM SERVICES COLUMBUS & FRANKLIN COUNTY KIDS COLUMBUS & FRANKLIN COUNTY KIDS IS THE FIRST INITIATIVE OF ITS KIND IN THE COUNTRY THAT PARTNERS WITH SOCIAL SERVICE ORGANIZATIONS TO ENSURE CHILDREN ARE READY TO LEARN IN SCHOOL. THE UNITED WAY OF CENTRAL OHIO INITIATIVE IS DESIGNED TO IDENTIFY, SCREEN, REFER FOR INTERVENTION, AND TRACK ALL 2-5 YEAR OLDS IN FRANKLIN COUNTY COLUMBUS & FRANKLIN COUNTY KIDS REACHES OUT TO PARENTS AND FAMILIES OF PRESCHOOL-AGED CHILDREN AND PROVIDES FREE LEARNING CHECKUPS THAT ARE DESIGNED TO FLAG POTENTIAL DELAYS IN COMMUNICATION, MOTOR SKILLS, PROBLEM-SOLVING, OR SOCIAL/EMOTIONAL DEVELOPMENT. IT SCREENS CHILDREN EVERY SIX MONTHS TO DETERMINE IF THEY ARE DEVELOPING AT AGE LEVEL AND REFERS CHILDREN WHO ARE NOT DEVELOPING AT AGE LEVEL FOR FURTHER ASSESSMENT OR OTHER SERVICES. COLUMBUS & FRANKLIN COUNTY KIDS SCREENED 18,800 CHILDREN FROM FEBRUARY 2010 THROUGH DECEMBER 31, 2015. IN OCTOBER 2015, COLUMBUS & FRANKLIN COUNTY KIDS ADOPTED THE PATHWAYS MODEL FOR CARE COORDINATION TO BETTER PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN. THE PATHWAYS MODEL AFFORDS COLUMBUS & FRANKLIN COUNTY KIDS COORDINATORS THE OPPORTUNITY TO ADDRESS THE NEEDS OF THE ENTIRE FAMILY. SINCE WE KNOW THAT THE EDUCATIONAL SUCCESS OF OUR CHILDREN IS BASED ON MANY FACTORS LIKE FAMILY HEALTH, PARENT EMPLOYMENT, AND HOUSING, THESE COMPREHENSIVE ASSESSMENTS PROVIDE THE OPPORTUNITY FOR COORDINATORS TO CONNECT FAMILIES WITH A WIDE RANGE OF SERVICES. EVERY SERVICE THAT HELPS FAMILIES MAINTAIN A STABLE HOME LIFE GOES A LONG WAY TOWARD HELPING THEIR CHILDREN DO BETTER IN SCHOOL. SINCE THE START OF THE PATHWAYS MODEL, COORDINATORS HAVE ENROLLED OVER 1,900 CHILDREN, PARENTS, AND SIBLINGS AND HAVE OPENED NEARLY 4,000 PATHWAYS DESIGNED TO ADDRESS A RANGE OF NEEDS THAT IMPACT A CHILD'S READINESS FOR SCHOOL. NEIGHBORHOOD PARTNERSHIP CENTER (NPC)/NPC WAS ESTABLISHED TO ADDRESS CRITICAL NEEDS IN NEIGHBORHOOD DEVELOPMENT FOR INDIVIDUALS AND GROUPS SERVING GRASS ROOTS, CIVIC, FAITH-BASED AND SMALL NON-PROFITS. THE GOAL OF THE NPC IS TO PROVIDE CURRENT AND INNOVATIVE TRAINING IN LEADERSHIP, ORGANIZATIONAL AND TECHNICAL ASSISTANCE, COLLABORATION AND COMMUNITY ENGAGEMENT. AS A PART OF THAT EFFORT, THE NPC ENGAGED OVER 700 COMMUNITY STAKEHOLDERS THROUGH PERSONALIZED CAPACITY BUILDING WORKSHOPS, COALITION TRAINING AND IMPLEMENTATION, OUTREACH, AND LEADERSHIP DEVELOPMENT PROGRAMMING. THE NPC ALSO OFFERS NEIGHBORHOOD PARTNERSHIP GRANTS TO GRASS-ROOTS ORGANIZATIONS IN SUPPORT OF RESIDENT-DRIVEN, NEIGHBORHOOD IMPROVEMENT PROJECTS. GRANTS RANGE FROM \$450 TO \$7,522. IN 2016, 65 GRANTS WERE AWARDED, TOTALING \$209,387. IN 2016, UWCO GRADUATED 32 COMMUNITY LEADERS THROUGH ITS CORE AND SOUTH SIDE NEIGHBORHOOD LEADERSHIP ACADEMY PROGRAMS. THESE PROGRAMS INCREASED PARTICIPANT CAPACITY TO IMPACT THEIR NEIGHBORHOODS BY FOCUSING ON TOPICS SUCH AS COMMUNICATIONS, MAPPING, PROJECT AND MEETING MANAGEMENT, DIVERSITY, MEDIA, GOVERNMENT AND LEGAL ISSUES, COMMUNITY TOURS AND ACCOUNTABLE CITIZENRY. IN PARTNERSHIP WITH THE CITY OF COLUMBUS, THE NPC HELD ITS 7TH ANNUAL NEIGHBORHOOD BEST PRACTICES CONFERENCE IN 2016, WITH OVER 300 NEIGHBORHOOD RESIDENTS AND COMMUNITY STAKEHOLDERS IN ATTENDANCE. THE CONFERENCE PLANNING COMMITTEE CONSISTED OF 50 INDIVIDUALS, THEY ORGANIZED THE CONFERENCE PROGRAM PLANNING, VOLUNTEER RECRUITMENT AND CONFERENCE SPONSORSHIPS. THE CONFERENCE INCLUDED 15 COMMUNITY-LED WORKSHOPS. TAX TIME BY UWCO, TAX TIME IS A PUBLIC-PRIVATE PARTNERSHIP OF OVER 80 CENTRAL OHIO ORGANIZATIONS. TAX TIME'S MISSION IS TO PROVIDE THE CENTRAL OHIO COMMUNITY WITH INFORMATION ABOUT, AND ACCESS TO, FREE, HIGH-QUALITY TAX ASSISTANCE SERVICES AND FINANCIAL RESOURCES THAT ENABLE LOW AND MODERATE-INCOME HOUSEHOLDS TO ACHIEVE FINANCIAL STABILITY. IN 2017, THE COALITION SERVED 16,138 TAXPAYERS, HELPING THEM CLAIM FEDERAL TAX REFUNDS OF MORE THAN \$17.5 MILLION. THE ESTIMATED SAVINGS FOR THESE TAXPAYERS ON FEES THEY WOULD HAVE PAID FOR RETURN PREPARATION OR RAPID REFUND LOANS WAS APPROXIMATELY \$3.2 MILLION. PROJECT DIVERSITY/PROJECT DIVERSITY IS AN ANNUAL PROGRAM DESIGNED TO DEVELOP LEADERS WITHIN MINORITY COMMUNITIES FOR SERVICE ON NON-PROFIT BOARDS IN CENTRAL OHIO. SINCE 2008, OVER 65% OF THE GRADUATES HAVE SERVED ON A NON-PROFIT BOARD (115 OUT OF 178). PRIDE LEADERSHIP PRIDE LEADERSHIP IS AN ANNUAL PROGRAM DESIGNED TO DEVELOP LEADERS WITHIN THE LGBT COMMUNITY FOR SERVICE ON NON-PROFIT BOARDS IN CENTRAL OHIO. SINCE 2008 OVER 60% OF THE GRADUATES HAVE SERVED ON A NON-PROFIT BOARD (84 OUT OF 142). COLUMBUS VOLUNTEER CHALLENGE IN 2016, UWCO AND THE CITY OF COLUMBUS PARTNERED FOR THE THIRD YEAR TO HOST THE COLUMBUS VOLUNTEER CHALLENGE, WHICH BEGAN IN 2012 AND IS THE LARGEST VOLUNTEER EVENT OF ITS KIND IN CENTRAL OHIO. THE EVENT ENGAGED MORE THAN 1,200 VOLUNTEERS WHO COMPLETED OVER 100 PROJECTS AND SERVED OVER 7,200 HOURS ACROSS CENTRAL OHIO. THE ESTIMATED TOTAL FINANCIAL IMPACT IN VOLUNTEER TIME IN 2016 WAS \$173,808. SIEMER INSTITUTETHE SIEMER INSTITUTE OVERSEES A NATIONAL NETWORK OF PROGRAMS FOR FAMILIES WITH SCHOOL-AGED CHILDREN THAT ARE AT RISK OF HOMELESSNESS. THESE PROGRAMS PROVIDE COMPREHENSIVE SERVICES TO STABILIZE FAMILIES IN THEIR HOMES WHILE KEEPING CHILDREN IN THEIR SCHOOLS. PROGRAMS ARE LOCALLY DESIGNED AND LOCALLY MANAGED TO ENSURE THAT THEY RESPOND TO IMMEDIATE COMMUNITY NEEDS. THE NETWORK ACTIVELY PARTICIPATES IN A COLLECTIVE IMPACT MODEL WHILE SHARING BEST PRACTICES THAT ALIGN SUCCESSSES WITH THE INTENT OF CREATING NATIONAL CHANGE. THE INSTITUTE IS HOUSED AT UWCO, WHICH PROVIDES A VARIETY OF LOGISTICS AND INFRASTRUCTURE SUPPORT. THE UW CONNECTION ALLOWS THE INSTITUTE THE OPPORTUNITY TO WORK WITH LOCAL UNITED WAYS TO ESTABLISH EFFECTIVE LOCAL PROGRAMS SINCE LAUNCHING IN JUNE 2011, THE SIEMER INSTITUTE HAS EXPANDED ITS PARTNERSHIPS TO MORE THAN 50 COMMUNITIES AS OF JUNE, 2017. FRESH FOODS HERE/FRESH FOODS HERE (FFH) SEEKS TO IMPROVE ACCESS TO HEALTHY FOOD IN LOW-INCOME URBAN NEIGHBORHOODS. THE PROGRAM ACHIEVES THIS BY PARTNERING WITH CORNER STORES AND PROVIDING TECHNICAL AND MATERIAL ASSISTANCE TO HELP THEM STOCK, MARKET AND SELL HEALTHY FOODS. FFH ALSO ASSISTS STORES IN BUILDING DEMAND FOR NEW INVENTORY THROUGH TARGETED MARKETING EFFORTS, WHICH INCLUDE NUTRITION EDUCATION OPPORTUNITIES SUCH AS COOKING DEMONSTRATIONS AND STORE TOURS, AS WELL AS IN-PERSON AND ADVERTISING-BASED OUTREACH. THESE EFFORTS, ALONG WITH RIGOROUS EVALUATION AND ASSESSMENT OF PROGRAM SUCCESS, CREATE ENVIRONMENTS WHERE HEALTHY FOOD RETAIL IS PROFITABLE AND SUSTAINABLE IN URBAN COMMUNITIES. FFH IS CURRENTLY PRESENT IN 20 STORES ACROSS CENTRAL OHIO. IN 2016, FFH STORES REPORTED INCREASED SALES OF HEALTHY ITEMS, AND 90% OF PARTICIPATING STORES STATED THAT FFH GAVE THEM NEW STRATEGIES AND IDEAS FOR SELLING HEALTHY FOOD. CUSTOMERS WHO RECOGNIZE THE FFH LOGO CONSISTENTLY REPORT HIGHER CONFIDENCE IN BEING ABLE TO MAINTAIN HEALTHY BEHAVIORS IN THEIR NEIGHBORHOOD. EDUCATE, EMPOWER, ELEVATE (E3) THE MISSION OF THE E3 PROGRAM IS TO HELP LOW TO MODERATE-INCOME WOMEN BUILD PATHWAYS OUT OF POVERTY BY REACHING A NEW LEVEL OF FINANCIAL STABILITY FOR THEMSELVES AND THEIR FAMILIES. TYPICALLY THIS IS ACHIEVED BY COMPLETING THEIR POST-SECONDARY EDUCATION OR TRAINING. THE PROGRAM RELIES ON THESE STRATEGIES TO HELP WOMEN SUCCEED. PROVIDING THE SUPPORT NECESSARY TO SECURE A LIVABLE WAGE JOB WITH BENEFITS. LINKING WOMEN TO RESOURCES AND BENEFITS THAT ENHANCE FINANCIAL STABILITY AND LITERACY. MATCHING WOMEN WITH A MEMBER OF THE COMMUNITY TO SERVE AS MENTOR, PREPARING EACH TO ATTEND SCHOOL AND SUPPORTING HER AS SHE WORKS TO OBTAIN A COLLEGE DEGREE OR CERTIFICATION. IN 2016, THE PROGRAM SERVED 86 WOMEN, 33 OF WHICH WERE NEW TO THE PROGRAM. CHAMPION OF CHILDREN FROM AWARENESS TO ACTION, CHAMPION OF CHILDREN ACTS AS A POWERFUL VOICE AND PLATFORM TO FIGHT POVERTY BY FOCUSING ON THE NEEDS OF OUR COMMUNITY'S CHILDREN. IT BUILDS AWARENESS AND UNDERSTANDING OF ISSUES THAT AFFECT THE WELL-BEING AND POTENTIAL OF OUR CHILDREN AND THEIR FAMILIES, PUBLISHES RESEARCH THAT GUIDES AND INFORMS THE SUPPORT OF PROGRAMMING, AND MOBILIZES OUR COMMUNITY TO TAKE ACTION. BY PROVIDING A PLATFORM FOR NEW IDEAS, EFFECTIVE APPROACHES, COLLABORATION AND ACTION, CHAMPION OF CHILDREN MOTIVATES AND ALIGNS EFFORTS TO IMPROVE THE LIVES OF CHILDREN AND FAMILIES IN OUR COMMUNITY. CHAMPION OF CHILDREN EFFORTS INCLUDE YEAR-ROUND COMMUNITY OUTREACH ENGAGEMENT AND ADVOCACY. THE PRODUCTION OF THE CHAMPION OF CHILDREN REPORT AND VARIOUS RESEARCH BRIEFS. THE ANNUAL CHAMPION OF CHILDREN SIGNATURE EVENT AND AWARDS CEREMONY.(CONTINUED ON PG 97)

**Form 990, Part III, Line 4c:**

UNITED WAY OF CENTRAL OHIO ALLOWS DONORS TO DESIGNATE GIFTS TO OTHER UNITED WAYS OR SPECIFIC AGENCIES. UNITED WAY OF CENTRAL OHIO PROCESSES DONOR DESIGNATIONS TO 3,780 AGENCIES AND OTHER UNITED WAYS DURING THE 2015 CAMPAIGN. ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UNITED WAY UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING. SUCH SCREENING INCLUDES VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT AND VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION.

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TRUDY BARTLEY ..... TRUSTEE	1 00 .....	X						0	0	0
BARBARA BENHAM ..... TRUSTEE	1 00 .....	X						0	0	0
ELIZABETH BLOUNT MCCORMICK ..... TRUSTEE	1 00 .....	X						0	0	0
DUANE CASARES ..... TRUSTEE	2 00 .....	X						0	0	0
PAUL FEENEY ..... TRUSTEE	2 00 .....	X						0	0	0
DR J DANIEL GOOD ..... TRUSTEE	1 00 .....	X						0	0	0
LANA HILLEBRAND ..... TRUSTEE	2 00 .....	X						0	0	0
SHAWN HOLT ..... TRUSTEE	1 00 .....	X						0	0	0
TRACEY JOHNSON ..... TRUSTEE	1 00 .....	X						0	0	0
ADAM LEWIN ..... TRUSTEE	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MIKE LEX ..... TRUSTEE	2 00 .....	X						0	0	0
STEVE MARKOVICH MD ..... TRUSTEE	1 00 .....	X						0	0	0
FRED RANSIER ..... TRUSTEE	1 00 .....	X						0	0	0
MARTYN R REDGRAVE ..... TRUSTEE, SEARCH COMMITTEE CHAIR	15 00 .....	X						0	0	0
TOM RIELAND ..... TRUSTEE	1 00 .....	X						0	0	0
ELAINE ROBERTS ..... TRUSTEE	1 00 .....	X						0	0	0
GLEN SKEEN ..... TRUSTEE	2 00 .....	X						0	0	0
ELISE SPRIGGS ..... TRUSTEE	1 00 .....	X						0	0	0
BOB TANNOUS ..... TRUSTEE	1 00 .....	X						0	0	0
KARIN WARUPA ..... TRUSTEE	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATARYUN WRIGHT ..... TRUSTEE	1 00 .....	X						0	0	0
DONALD BROWN ..... TREASURER	2 00 .....			X				0	0	0
LISA INGRAM ..... CHAIR ELECT	4 00 .....			X				0	0	0
CRAIG MARSHALL ..... CHAIR	6 00 .....			X				0	0	0
VIRGINIA NUNES GUTIERREZ ..... SECRETARY	2 00 .....			X				0	0	0
DAVID PARAGAS ..... IMMEDIATE PAST CHAIR	2 00 .....			X				0	0	0
JANET E JACKSON ..... FORMER PRESIDENT AND CEO	46 00 .....			X				347,571	0	97,449
GERALD DANNEMILLER ..... SVP OF MARKETING	42 00 .....			X				153,390	0	10,800
TODD DIEFFENDERFER ..... SVP OF COMMUNITY IMPACT	45 00 .....			X				172,555	0	10,798
ANGEL HARRIS ..... SVP OF RESOURCE DEVELOPMENT	51 00 .....			X				183,100	0	12,331

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHERYL NELSON ..... SVP OF FINANCE, CFO	48 00 .....			X				182,056	0	35,159
LISA S COURTICE PHD CAP ..... PRESIDENT & CEO	0 00 .....			X				0	0	0
ROBERT PODLOGAR ..... NATIONAL DIRECTOR SIEMER INSTITUTE	40 00 .....					X		114,404	0	8,010

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

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service  
**Name of the organization**  
UNITED WAY OF CENTRAL OHIO INC

**Employer identification number**  
31-4393712

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	50,500,407	52,676,174	55,039,314	48,954,684	48,758,587	255,929,166
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	50,500,407	52,676,174	55,039,314	48,954,684	48,758,587	255,929,166
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						56,752,144
<b>6 Public support.</b> Subtract line 5 from line 4						199,177,022

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b> Amounts from line 4	50,500,407	52,676,174	55,039,314	48,954,684	48,758,587	255,929,166
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	57,287	57,484	36,471	14,728	19,741	185,711
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	1,268,163	1,197,097	1,160,051	1,121,680	1,233,987	5,980,978
<b>11 Total support.</b> Add lines 7 through 10						262,095,855
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	

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

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	75.990 %
<b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	68.940 %

- 16a 33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**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).

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART II, LINE 10	DONOR DESIGNATION PROCESSING FEE INCLUDES PUBLIC SECTOR CAMPAIGN ADMINISTRATIVE FEES ASSOCIATED WITH UNITED WAY'S ROLE AS THE CAMPAIGN COORDINATING ORGANIZATION AND COST RECOVERY FEES ASSESSED ON PRIVATE SECTOR CAMPAIGN DONOR DESIGNATED PLEDGES FOR FUNDRAISING, MANAGEMENT AND GENERAL EXPENSES, BASED ON ACTUAL HISTORICAL COSTS, IN ACCORDANCE WITH UNITED WAY WORLDWIDE MEMBERSHIP REQUIREMENTS

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART VI	<p>SINCE THE INCEPTION OF THE SIEMER INSTITUTE (INSTITUTE) IN 2011, THE SIEMER FAMILY FOUNDATION (SFF) HAD GRANTED ANNUAL FUNDING TO UNITED WAY IN SUPPORT OF THE INSTITUTE IN ADVANCE OF EACH CALENDAR YEAR BEGINNING IN CALENDAR YEAR 2015, MANAGEMENT OF THE INSTITUTE DECIDED TO APPROVE FUNDING ON AN AS-NEEDED BASIS GRANTS AND ASSOCIATED FUNDING ARE NOW PROVIDED TO UNITED WAY TO SUPPORT PARTICIPATING CITIES IN ACCORDANCE WITH THE PAYMENT TIMELINES ESTABLISHED BY RESPECTIVE FUNDING AGREEMENTS THIS DECISION HAS RESULTED IN A DELAY IN THE TIMING OF REVENUE RECOGNITION, SINCE UNITED WAY RECOGNIZES REVENUE WHEN GRANT FUNDING IS COMMITTED GRANTS FOR INITIATIVES RECEIVED THROUGH THE CAMPAIGN FROM THE INSTITUTE TOTALED \$ 4,938,500 AND \$627,500 FOR THE YEARS ENDED MARCH 31, 2017 AND 2016, RESPECTIVELY THERE WAS NO CONTRIBUTION RECEIVABLE BALANCE OR BALANCE INCLUDED IN TEMPORARILY RESTRICTED NET ASSETS RELATED TO THE INSTITUTE CONTRIBUTIONS AS OF MARCH 31, 2017 AND 2016</p>

# Schedule A Form 990 of 990-E 2016

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**  
**www.irs.gov/form990.**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization UNITED WAY OF CENTRAL OHIO INC	<b>Employer identification number</b> 31-4393712
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2** Political expenditures ▶ \$ \_\_\_\_\_
- 3** Volunteer hours \_\_\_\_\_

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

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

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

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

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

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)	31,224													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	124,896													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	156,120													
<b>d</b> Other exempt purpose expenditures	54,478,339													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	54,634,459													
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-	0													
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-	0													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	85,290	81,019	107,506	156,120	429,935
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	17,058	16,204	21,501	31,224	85,987

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

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

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-A	990 LOBBYING STATEMENT - JANUARY - DECEMBER, 2016 UWCO EMPLOYED A FULL-TIME ASSISTANT VICE PRESIDENT FOR PUBLIC POLICY AND GOVERNMENT RELATIONS AND A PART-TIME PUBLIC POLICY COORDINATOR BOTH STAFF ARE REGISTERED WITH THE OHIO OFFICE OF THE LEGISLATIVE INSPECTOR GENERAL (JOINT LEGISLATIVE ETHICS COMMITTEE) AND LEGISLATIVE AGENTS WITH THE CITY OF COLUMBUS UWCO'S PUBLIC POLICY STAFF SUPPORTED UWCO'S PUBLIC POLICY COMMITTEE, KEPT UWCO STAFF AND VOLUNTEERS APPRISED OF POLICIES AND PUBLIC FUNDING DECISIONS THAT IMPACTED UWCO'S MISSION, REPRESENTED UWCO ON REGIONAL AND STATEWIDE ADVOCACY COALITIONS, MET WITH PUBLIC OFFICIALS AND STATE ADMINISTRATORS REGARDING UWCO'S PUBLIC POLICY PRIORITIES, TESTIFIED BEFORE KEY COMMITTEES, MOBILIZED DONORS AND VOLUNTEERS TO RESPOND TO ADVOCACY ALERTS, AND SERVED AS A RESOURCE AND THOUGHT-PARTNER FOR STAFF THROUGHOUT THE ORGANIZATION LOCAL ADVOCACY UWCO MAINTAINED STRONG RELATIONSHIPS WITH COLUMBUS CITY COUNCIL AND THE MAYOR'S OFFICE CITY COUNCIL MEMBERS AND LEADERSHIP IN THE MAYOR'S OFFICE RECEIVED IN-PERSON UPDATES REGARDING UWCO'S NEW INVESTMENT MODEL UWCO STAFF PROVIDED PUBLIC TESTIMONY ABOUT HEALTHY FOOD ACCESS, FREE TAX PREPARATION PROGRAMS, AND THE IMPORTANCE OF ADEQUATE CITY FUNDING FOR HEALTH AND HUMAN SERVICE PROVIDERS UWCO PARTNERED WITH COLUMBUS CITY COUNCIL ON SEVERAL PROJECTS INCLUDING AN EARLY LEARNING INITIATIVE (COLUMBUS KIDS) AND A FREE TAX PREPARATION PROGRAM FOR LOW- TO MODERATE-INCOME FAMILIES (TAX TIME) UWCO OBTAINED FRANKLIN COUNTY FUNDING FOR ITS FRESH FOODS HERE INITIATIVE AND NEIGHBORHOOD PARTNERSHIP GRANTS STATE ADVOCACY UWCO PARTICIPATED IN STATE BUDGET DELIBERATIONS, ADVOCATED FOR SUFFICIENT PUBLIC FUNDING FOR HEALTH AND HUMAN SERVICES, AND WORKED CLOSELY WITH STATEWIDE COALITIONS TO ADVOCATE FOR POLICY CHANGES THAT HELP FAMILIES TRANSITION TO SELF-SUFFICIENCY UWCO ADVOCATED FOR INFANT MORTALITY LEGISLATION UWCO ALSO ADVOCATED FOR STATE FUNDING TO ADDRESS FOOD DESERTS AND POOR ACCESS TO HEALTHY AND AFFORDABLE FOOD UWCO STRENGTHENED ITS RELATIONSHIP WITH THE OHIO MINORITY HEALTH COALITION, OBTAINING STATE FUNDING FOR FRANKLIN COUNTY'S PATHWAY COMMUNITY HUB FEDERAL ADVOCACY UWCO ADVOCATED FOR THE EARNED INCOME TAX CREDIT, VOLUNTEER INCOME TAX ASSISTANCE ACT, UNIVERSAL HEALTH COVERAGE, MEDICAID, THE CHILDREN'S HEALTH INSURANCE PROGRAM, AND THE COMBINED CHARITABLE CAMPAIGN UWCO ALSO OPPOSED EFFORTS TO CAP THE CHARITABLE DEDUCTION CREDIT COALITIONS/PUBLIC POLICY COMMITTEES UWCO SERVED ON THE FOLLOWING COALITIONS OR ADVOCACY COMMITTEES AFFORDABLE HOUSING ALLIANCE (COLUMBUS-SOUTH SIDE), THRIVE, CAMPAIGN FOR GRADE LEVEL READING, FUTURE READY COLUMBUS, FRANKLIN COUNTY FAMILY & CHILDREN FIRST COUNCIL, MID-OHIO REGIONAL PLANNING COMMISSION'S PUBLIC POLICY ROUNDTABLE, GROUNDWORK OHIO, ADVOCATES FOR OHIO'S FUTURE, OHIO AFTERSCHOOL NETWORK, OHIO ALLIANCE FOR HEALTH TRANSFORMATION, OHIO NETWORK FOR COVERAGE AND ENROLLMENT, OHIO WORKFORCE COALITION, VOICES FOR OHIO'S CHILDREN, OHIO MEDICAID COALITION, HEALTH POLICY INSTITUTE OF OHIO, AND PHILANTHROPY OHIO'S PUBLIC POLICY COMMITTEE GRASSROOTS LOBBYING (ADVOCACY ALERTS) 20% DIRECT LOBBYING 80% (MEETINGS WITH PUBLIC OFFICIALS AND THEIR STAFF, STRATEGIZING/PREPARATION FOR MEETINGS WITH PUBLIC OFFICIALS, PUBLIC TESTIMONIES, WRITTEN MATERIAL DESIGNED TO INFLUENCE PUBLIC OFFICIALS)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF CENTRAL OHIO INC

Employer identification number 31-4393712

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	1,046,710	1,013,780	992,396	930,516	877,647
<b>b</b> Contributions . . . . .		66,165			
<b>c</b> Net investment earnings, gains, and losses	102,147	21,195	74,635	107,505	97,778
<b>d</b> Grants or scholarships . . . . .	53,237	51,138	49,988	42,426	42,035
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .	3,367	3,292	3,263	3,199	2,874
<b>g</b> End of year balance . . . . .	1,092,253	1,046,710	1,013,780	992,396	930,516

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 000 %
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes |    |
| <b>(ii)</b> related organizations . . . . .  |     | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		266,846		266,846
<b>b</b> Buildings		2,006,195	1,349,396	656,799
<b>c</b> Leasehold improvements		377,803	335,623	42,180
<b>d</b> Equipment . . . . .		901,008	604,293	296,715
<b>e</b> Other . . . . .		16,182	7,740	8,442
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				1,270,982

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) CERTIFICATES OF DEPOSIT	1,462,127	F
(B) BANKERS ACCEPTANCES	731,465	F
(C) OTHER	42,167	C
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	2,235,759	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) QUASI-ENDOWMENT	1,092,253
(2) CASH SURRENDER VALUE OF LIFE INSURANCE	830,240
(3) MISCELLANEOUS ASSETS	44,014
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	1,966,507

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

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

**2. Liability for uncertain tax positions** In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	31,694,735
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	45,542
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	45,542
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	31,649,193
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	21,743,708
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	21,743,708
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .	<b>5</b>	53,392,901

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	31,621,890
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	31,621,890
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	21,743,708
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	21,743,708
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .	<b>5</b>	53,365,598

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 31-4393712

**Name:** UNITED WAY OF CENTRAL OHIO INC

## Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	ESCROW FUNDS UNITED WAY MAINTAINS A SEGREGATED ESCROW ACCOUNT FOR SELF-FUNDED UNEMPLOYMENT CLAIMS FOR SEVERAL FUNDED PARTNERS UNEMPLOYMENT CLAIMS ARE PAID TO THE OHIO DEPARTMENT OF JOBS AND FAMILY SERVICES FOR UNITED WAY AND PARTICIPATING AGENCIES FROM THIS ESCROW ACCOUNT UNITED WAY ALSO RECEIVES RESOURCES IN CERTAIN TRANSACTIONS WHERE IT IS ACTING AS AN INTERMEDIARY FOR THE RESOURCES PROVIDERS ACCORDINGLY, THESE TRANSACTIONS ARE RECOGNIZED AS CHANGES IN NET ASSETS AND LIABILITIES AND DO NOT AFFECT THE STATEMENT OF ACTIVITIES AGENCY LIABILITIES ARE CLASSIFIED ON THE STATEMENT OF FINANCIAL POSITION AS "FUNDS HELD BY OTHERS " UNITED WAY HAD AGENCY RELATIONSHIPS WITH THE FOLLOWING GEORGE MEANY BANQUET, L BRANDS VOLUNTEER FUND, CITY READERS, OHIO CIVIL RIGHTS HALL OF FAME, COLUMBUS YOUNG PROFESSIONALS, KIVA COLUMBUS

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS UNITED WAY MAINTAINS A BOARD DESIGNATED QUASI-ENDOWMENT FUND WHICH IS HELD AND MANAGED BY THE COLUMBUS FOUNDATION THE INTENDED USE OF THE FUND IS FOR THE PRINCIPAL TO BE MAINTAINED IN PERPETUITY AND THE INVESTMENT EARNINGS TO BE USED TO OFFSET INTERNAL OPERATING COSTS FOR THE PLANNED GIVING AND LEADERSHIP GIVING DEPARTMENTS

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	UNITED WAY PERFORMS AN ANNUAL ASSESSMENT FOR ANY UNCERTAINTY IN INCOME TAX POSITIONS WHICH INCLUDE AN ANALYSIS OF WHETHER THERE ARE ANY TAX POSITIONS TAKEN WITH REGARD TO UNRELATED BUSINESS INCOME, RELATED DEDUCTIONS APPLIED, OR OTHER ACTIVITIES THAT MAY JEOPARDIZE THEIR TAX EXEMPT STATUS AND THUS WOULD MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION AS OF MARCH 31, 2017, TAX FILING PERIODS FOR THE YEARS ENDED 2013 AND PRIOR ARE CLOSED NO TAX LIABILITY ACCRUAL WAS RECORDED AS OF THE YEARS ENDED MARCH 31, 2017 OR 2016 RELATING TO MATERIAL UNCERTAIN POSITIONS TAKEN AS MANAGEMENT BELIEVES THERE ARE NONE

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	OTHER DONOR DESIGNATIONS (NET OF INTERNAL INITIATIVE PROGRAM DESIGNATIONS) 21,743,708

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	OTHER DONOR DESIGNATIONS (NET OF INTERNAL INITIATIVE PROGRAM DESIGNATIONS) 21,743,708

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PART XIII	<p>SINCE THE INCEPTION OF THE SIEMER INSTITUTE (INSTITUTE) IN 2011, THE SIEMER FAMILY FOUNDATION (SFF) HAD GRANTED ANNUAL FUNDING TO UNITED WAY IN SUPPORT OF THE INSTITUTE IN ADVANCE OF EACH CALENDAR YEAR BEGINNING IN CALENDAR YEAR 2015, MANAGEMENT OF THE INSTITUTE DECIDED TO APPROVE FUNDING ON AN AS-NEEDED BASIS GRANTS AND ASSOCIATED FUNDING ARE NOW PROVIDED TO UNITED WAY TO SUPPORT PARTICIPATING CITIES IN ACCORDANCE WITH THE PAYMENT TIMELINES ESTABLISHED BY RESPECTIVE FUNDING AGREEMENTS THIS DECISION HAS RESULTED IN A DELAY IN THE TIMING OF REVENUE RECOGNITION, SINCE UNITED WAY RECOGNIZES REVENUE WHEN GRANT FUNDING IS COMMITTED GRANTS FOR INITIATIVES RECEIVED THROUGH THE CAMPAIGN FROM THE INSTITUTE TOTALED \$ 4,938,500 AND \$627,500 FOR THE YEARS ENDED MARCH 31, 2017 AND 2016, RESPECTIVELY THERE WAS NO CONTRIBUTION RECEIVABLE BALANCE OR BALANCE INCLUDED IN TEMPORARILY RESTRICTED NET ASSETS RELATED TO THE INSTITUTE CONTRIBUTIONS AS OF MARCH 31, 2017 AND 2016</p>

**Schedule I  
(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

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

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

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization  
UNITED WAY OF CENTRAL OHIO INC

**Employer identification number**  
31-4393712

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

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

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

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

See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) INDIVIDUAL EMERGENCY FUND - UTILITIES	73	18,809			
(2) INDIVIDUAL EMERGENCY FUND - RENT ASSISTANCE	26	9,870			
(3) INDIVIDUAL EMERGENCY FUND - MEDICAL AND DENTAL	2	493			
(4) INDIVIDUAL EMERGENCY FUND - TRANSPORTATION	5	343			
(5) INDIVIDUAL EMERGENCY FUND - OTHER ASSISTANCE	5	480			
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	GRANTS AND ALLOCATIONS TO FUNDED PARTNERS - ALLOCATIONS THE PROVISION OF HIGH QUALITY, HUMAN SERVICE PROGRAMS BY FUNDED PARTNERS AND COMMUNITY PARTNERS IS A KEY MEANS THROUGH WHICH THE UNITED WAY SYSTEM ACHIEVES MEANINGFUL AND MEASURABLE IMPACT IN OUR FOUR AREAS OF CRITICAL COMMUNITY NEED UNITED WAY RECOGNIZES THAT NON-PROFIT AGENCIES NEED TO BE WELL-MANAGED AND EFFECTIVELY GOVERNED IN ORDER TO APPROPRIATELY RESPOND TO CRITICAL COMMUNITY NEEDS AND TO IMPROVE THE QUALITY OF LIFE IN CENTRAL OHIO FUNDED PARTNERS RECEIVING PROGRAM FUNDING FROM UNITED WAY UNDERGO INTENSIVE STAFF AND VOLUNTEER PRE-SCREENING BEFORE BEING AWARDED FUNDING SUCH SCREENING INCLUDES, BUT IS NOT LIMITED TO - AN APPLICATION PROCESS THAT INCLUDES EXPLANATION OF THE PROPOSED USE AND RESULTS FROM USE OF THE FUNDING IN SUPPORT OF THE SPECIFIC TARGETED COMMUNITY OBJECTIVE - REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND GOVERNANCE, OPERATIONAL AND FISCAL POLICIES - VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT - VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION FUNDED PARTNERS ARE REQUIRED TO PROVIDE UNITED WAY WITH REGULAR PROGRESS REPORTS THAT SHOW HOW THE FUNDING HAS BEEN UTILIZED TO DATE AND THE RESULTS ACHIEVED DESIGNATION PAYMENTS TO DONOR DESIGNATED AGENCIES - ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UNITED WAY UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING SUCH SCREENING INCLUDES VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT AND VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION COMMUNITY SERVICES INDIVIDUAL EMERGENCY FUND GRANTS UNITED WAY OF CENTRAL OHIO MAINTAINS A SMALL FUND OF APPROXIMATELY \$25,000 PER YEAR TO PROVIDE EMERGENCY ASSISTANCE TO INDIVIDUALS AND FAMILIES IN SHORT-TERM CRISIS SITUATIONS THE AVERAGE AMOUNT OF ASSISTANCE PROVIDED PER INDIVIDUAL IS LESS THAN \$400, YET IN SOME CASES THIS AMOUNT COULD BE HIGHER DEPENDING ON THE CIRCUMSTANCES WHEN COMMUNITY SERVICES STAFF ARE CONTACTED REGARDING AN INDIVIDUAL / FAMILY IN NEED, THE FIRST ACTION TAKEN IS TO ASSESS THE SITUATION AND MAKE REFERRALS TO APPROPRIATE AGENCIES OR SERVICES THAT CAN RESPOND DIRECTLY DIRECT SERVICE IS OFTEN PROVIDED BY MAKING FOOD REFERRALS AND/OR PROVIDING DIRECTION FOR HELP WITH OBTAINING HOUSING IF ALL REFERRAL SOURCES ARE EXHAUSTED AND ASSISTANCE IS STILL NEEDED, THE EMERGENCY FUND IS UTILIZED TO PROVIDE APPROPRIATE FINANCIAL ASSISTANCE FOR THE FOLLOWING TYPES OF SITUATIONS - AVOIDING EVICTION, - AVOIDING UTILITY SHUT OFF, - SHORT-TERM MEDICAL AID (RENTAL OF MEDICAL EQUIPMENT OR PURCHASE OF PRESCRIPTION MEDICATION), - CONSTRUCTION OF WHEELCHAIR RAMPS / CHANGE OUT ITEMS IN HOUSE TO MAKE IT WHEELCHAIR ASSESSABLE, - "DAY OF ACTION" PROJECTS, MOST RECENTLY THE FREEDOM PROJECT FOR RESCUED HUMAN TRAFFICKING VICTIMS, - COTA DAY PASS, FOR WALK-INS THAT COME TO UNITED WAY SEEKING ASSISTANCE INFORMATION IS RECORDED TO MAINTAIN A DATA BASE OF ASSISTANCE REQUESTED AND ACTION TAKEN ALL SITUATIONS ARE VERIFIED, AND WHEN POSSIBLE FINANCIAL ASSISTANCE IS SENT DIRECTLY TO THE SERVICE PROVIDER (LANDLORD, UTILITY COMPANY, ETC ) RATHER THAN THE CLIENT

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 31-4393712  
**Name:** UNITED WAY OF CENTRAL OHIO INC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACTION FOR CHILDREN 78 JEFFERSON AVENUE COLUMBUS, OH 43215	31-0820393	501 (C) (3)	91,500				PROGRAM OPERATING COST
ALVIS INC 2100 STELLA COURT COLUMBUS, OH 43215	31-0743167	501 (C) (3)	302,500				PROGRAM OPERATING COST

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

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AMERICAN RED CROSS 995 EAST BROAD STREET COLUMBUS, OH 43205	31-0642918	501 (C) (3)	1,214,368				PROGRAM OPERATING COST
AMETHYST INC 455 EAST MOUND STREET COLUMBUS, OH 43215	31-1092242	501 (C) (3)	63,000				PROGRAM OPERATING COST

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

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APPRISEN 690 TAYLOR RD SUITE 150 GAHANNA, OH 43230	31-0731111	501 (C) (3)	37,500				PROGRAM OPERATING COST
BIG BROTHERS BIG SISTERS OF CENTRAL OHIO INC 1855 EAST DUBLIN-GRANVILLE ROAD 1ST FLOOR COLUMBUS, OH 43229	31-4379429	501 (C) (3)	336,250				PROGRAM OPERATING COST

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

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BOY SCOUTS OF AMERICA SIMON KENTON COUNCIL 1901 EAST DUBLIN- GRANVILLE ROAD COLUMBUS, OH 43229	31-4388520	501 (C) (3)	101,250				PROGRAM OPERATING COST
BOYS & GIRLS CLUBS OF COLUMBUS INC 115 SOUTH GIFT STREET COLUMBUS, OH 43215	31-4387575	501 (C) (3)	260,000				PROGRAM OPERATING COST

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BREATHING ASSOCIATION 1520 OLD HENDERSON ROAD COLUMBUS, OH 43220	31-4387540	501 (C) (3)	90,000				PROGRAM OPERATING COST
CATHOLIC SOCIAL SERVICES INC 197 EAST GAY STREET COLUMBUS, OH 43215	31-4379437	501 (C) (3)	22,500				PROGRAM OPERATING COST

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

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CENTRAL COMMUNITY HOUSE 1150 EAST MAIN STREET COLUMBUS, OH 43205	31-4379438	501 (C) (3)	694,250				PROGRAM OPERATING COST
CENTRAL OHIO DIABETES ASSOCIATION INC 1100 DENNISON AVENUE COLUMBUS, OH 43201	31-6054100	501 (C) (3)	65,625				PROGRAM OPERATING COST

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

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CENTRAL OHIO POISON CENTER AT NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-4379441	501 (C) (3)	30,000				PROGRAM OPERATING COST
CENTRAL OHIO TRAUMA SYSTEM 431 EAST BROAD STREET COLUMBUS, OH 43215	31-1592734	501 (C) (3)	73,875				PROGRAM OPERATING COST

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

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CHARITABLE PHARMACY OF CENTRAL OHIO INC 200 E LIVINGSTON AVE COLUMBUS, OH 43215	27-0147099	501 (C) (3)	48,750				PROGRAM OPERATING COST
CHILDREN'S HUNGER ALLIANCE 1105 SCHROCK ROAD STE 505 COLUMBUS, OH 43229	23-7303509	501 (C) (3)	59,250				PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CITY YEAR COLUMBUS 37 NORTH 3RD STREET COLUMBUS, OH 43215	22-2882549	501 (C) (3)	97,500				PROGRAM OPERATING COST
CLINTONVILLEBEECHWOLD COMMUNITY RESOURCE CENTER 14 WEST LAKEVIEW AVENUE COLUMBUS, OH 43202	31-0834578	501 (C) (3)	154,244				PROGRAM OPERATING COST

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

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COLUMBUS EARLY LEARNING CENTERS 40 NORTH GRUBB STREET COLUMBUS, OH 43215	31-4379619	501 (C) (3)	403,750				PROGRAM OPERATING COST
COLUMBUS HOUSING PARTNERSHIP DBA HOMEPORT 562 EAST MAIN STREET COLUMBUS, OH 43215	31-1208260	501 (C) (3)	108,750				PROGRAM OPERATING COST

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

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COLUMBUS LITERACY COUNCIL 195 NORTH GRANT COLUMBUS, OH 43215	23-7433168	501 (C) (3)	57,500				PROGRAM OPERATING COST
COLUMBUS SPEECH AND HEARING CENTER 510 EAST NORTH BROADWAY COLUMBUS, OH 43214	31-4379449	501 (C) (3)	261,750				PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLUMBUS URBAN LEAGUE INC 788 MOUNT VERNON AVENUE COLUMBUS, OH 43203	31-4379453	501 (C) (3)	176,250				PROGRAM OPERATING COST
COMMUNITIES IN SCHOOLS 510 EAST NORTH BROADWAY COLUMBUS, OH 43214	31-1390077	501 (C) (3)	220,500				PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY CRIME PATROL 248 EAST 11TH AVENUE COLUMBUS, OH 43201	31-1308004	501 (C) (3)	82,500				PROGRAM OPERATING COST
COMMUNITY DEVELOPMENT FOR ALL PEOPLE 946 PARSONS AVENUE COLUMBUS, OH 43206	51-0476886	501 (C) (3)	351,700				PROGRAM OPERATING COST

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

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COMMUNITY KITCHEN INC 640 SOUTH OHIO AVENUE COLUMBUS, OH 43205	31-1124774	501 (C) (3)	30,000				PROGRAM OPERATING COST
COMMUNITY PROPERTIES IMPACT CORPORATION 910 EAST BROAD STREET COLUMBUS, OH 43205	31-1707264	501 (C) (3)	122,500				PROGRAM OPERATING COST

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

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COMMUNITY SHELTER BOARD 111 WEST LIBERTY STREET SUITE 150 COLUMBUS, OH 43215	31-1181284	501 (C) (3)	831,250				PROGRAM OPERATING COST
DIRECTIONS FOR YOUTH AND FAMILIES INC 1515 INDIANOLA AVENUE COLUMBUS, OH 43201	31-4407642	501 (C) (3)	839,406				PROGRAM OPERATING COST

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

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ECONOMIC & COMMUNITY DEVELOPMENT INSTITUTE 475 EAST MOUND STREET COLUMBUS, OH 43215	31-1145544	501 (C) (3)	56,250				PROGRAM OPERATING COST
EDUCATIONAL SERVICE CENTER OF CENTRAL OHIO 2080 CITYGATE DRIVE COLUMBUS, OH 43219	26-3213462	501 (C) (3)	30,000				PROGRAM OPERATING COST

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EQUITAS HEALTH 4400 N HIGH ST 300 COLUMBUS, OH 43214	31-1126780	501 (C) (3)	144,500				PROGRAM OPERATING COST
ETHIOPIAN TEWAHEDO SOCIAL SERVICES 1060 MOUNT VERNON AVENUE COLUMBUS, OH 43203	20-3525591	501 (C) (3)	38,000				PROGRAM OPERATING COST

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

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GIRL SCOUTS SEAL OF OHIO COUNCIL 1700 WATERMARK DRIVE COLUMBUS, OH 43215	31-4379475	501 (C) (3)	174,000				PROGRAM OPERATING COST
GLADDEN COMMUNITY HOUSE 183 HAWKES AVENUE COLUMBUS, OH 43223	31-4379476	501 (C) (3)	537,500				PROGRAM OPERATING COST

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GODMAN GUILD ASSOCIATION 303 EAST SIXTH AVENUE COLUMBUS, OH 43201	31-4379478	501 (C) (3)	606,585				PROGRAM OPERATING COST
GOODWILL COLUMBUS 1331 EDGEHILL ROAD COLUMBUS, OH 43212	31-4379448	501 (C) (3)	418,000				PROGRAM OPERATING COST

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HABITAT FOR HUMANITY MIDOHIO 3140 WESTERVILLE ROAD COLUMBUS, OH 43224	31-1217994	501 (C) (3)	37,500				PROGRAM OPERATING COST
HANDS ON CENTRAL OHIO 195 NORTH GRANT COLUMBUS, OH 43215	31-1084722	501 (C) (3)	142,500				PROGRAM OPERATING COST

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HUCKLEBERRY HOUSE INC 1421 HAMLET STREET COLUMBUS, OH 43201	31-0795573	501 (C) (3)	131,500				PROGRAM OPERATING COST
J ASHBURN JR YOUTH CENTER INC 85 CLAREDON AVENUE COLUMBUS, OH 43223	23-7166044	501 (C) (3)	16,250				PROGRAM OPERATING COST

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JEWISH COMMUNITY CENTER OF GREATER COLUMBUS 1125 COLLEGE AVENUE COLUMBUS, OH 43209	31-4379496	501 (C) (3)	15,000				PROGRAM OPERATING COST
JEWISH FAMILY SERVICES 1070 COLLEGE AVENUE COLUMBUS, OH 43209	31-4379497	501 (C) (3)	295,250				PROGRAM OPERATING COST

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KALEIDOSCOPE YOUTH CENTER INC 1904 N HIGH ST PO BOX 8104 COLUMBUS, OH 43201	34-1411495	501 (C) (3)	54,500				PROGRAM OPERATING COST
LEADERSPARK 5086 OLENTANGY RIVER ROAD COLUMBUS, OH 43214	31-1649949	501 (C) (3)	55,000				PROGRAM OPERATING COST

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LIFECARE ALLIANCE 1699 WEST MOUND STREET COLUMBUS, OH 43223	31-4379494	501 (C) (3)	400,125				PROGRAM OPERATING COST
LOCAL MATTERS 731 EAST BROAD STREET COLUMBUS, OH 43205	06-1819644	501 (C) (3)	26,250				PROGRAM OPERATING COST

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LSS CHOICES 500 W WILSON BRIDGE RD SUITE 245 WORTHINGTON, OH 43085	31-0910779	501 (C) (3)	75,000				PROGRAM OPERATING COST
LUTHERAN SOCIAL SERVICES 500 W WILSON BRIDGE RD SUITE 245 WORTHINGTON, OH 43085	31-4412586	501 (C) (3)	114,750				PROGRAM OPERATING COST

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MARYHAVEN INC 1791 ALUM CREEK DRIVE COLUMBUS, OH 43207	31-0732345	501 (C) (3)	94,275				PROGRAM OPERATING COST
MENTAL HEALTH AMERICA OF FRANKLIN COUNTY INC 538 EAST TOWN STREET SUITE D COLUMBUS, OH 43215	31-4412697	501 (C) (3)	96,250				PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MID-OHIO REGIONAL PLANNING COMMISSION 111 LIBERTY STREET SUITE 100 COLUMBUS, OH 43215	31-1009675	501 (C) (3)	67,500				PROGRAM OPERATING COST
MOUNT CARMEL FOUNDATION 6150 E BROAD STREET COLUMBUS, OH 43213	31-1113966	501 (C) (3)	18,750				PROGRAM OPERATING COST

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NCBC HUMAN SERVICES CORPORATION INC 3400 KOHR BOULEVARD COLUMBUS, OH 43224	31-1469146	501 (C) (3)	45,000				PROGRAM OPERATING COST
NEIGHBORHOOD HOUSE INC 1000 ATCHESON STREET COLUMBUS, OH 43203	31-4379518	501 (C) (3)	150,000				PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PER SCHOLAS INC 804 E138TH STREET 2ND FLOOR BRONX, NY 10454	04-3252955	501 (C) (3)	67,500				PROGRAM OPERATING COST
PHYSICIANS CARECONNECTION DBA PHYSICIANS FREE CLINIC 1390 DUBLIN ROAD COLUMBUS, OH 43215	31-1373719	501 (C) (3)	131,000				PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REBUILDING TOGETHER CENTRAL OHIO INC P O BOX 1347 GROVE CITY, OH 43123	31-1317238	501 (C) (3)	41,250				PROGRAM OPERATING COST
SALVATION ARMY 966 EAST MAIN STREET COLUMBUS, OH 43205	13-5562351	501 (C) (3)	595,500				PROGRAM OPERATING COST

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

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SENIOR INDEPENDENCE (OHIO PRESBYTERIAN RETIREMENT SERVICES) 5796 KARL ROAD COLUMBUS, OH 43229	34-4429863	501 (C) (3)	49,500				PROGRAM OPERATING COST
SOUTH SIDE LEARNING AND DEVELOPMENT CENTER 255 REEB AVENUE COLUMBUS, OH 43207	31-4379811	501 (C) (3)	340,000				PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST STEPHEN'S COMMUNITY HOUSE 1500 EAST 17TH AVENUE COLUMBUS, OH 43219	31-4379568	501 (C) (3)	283,000				PROGRAM OPERATING COST
ST VINCENT FAMILY CENTERS 1490 EAST MAIN STREET COLUMBUS, OH 43205	31-4379572	501 (C) (3)	187,750				PROGRAM OPERATING COST

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

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THE BUCKEYE RANCH INC 5665 HOOVER ROAD GROVE CITY, OH 43123	31-0642111	501 (C) (3)	138,750				PROGRAM OPERATING COST
THE OHIO STATE UNIVERSITY FOUNDATION 1480 W LANE AVE COLUMBUS, OH 43221	31-1145986	501 (C) (3)	80,250				PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
US TOGETHER INC 2021 EAST DUBLIN GRANVILLE ROAD SUITE 190 COLUMBUS, OH 43229	83-0395108	501 (C) (3)	78,750				PROGRAM OPERATING COST
YMCA OF CENTRAL OHIO 40 WEST LONG STREET 2ND FLOOR COLUMBUS, OH 43215	31-4379594	501 (C) (3)	1,137,573				PROGRAM OPERATING COST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YWCA COLUMBUS 65 SOUTH FOURTH STREET COLUMBUS, OH 43215	31-4379597	501 (C) (3)	164,300				PROGRAM OPERATING COST
ALVIS INC 2100 STELLA COURT COLUMBUS, OH 43215	31-0743167	501 (C) (3)	30,000				CAPACITY BUILDING

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

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BOYS & GIRLS CLUBS OF COLUMBUS INC 115 SOUTH GIFT STREET COLUMBUS, OH 43215	31-4387575	501 (C) (3)	40,600				CAPACITY BUILDING
AFRICAN WOMEN ASSOCIATION 1268 ELDERWOOD AVE COLUMBUS, OH 43227	47-1835285	501 (C) (3)	5,400				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 5455 N HIGH ST COLUMBUS, OH 43214	13-5613797	501 (C) (3)	6,018				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
BHUTANESE NEPALI COMMUNITY OF COLUMBUS 4646 TAMARACK BLVD COLUMBUS, OH 43229	27-3514427	501 (C) (3)	6,400				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT

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

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BOYS & GIRLS CLUB OF COLUMBUS 115 SOUTH GIFT STREET COLUMBUS, OH 43215	31-4387575	501 (C) (3)	55,625				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
COLUMBUS CHAMBER OF COMMERCE 150 S FRONT ST STE 200 COLUMBUS, OH 43215	31-4152950	501 (C) (3)	97,595				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT

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

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COLUMBUS FOUNDATION 1234 E BROAD ST COLUMBUS, OH 43205	31-6044264	501 (C) (3)	115,000				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
COMMUNITY CRIME PATROL 248 EAST 11TH AVENUE COLUMBUS, OH 43201	31-1308004	501 (C) (3)	30,443				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY DEVELOPMENT FOR ALL PEOPLE 946 PARSONS AVENUE COLUMBUS, OH 43206	51-0476886	501 (C) (3)	162,834				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
COMMUNITY RESEARCH PARTNERS 399 E MAIN STREET STE 100 COLUMBUS, OH 43215	31-1690992	501 (C) (3)	100,999				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT

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

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COMMUNITY SHELTER BOARD 111 WEST LIBERTY STREET SUITE 150 COLUMBUS, OH 43215	31-1181284	501 (C) (3)	227,942				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
EDUCATIONAL SERVICE CENTER OF CENTRAL OHIO 2080 CITYGATE DRIVE COLUMBUS, OH 43219	26-3213462	501 (C) (3)	5,000				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT

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

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FOUNDATIONS FOR FAMILIES 1889 GENESSEE AVE COLUMBUS, OH 43211	56-2539623	501 (C) (3)	5,026				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
FRANKLINTON DEVELOPMENT ASSOCIATION 480 W TOWN ST COLUMBUS, OH 43215	31-1380384	501 (C) (3)	29,500				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT

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

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FRIENDS OF THE HILLTOP 3556 SULLIVANT AVE COLUMBUS, OH 43204	31-1708188	501 (C) (3)	9,620				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
GODMAN GUILD ASSOCIATION 303 EAST SIXTH AVENUE COLUMBUS, OH 43201	31-4379478	501 (C) (3)	181,202				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT

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

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GREAT OHIO POLICY CENTER 399 E MAIN STREET COLUMBUS, OH 43215	26-0784344	501 (C) (3)	25,000				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
GREATER LINDEN DEVELOPMENT CORP 1410 CLEVELAND AVE COLUMBUS, OH 43211	31-1419862	501 (C) (3)	12,539				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT

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

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HANDSON CENTRAL OHIO 195 NORTH GRANT COLUMBUS, OH 43215	31-1084722	501 (C) (3)	48,364				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
HEALTH POLICY INSTITUTE OF OHIO 10 W BROAD ST SUITE 1050 COLUMBUS, OH 43215	30-0186863	501 (C) (3)	18,532				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT

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

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KIVA 875 HOWARD ST SAN FRANCISCO, CA 94103	71-0992446	501 (C) (3)	25,000				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
LEARNING CIRCLE EDUCATION SERVICES ONE W NATIONWIDE BLVD COLUMBUS, OH 43215	27-2352380	501 (C) (3)	25,000				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT

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MERION VILLAGE ASSOCIATION 1330 SOUTH FOURTH STREET COLUMBUS, OH 43206	31-1198305	501 (C) (3)	5,617				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
MID-OHIO FOODBANK 11625 W MOUND ST COLUMBUS, OH 43223	31-0865343	501 (C) (3)	18,693				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT

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

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NEW DIRECTIONS CAREER CENTER 199 EAST RICH STREET COLUMBUS, OH 43215	31-1130384	501 (C) (3)	218,394				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
NEW HARVEST URBAN ARTS CENTER 1675 ARLINGTON AVE NE COLUMBUS, OH 43211	80-0304147	501 (C) (3)	8,467				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT

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

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OHIO ASSOCIATION OF NONPROFIT ORGANIZATIONS 100 E BROAD ST STE 2440 COLUMBUS, OH 43215	31-1406442	501 (C) (3)	12,500				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
ST STEPHEN'S COMMUNITY HOUSE 1500 EAST 17TH AVENUE COLUMBUS, OH 43219	31-4379568	501 (C) (3)	20,000				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT

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STONEWALL COLUMBUS 1160 N HIGH ST COLUMBUS, OH 43201	31-1189481	501 (C) (3)	27,500				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
UNITED WAY WORLDWIDE 701 N FAIRFAX ALEXANDRIA, VA 22314	41-2465660	501 (C) (3)	200,000				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT

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UW OF GREATER LOS ANGELES 1150 S OLIVE ST LOS ANGELES, CA 90015	95-2274801	501 (C) (3)	50,000				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
UW OF METROPOLITAN DALLAS 1800 N LAMAR DALLAS, TX 75202	75-6005352	501 (C) (3)	112,500				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT

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

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WELCOME HOME 995 LOCKBOURNE RD COLUMBUS, OH 43206	45-4115731	501 (C) (3)	6,162				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
YMCA OF CENTRAL OHIO 40 WEST LONG STREET 2ND FLOOR COLUMBUS, OH 43215	31-4379594	501 (C) (3)	87,833				DONOR / VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT

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

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IMPACT COUNCIL AND INITIATIVE DESIGNATIONS 360 SOUTH THIRD STREET COLUMBUS, OH 43215		501 (C) (3)	1,100,761				DONOR DESIGNATED FOR GENERAL SUPPORT
A KID AGAIN 6863 OAK CREEK DR COLUMBUS, OH 43229	31-1440073	501 (C) (3)	5,137				DONOR DESIGNATED FOR GENERAL SUPPORT

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A SPECIAL WISH FOUNDATION (COLUMBUS) 1250 MEMORY LANE COLUMBUS, OH 43209	31-1055537	501 (C) (3)	9,910				DONOR DESIGNATED FOR GENERAL SUPPORT
AFTER-SCHOOL ALL-STARS OHIO 263 CARPENTER ST 2 COLUMBUS, OH 43205	31-1736272	501 (C) (3)	10,496				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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ALL SAINTS EPISCOPAL CHURCH 5101 JOHNSTOWN RD NEW ALBANY, OH 43054	31-1576320	501 (C) (3)	19,890				DONOR DESIGNATED FOR GENERAL SUPPORT
ALS ASSOCIATION CENTRAL AND SOUTHERN CHAPTER 1170 OLD HENDERSON RD STE 221 COLUMBUS, OH 43220	31-1235704	501 (C) (3)	16,908				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE PO BOX 96011 WASHINGTON, DC 20090	13-3039601	501 (C) (3)	25,233				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN CANCER SOCIETY NATIONAL 250 WILLIAMS STREET ATLANTA, GA 30303	13-1788491	501 (C) (3)	16,869				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501 (C) (3)	18,080				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS 995 EAST BROAD STREET COLUMBUS, OH 43205	31-0642918	501 (C) (3)	5,423				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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AMERICAN RED CROSS NAT'L HEADQUARTERS PO BOX 73857 CHICAGO, IL 60676	53-0196605	501 (C) (3)	10,037				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICA'S BEST CHARITIES FKA INDP CHARITIES OF AMERICA HUMAN CARE CHARITI 1000 LARKSPUR LANDING CIRCLE STE 340 LARKSPUR, CA 94939	94-3067804	501 (C) (3)	196,866				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICA'S BEST LOCAL CHARITIES FKA LOCAL INDEPENDENT CHARITIES OF AMERICA 1000 LARKSPUR LANDING CIRCLE STE 340 LARKSPUR, CA 94939	94-3042430	501 (C) (3)	5,244				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICA'S CHARITIES 14150 NEWBROOK DR CHANTILLY, VA 20151	54-1517707	501 (C) (3)	110,530				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ANIMAL CHARITIES OF AMERICA PO BOX 45756 SAN FRANCISCO, CA 94145	94-3193389	501 (C) (3)	140,627				DONOR DESIGNATED FOR GENERAL SUPPORT
ARTHRITIS FOUNDATION 3740 RIDGE MILL DR HILLIARD, OH 43026	27-4014550	501 (C) (3)	6,146				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTHUR G JAMES CANCER HOSPITAL 300 W TENTH AVE STE 519 COLUMBUS, OH 43210	31-1301428	501 (C) (3)	67,336				DONOR DESIGNATED FOR GENERAL SUPPORT
AUTISM SPEAKS INC 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016	20-2329938	501 (C) (3)	7,150				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BETTER WAY MINISTRIES PO BOX 307315 COLUMBUS, OH 43230	31-1173550	501 (C) (3)	5,849				DONOR DESIGNATED FOR GENERAL SUPPORT
BEXLEY EDUCATION FOUNDATION 348 S CASSINGHAM RD BEXLEY, OH 43209	31-1463283	501 (C) (3)	7,550				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF CENTRAL OHIO INC 1855 EAST DUBLIN-GRANVILLE ROAD 1ST FLOOR COLUMBUS, OH 43229	31-4379429	501 (C) (3)	5,658				DONOR DESIGNATED FOR GENERAL SUPPORT
EAST BROAD STREET PRESBYTERIAN CHURCH (FOOD PANTRY AND COMPASS) 760 E BROAD ST COLUMBUS, OH 43205	31-4380039	501 (C) (3)	12,099				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMP WYANDOT 1890 NORTHWEST BLVD SUITE 130 COLUMBUS, OH 43212	31-4379434	501 (C) (3)	5,711				DONOR DESIGNATED FOR GENERAL SUPPORT
CANCER SUPPORT COMMUNITY CENTRAL OHIO 10330 SAWMILL PARKWAY SUITE 600 POWELL, OH 43065	20-1388385	501 (C) (3)	17,055				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CANCERCURE OF AMERICA PO BOX 45501 SAN FRANCISCO, CA 94145	81-0648432	501 (C) (3)	60,636				DONOR DESIGNATED FOR GENERAL SUPPORT
CAPITAL AREA HUMANE SOCIETY 3015 SCIOTO DARBY HILLIARD, OH 43026	31-4379492	501 (C) (3)	20,679				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CASA COURT APPOINTED SPECIAL ADVOCATES 373 S HIGH ST 15TH FL COLUMBUS, OH 43215	31-1322198	501 (C) (3)	10,886				DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC SERVICE ORGANIZATIONS OF AMERICA 1100 LARKSPUR LANDING CIRCLE STE 340 LARKSPUR, CA 94939	45-1679647	501 (C) (3)	11,507				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC SOCIAL SERVICES INC 197 EAST GAY STREET COLUMBUS, OH 43215	31-4379437	501 (C) (3)	14,904				DONOR DESIGNATED FOR GENERAL SUPPORT
CENTERPOINT CHURCH 7750 B GREEN MEADOWS DR LEWIS CENTER, OH 43035	03-0453798	501 (C) (3)	6,498				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTRAL OHIO POISON CENTER AT NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-4379441	501 (C) (3)	22,500				DONOR DESIGNATED FOR GENERAL SUPPORT
CHARITIES UNDER 1 OVERHEAD PO BOX 45754 SAN FRANCISCO, CA 94145	27-3132554	501 (C) (3)	11,688				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDHOOD LEAGUE CENTER 670 S 18TH ST COLUMBUS, OH 43205	31-6400177	501 (C) (3)	65,639				DONOR DESIGNATED FOR GENERAL SUPPORT
CHILDREN FIRST - AMERICA'S CHARITIES 14150 NEWBROOK DR CHANTILLY, VA 20151	30-0186795	501 (C) (3)	9,431				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S CHARITIES OF AMERICA PO BOX 45757 SAN FRANCISCO, CA 94145	94-3148588	501 (C) (3)	41,998				DONOR DESIGNATED FOR GENERAL SUPPORT
CHILDREN'S HUNGER ALLIANCE 1105 SCHROCK ROAD STE 505 COLUMBUS, OH 43229	23-7303509	501 (C) (3)	20,856				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S MEDICAL CHARITIES OF AMERICA PO BOX 45310 SAN FRANCISCO, CA 94145	27-0093393	501 (C) (3)	11,669				DONOR DESIGNATED FOR GENERAL SUPPORT
LSS CHOICES 500 W WILSON BRIDGE RD SUITE 245 WORTHINGTON, OH 43085	31-0910779	501 (C) (3)	5,779				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRISTIAN CHARITIES USA 1100 LARKSPUR LANDING CIR LARKSPUR, CA 94939	94-3255961	501 (C) (3)	7,561				DONOR DESIGNATED FOR GENERAL SUPPORT
CHRISTIAN SERVICE CHARITIES 7620 LITTLE RIVER TURNPIKE SUITE 600 ANNANDALE, VA 22003	94-3193374	501 (C) (3)	28,859				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHURCH OF THE MESSIAH UNITED METHODIST 51 N STATE STREET WESTERVILLE, OH 43081	31-4386268	501 (C) (3)	7,245				DONOR DESIGNATED FOR GENERAL SUPPORT
CHURCH OF THE RESURRECTION 6300 E DUBLIN GRANVILLE RD NEW ALBANY, OH 43054	31-1063977	501 (C) (3)	5,923				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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CITIZENS FOR HUMANE ACTION 3765 CORPORATE DRIVE COLUMBUS, OH 43231	51-0166864	501 (C) (3)	5,602				DONOR DESIGNATED FOR GENERAL SUPPORT
CLINTONVILLEBEECHWOLD COMMUNITY RESOURCE CENTER 14 WEST LAKEVIEW AVENUE COLUMBUS, OH 43202	31-0834578	501 (C) (3)	5,461				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLUMBUS ACADEMY 4300 CHERRY BOTTOM RD COLUMBUS, OH 43230	31-4379445	501 (C) (3)	11,191				DONOR DESIGNATED FOR GENERAL SUPPORT
COLUMBUS COLLEGE OF ART & DESIGN (CCAD) 60 CLEVELAND AVE COLUMBUS, OH 43215	31-0820394	501 (C) (3)	12,474				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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COLUMBUS DOG CONNECTION 2761 JOHNSTOWN RD COLUMBUS, OH 43219	31-1648642	501 (C) (3)	5,740				DONOR DESIGNATED FOR GENERAL SUPPORT
COLUMBUS FOUNDATION 1234 E BROAD ST COLUMBUS, OH 43205	31-6044264	501 (C) (3)	293,287				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLUMBUS MUSEUM OF ART 480 E BROAD ST COLUMBUS, OH 43215	31-4379447	501 (C) (3)	19,190				DONOR DESIGNATED FOR GENERAL SUPPORT
COLUMBUS POLICE FOUNDATION 1234 E BROAD ST COLUMBUS, OH 43205	37-1588250	501 (C) (3)	8,650				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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COLUMBUS ZOO AND AQUARIUM PO BOX 400 POWELL, OH 43065	31-4390844	501 (C) (3)	31,377				DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY ARTS PROJECT INC DBA KING ARTS COMPLEX 867 MT VERNON AVE COLUMBUS, OH 43227	23-7065803	501 (C) (3)	5,911				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES PO BOX 75153 BALTIMORE, MD 21275	52-0728032	501 (C) (3)	239,135				DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY HEALTH CHARITIES OF OHIO 5050C PINE CREEK WESTERVILLE, OH 23081	31-1055345	501 (C) (3)	265,125				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY SHARES OF MID-OHIO 3709 E BROAD ST ST3 490 COLUMBUS, OH 43215	31-1363943	501 (C) (3)	372,566				DONOR DESIGNATED FOR GENERAL SUPPORT
CONCORD COUNSELING SERVICES 700 BROOKSEDGE BLVD WESTERVILLE, OH 43081	31-0821940	501 (C) (3)	7,468				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CORNELL UNIVERSITY 377 PINE TREE RD ITHACA, NY 14850	15-0532082	501 (C) (3)	11,865				DONOR DESIGNATED FOR GENERAL SUPPORT
CREATIVE LIVING 150 W 10TH AVE COLUMBUS, OH 43201	23-7159623	501 (C) (3)	6,613				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CROHNS & COLITIS FOUNDATION OF AMERICA - NY 386 PARK AVE SOUTH NEW YORK, NY 10016	13-6193105	501 (C) (3)	11,604				DONOR DESIGNATED FOR GENERAL SUPPORT
CYSTIC FIBROSIS FOUNDATION 740 LAKEVIEW PLZ BLVD STE 225 WORTHINGTON, OH 43085	13-1930701	501 (C) (3)	8,444				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DEAF INITIATIVE 563 S DAWSON AVE COLUMBUS, OH 43209	31-1589808	501 (C) (3)	11,880				DONOR DESIGNATED FOR GENERAL SUPPORT
DRESS FOR SUCCESS 1204 N HIGH ST COLUMBUS, OH 43201	20-5112085	501 (C) (3)	8,104				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EARTH SHARE DEPT 4011 WASHINGTON, OH 43214	52-1601960	501 (C) (3)	163,779				DONOR DESIGNATED FOR GENERAL SUPPORT
EARTH SHARE OHIO 4400 N HIGH ST STE 415 COLUMBUS, OH 43214	27-3918694	501 (C) (3)	9,016				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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FIDELITY INVESTMENTS CHARITABLE GIFT FUND FIDELITY CHARITABLE 200 SEAPORT BOULEVARD BOSTON, MA 02210	11-0303001	501 (C) (3)	9,000				DONOR DESIGNATED FOR GENERAL SUPPORT
FIVE14 CHURCH PO BOX 361 NEW ALBANY, OH 43054	27-1173445	501 (C) (3)	12,150				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLYING HORSE FARM 225 GREEN MEADOWS DR S STE A LEWIS CENTER, OH 43035	20-3498125	501 (C) (3)	31,358				DONOR DESIGNATED FOR GENERAL SUPPORT
FRANKLIN COUNTY CHILDREN SERVICES 855 WEST MOUND ST COLUMBUS, OH 43223	31-6400067	501 (C) (3)	8,131				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GAHANNA-JEFFERSON EDUCATION FOUNDATION 160 SOUTH HAMILTON ROAD GAHANNA, OH 43230	81-0576974	501 (C) (3)	5,982				DONOR DESIGNATED FOR GENERAL SUPPORT
GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384	52-1273585	501 (C) (3)	100,851				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER CLEVELAND COMMUNITY SHARES 3631 PERKINS 3RD FLOOR CLEVELAND, OH 44113	34-1493880	501 (C) (3)	161,456				DONOR DESIGNATED FOR GENERAL SUPPORT
HABITAT FOR HUMANITY OF OHIO 88 EAST BROAD ST STE 1800 COLUMBUS, OH 43215	20-1182119	501 (C) (3)	14,094				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MIDOHIO HABITAT FOR HUMANITY 3140 WESTERVILLE RD COLUMBUS, OH 43224	31-1217994	501 (C) (3)	9,383				DONOR DESIGNATED FOR GENERAL SUPPORT
HARMONY PROJECT PRODUCTIONS 779 E LONG STREET COLUMBUS, OH 43203	27-1819074	501 (C) (3)	6,178				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEALTH & MEDICAL RESEARCH CHARITIES PO BOX 45763 SAN FRANCISCO, CA 94145	94-3217739	501 (C) (3)	82,292				DONOR DESIGNATED FOR GENERAL SUPPORT
HEALTH FIRST - AMERICA'S CHARITIES 14150 NEWBROOK DR CHANTILLY, VA 20151	30-0186796	501 (C) (3)	6,877				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HERITAGE CHRISTIAN CHURCH 7413 MAXTOWN RD WESTERVILLE, OH 43082	31-1273346	501 (C) (3)	6,830				DONOR DESIGNATED FOR GENERAL SUPPORT
HINDU SOCIETY OF GREATER CINCINNATI INC 4920 KLATTE RD CINCINNATI, OH 45244	31-1017997	501 (C) (3)	9,891				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOLY FAMILY CHURCH 57 S GRUBB ST COLUMBUS, OH 43215	31-4379487	501 (C) (3)	9,316				DONOR DESIGNATED FOR GENERAL SUPPORT
HOMELESS FAMILIES FOUNDATION 651 W BROAD ST COLUMBUS, OH 43215	31-1179492	501 (C) (3)	24,137				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOSPICE OF HUNTINGTON 1101 SIXTH AVE HUNTINGTON, WV 25701	31-1040619	501 (C) (3)	5,034				DONOR DESIGNATED FOR GENERAL SUPPORT
HUMANE SOCIETY OF PARKERSBURG INC 515 29TH ST PARKERSBURG, WV 26101	55-0404377	501 (C) (3)	5,296				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
I KNOW I CAN 3798 E BROAD ST COLUMBUS, OH 43213	31-1721455	501 (C) (3)	30,137				DONOR DESIGNATED FOR GENERAL SUPPORT
JEANNE B MCCOY COMMUNITY CENTER FOR THE ARTS PO BOX 508 NEW ALBANY, OH 43054	26-0388623	501 (C) (3)	8,775				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEWISH FAMILY SERVICES 1070 COLLEGE AVENUE COLUMBUS, OH 43209	31-4379497	501 (C) (3)	11,188				DONOR DESIGNATED FOR GENERAL SUPPORT
JEWISH FEDERATION OF COLUMBUS 1175 COLLEGE AVE COLUMBUS, OH 43209	31-0838745	501 (C) (3)	64,890				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JOYCE MEYER MINISTRIES 700 GRACE PARKWAY FENTON, MO 63026	43-1382734	501 (C) (3)	5,063				DONOR DESIGNATED FOR GENERAL SUPPORT
JUNIOR ACHIEVEMENT 62 EAST SECOND AVE COLUMBUS, OH 43201	31-4385042	501 (C) (3)	22,195				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JUVENILE DIABETES RESEARCH FOUNDATION (NY) 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	23-1907729	501 (C) (3)	12,317				DONOR DESIGNATED FOR GENERAL SUPPORT
KIDS 'N KAMP 3440 OLENTANGY RIVER RD STE 103-K COLUMBUS, OH 43202	31-1052278	501 (C) (3)	5,142				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LEAP OF FAITH DANCE COMPANY 939 EASTWIND DR WESTERVILLE, OH 43081	27-0804113	501 (C) (3)	7,155				DONOR DESIGNATED FOR GENERAL SUPPORT
LEGAL AID SOCIETY OF COLUMBUS 1108 CITY PARK AVENUE COLUMBUS, OH 43206	31-4416407	501 (C) (3)	12,701				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LEUKEMIA & LYMPHOMA SOCIETY 2225 CITY GATE DR STE E COLUMBUS, OH 43219	13-5644916	501 (C) (3)	5,964				DONOR DESIGNATED FOR GENERAL SUPPORT
LIFECARE ALLIANCE 1699 WEST MOUND STREET COLUMBUS, OH 43223	31-4379494	501 (C) (3)	7,342				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LIFEPOINT CHURCH 7719 GRAPHICS WAY SUITE B LEWIS CENTER, OH 43035	31-0904069	501 (C) (3)	11,151				DONOR DESIGNATED FOR GENERAL SUPPORT
LIMITED BRANDS FOUNDATIONMAST CARES 1234 E BROAD ST COLUMBUS, OH 43205	31-6044264	501 (C) (3)	315,071				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LORI SCHOTTENSTEIN CHABAD CENTER 6220 EAST DUBLIN GRANVILLE ROAD NEW ALBANY, OH 43054	31-1427001	501 (C) (3)	46,667				DONOR DESIGNATED FOR GENERAL SUPPORT
LOWER LIGHTS MINISTRIES 1066 BELLOWS AVENUE COLUMBUS, OH 43223	31-1300561	501 (C) (3)	8,472				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES 750 EAST BROAD STREET COLUMBUS, OH 43205	31-4412586	501 (C) (3)	6,411				DONOR DESIGNATED FOR GENERAL SUPPORT
MAKE A WISH FOUNDATION OF GREATER OH & KY 2545 FARMERS DR STE 300 COLUMBUS, OH 43235	34-1471131	501 (C) (3)	14,854				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MARBURN ACADEMY 1860 WALDEN DR COLUMBUS, OH 43229	31-1011901	501 (C) (3)	8,673				DONOR DESIGNATED FOR GENERAL SUPPORT
MEDICAL RESEARCH CHARITIES CO SUN TRUST TRUST 1000 STEWART AVE GLEN BURNIE, MD 21061	94-3148591	501 (C) (3)	10,180				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MIAMI UNIVERSITY FOUNDATION 107 ROUDEBUSH HALL OXFORD, OH 45056	31-6026014	501 (C) (3)	10,828				DONOR DESIGNATED FOR GENERAL SUPPORT
MID-OHIO FOODBANK 11625 W MOUND ST COLUMBUS, OH 43223	31-0865343	501 (C) (3)	234,361				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MILITARY FAMILY & VETERANS SERVICES ORGANIZATIONS PO BOX 45754 SAN FRANCISCO, CA 94145	94-3193418	501 (C) (3)	33,717				DONOR DESIGNATED FOR GENERAL SUPPORT
MILITARY SUPPORT GROUPS OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	27-2242752	501 (C) (3)	9,699				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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MISSION AVIATION FELLOWSHIP PO BOX 47 NAMPA, ID 83653	95-1920983	501 (C) (3)	7,615				DONOR DESIGNATED FOR GENERAL SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY PO BOX 4527 NEW YORK, NY 10163	13-5661935	501 (C) (3)	19,669				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION 700 CHILDRENS DR COLUMBUS, OH 43205	01-0782751	501 (C) (3)	50,996				DONOR DESIGNATED FOR GENERAL SUPPORT
NEIGHBOR TO NATION 44330 PREMIER PLAZA SUITE 220 ASHBURN, VA 20147	54-1879282	501 (C) (3)	67,970				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW ALBANY COMMUNITY FOUNDATION 220 MARKET ST NEW ALBANY, OH 43054	31-1409264	501 (C) (3)	10,452				DONOR DESIGNATED FOR GENERAL SUPPORT
NEW BIRTH CHRISTIAN MINISTRIES 3475 REFUGEE ROAD COLUMBUS, OH 43232	31-1498337	501 (C) (3)	7,800				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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OHIO HEALTH FOUNDATION 180 E BROAD ST COLUMBUS, OH 43215	23-7446919	501 (C) (3)	379,867				DONOR DESIGNATED FOR GENERAL SUPPORT
OHIO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS PO BOX 546 GROVE CITY, OH 43123	31-1077151	501 (C) (3)	9,071				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OHIO TROOPERS CARING INC 6161 BUSCH BLVD STE 160 COLUMBUS, OH 43229	31-1197113	501 (C) (3)	6,029				DONOR DESIGNATED FOR GENERAL SUPPORT
OHIO WESLEYAN UNIVERSITY 61 S SANDUSKY ST DELAWARE, OH 43015	31-4379585	501 (C) (3)	5,400				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OLD MAN RIVER 703 PIKE ST PARKERSBURG, WV 26101	55-0727794	501 (C) (3)	8,905				DONOR DESIGNATED FOR GENERAL SUPPORT
ONE CHURCH PO BOX 270 NEW ALBANY, OH 43054	80-0558293	501 (C) (3)	7,682				DONOR DESIGNATED FOR GENERAL SUPPORT

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

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OSU CHABAD HOUSE 207 E 15TH AVE COLUMBUS, OH 43201	31-1427001	501 (C) (3)	27,000				DONOR DESIGNATED FOR GENERAL SUPPORT
PARENTS OF MURDERED CHILDREN-NATIONAL 4960 RIDGE AVE SUITE 2 CINCINNATI, OH 45209	31-1023437	501 (C) (3)	15,398				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PLANNED PARENTHOOD OF GREATER OHIO 206 E STATE ST COLUMBUS, OH 43215	34-1015976	501 (C) (3)	79,801				DONOR DESIGNATED FOR GENERAL SUPPORT
POSTAL EMPLOYEE'S RELIEF FUND PO BOX 34422 WASHINGTON, DC 20043	52-1666010	501 (C) (3)	12,344				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PREGNANCY DECISIONS HEALTH CENTER 665 E DUBLIN-GRANVILLE RD STE 120 COLUMBUS, OH 43229	31-1002913	501 (C) (3)	20,094				DONOR DESIGNATED FOR GENERAL SUPPORT
PROGENY 6471 LITHOPOLIS WINCHESTER RD CANAL WINCHESTER, OH 43110	31-1417786	501 (C) (3)	7,318				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REEB AVENUE CENTER 280 REEB AVENUE COLUMBUS, OH 43207	46-3956659	501 (C) (3)	45,021				DONOR DESIGNATED FOR GENERAL SUPPORT
RONALD MCDONALD CHARITIES OF THE TRI-STATE 1500 17TH ST HUNTINGTON, WV 25701	55-0643445	501 (C) (3)	5,919				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL OHIO 711 E LIVINGSTON AVE COLUMBUS, OH 43205	31-0890152	501 (C) (3)	27,231				DONOR DESIGNATED FOR GENERAL SUPPORT
RULING OUR EXPERIENCES INC (ROX) 1335 DUBLIN ROAD SUITE 18A COLUMBUS, OH 43215	27-2913874	501 (C) (3)	9,692				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAFELITE CHARITABLE FOUNDATION 2000 FARMERS DR COLUMBUS, OH 43235	20-3683768	501 (C) (3)	17,807				DONOR DESIGNATED FOR GENERAL SUPPORT
SALVATION ARMY - COLUMBUS 966 E MAIN ST COLUMBUS, OH 43205	13-5562351	501 (C) (3)	54,962				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SECOND AMENDMENT FOUNDATION 12500 NE 10TH PL BELLEVUE, WA 98005	91-6184167	501 (C) (3)	5,192				DONOR DESIGNATED FOR GENERAL SUPPORT
SOUTHEAST TESTAMENT 455 CLARK STATE RD GAHANNA, OH 43230	20-2501213	501 (C) (3)	17,940				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST FRANCIS DESALES HIGH SCHOOL 4212 KARL ROAD COLUMBUS, OH 43224	31-0644788	501 (C) (3)	5,400				DONOR DESIGNATED FOR GENERAL SUPPORT
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	35-1044585	501 (C) (3)	8,577				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST VINCENT DEPAUL - HOLY SPIRIT 4383 E BROAD ST COLUMBUS, OH 43213	26-4375976	501 (C) (3)	11,250				DONOR DESIGNATED FOR GENERAL SUPPORT
THE BUCKEYE RANCH INC 5665 HOOVER ROAD GROVE CITY, OH 43123	31-0642111	501 (C) (3)	13,796				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE CENTER FOR FAMILY SAFETY AND HEALING 655 E LIVINGSTON AVE COLUMBUS, OH 43205	02-0627166	501 (C) (3)	25,314				DONOR DESIGNATED FOR GENERAL SUPPORT
THE COLUMBUS METROPOLITAN LIBRARY FOUNDATION 96 S GRANT AVE COLUMBUS, OH 43215	31-1692755	501 (C) (3)	6,874				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ELEPHANT SANCTUARY PO BOX 393 HOHENWALD, TN 38462	62-1587327	501 (C) (3)	25,228				DONOR DESIGNATED FOR GENERAL SUPPORT
THE LEUKEMIA AND LYMPHOMA SOCIETY OF THE TRI-STATE 4370 GLENDALE MILFORD RD CINCINNATI, OH 45242	13-5644916	501 (C) (3)	7,555				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE OHIO STATE UNIVERSITY FOUNDATION 1480 W LANE AVE COLUMBUS, OH 43221	31-1145986	501 (C) (3)	219,063				DONOR DESIGNATED FOR GENERAL SUPPORT
UNCF COLLEGE FUND COLUMBUS OFFICE 341 S THIRD STREET COLUMBUS, OH 43215	13-1624241	501 (C) (3)	53,664				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED APPEAL FOR ATHENS COUNTY 396 RICHLAND AVE ATHENS, OH 45701	31-4424936	501 (C) (3)	7,261				DONOR DESIGNATED FOR GENERAL SUPPORT
UNVERFERTH HOUSE TOTAL 190 KING AVE COLUMBUS, OH 43201	31-1247899	501 (C) (3)	6,074				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
URBAN CONCERN 1000 BONHAM AVE COLUMBUS, OH 43211	31-1327346	501 (C) (3)	41,185				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF CLARK CHAMPAIGN & MADISON COUNTIES PO BOX 59 SPRINGFIELD, OH 45501	31-0549095	501 (C) (3)	25,542				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW OF DELAWARE COUNTY PO BOX 319 DELAWARE, OH 43015	31-4123889	501 (C) (3)	212,618				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF FAIRFIELD COUNTY 115 S BROAD ST LANCASTER, OH 43130	31-0644804	501 (C) (3)	163,888				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115	34-6516654	501 (C) (3)	7,641				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF GREATER TOLEDO 1 STRANAHAN SQ STE 114 TOLEDO, OH 43604	34-4427942	501 (C) (3)	11,361				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW OF HOCKING COUNTY PO BOX 567 LOGAN, OH 43138	23-7135277	501 (C) (3)	9,749				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF KNOX COUNTY 110 E HIGH ST MT VERNON, OH 43050	31-4411236	501 (C) (3)	8,381				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW OF LICKING COUNTY PO BOX 4490 NEWARK, OH 43058	31-4379455	501 (C) (3)	93,976				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF MUSKINGUM PERRY MORGAN COUNTIES 526 PUTNAM AVE ZANESVILLE, OH 43701	31-4379456	501 (C) (3)	7,146				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW OF NEW YORK CITY 205 E 42ND ST 12TH FLOOR NEW YORK, NY 10017	13-2617681	501 (C) (3)	17,006				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF PICKAWAY COUNTY PO BOX 292 CIRCLEVILLE, OH 43113	31-0996118	501 (C) (3)	27,519				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW OF RICHLAND COUNTY 35 N PARK ST MANSFIELD, OH 44902	34-0714455	501 (C) (3)	9,650				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF THE GREATER DAYTON AREA 33 WEST 1ST ST STE 500 DAYTON, OH 45402	31-0536658	501 (C) (3)	13,738				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UW OF THE UPPER OHIO VALLEY 51 11TH ST WHEELING, WV 26003	55-0479446	501 (C) (3)	8,650				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF UNION COUNTY PO BOX 145 MARYSVILLE, OH 43040	71-0338355	501 (C) (3)	44,493				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VICTORY MINISTRIES MISSION 2955 SWITZER AVE COLUMBUS, OH 43219	31-1117522	501 (C) (3)	19,414				DONOR DESIGNATED FOR GENERAL SUPPORT
VINEYARD COMMUNITY CENTER 6000 COOPER RD WESTERVILLE, OH 43081	75-3210233	501 (C) (3)	26,819				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WELLINGTON SCHOOL 3650 REED RD COLUMBUS, OH 43220	31-0977200	501 (C) (3)	5,308				DONOR DESIGNATED FOR GENERAL SUPPORT
WEST VIRGINIA FOUNDATION PO BOX 1650 MORGANTOWN, WV 26507	55-6017181	501 (C) (3)	6,471				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WESTERVILLE AREA RESOURCE MINISTRY 175-A E BROADWAY AVE WESTERVILLE, OH 43081	31-1640355	501 (C) (3)	14,204				DONOR DESIGNATED FOR GENERAL SUPPORT
WESTERVILLE ROWING CLUB 9 DONMAC DRIVE WESTERVILLE, OH 43081	31-1449449	501 (C) (3)	18,278				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOMEN'S FUND OF CENTRAL OHIO 2323 WEST 5TH AVENUE SUITE 230 COLUMBUS, OH 43204	31-1784310	501 (C) (3)	5,394				DONOR DESIGNATED FOR GENERAL SUPPORT
WOUNDED WARRIOR PROJECT (WWP INC) 4899 BELFORT RD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501 (C) (3)	31,924				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AGENCIES PAID LESS THAN 5000 360 SOUTH THIRD STREET COLUMBUS, OH 43215	31-4393712	501 (C) (3)	978,539				DONOR DESIGNATED FOR GENERAL SUPPORT
DESIGNATIONS TO OTHER UNITED WAYS AND AGENCIES PAID DIRECTLY BY THIRD-PARTY 360 SOUTH THIRD STREET COLUMBUS, OH 43215	31-4393712	501 (C) (3)	11,090,126				DONOR DESIGNATED FOR GENERAL SUPPORT

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

# 2016

**Open to Public Inspection**

Name of the organization  
UNITED WAY OF CENTRAL OHIO INC

Employer identification number  
31-4393712

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>	Yes			
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>	Yes			
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</p>					
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>		No		
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes			
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p><b>a</b> The organization?</p>	<b>5a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p><b>a</b> The organization?</p>	<b>6a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>		No		
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				



**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	UNITED WAY PROVIDES PAYMENT OF MEMBERSHIP DUES FOR THE CEO AT THE CAPITAL CLUB - A DOWNTOWN COLUMBUS BUSINESS CLUB WHICH OFFERS BUSINESS NETWORKING OPPORTUNITES ANNUAL MEMBERSHIP DUES PAID FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2016 WERE \$802
PART I, LINE 3	THE UNITED WAY OF CENTRAL OHIO COMPENSATION COMMITTEE OF THE BOARD REVIEWS THE TOTAL COMPENSATION (INCLUDING ALL BENEFITS) OF THE CEO ANNUALLY THE MOST RECENT REVIEW OCCURRED IN MARCH 2017, UPON THE HIRING OF THE NEW CEO THE CEO'S SALARY IS BASED ON CEO PERFORMANCE, BUDGET PARAMETERS, INDEPENDENT MARKET DATA AND MARKET ISSUES MINUTES OF THE COMPENSATION DISCUSSION MEETING ARE RECORDED AND MAINTAINED THE ANNUAL REVIEW OF CEO INCLUDES A REVIEW OF MARKET COMPARABILITY DATA FROM INDEPENDENT SOURCES AND THE SOURCES OF COMPARABLE DATA ARE REFLECTED IN THE MINUTES OF THE COMMITTEE MEETING SETTING COMPENSATION COMPARISONS INCLUDE OTHER SIMILAR-SIZED UNITED WAYS WITHIN THE UNITED WAY SYSTEM AS WELL AS OTHER SIMILAR-SIZED NON-PROFIT AGENCIES AND FOUNDATIONS WITHIN OHIO ANY MEMBER OF THE COMPENSATION COMMITTEE WHO HAS A CONFLICT OF INTEREST IN THE SETTING OF COMPENSATION MUST DECLARE THE CONFLICT BEFORE ANY DISCUSSIONS TAKE PLACE AND THE COMMITTEE WILL DETERMINE WHETHER THE MEMBER DECLARING THE CONFLICT CAN PARTICIPATE IN THE DISCUSSION AND FINAL DECISION THE COMPENSATION COMMITTEE ALSO REVIEWS THE CEO'S RECOMMENDATIONS FOR OTHER SENIOR MANAGEMENT COMPENSATION, INCLUDING COMPARABLE MARKET DATA USED IN MAKING THOSE RECOMMENDATIONS THE COMPENSATION COMMITTEE RECORDS ITS CONSIDERATION OF THE CEO'S RECOMMENDATIONS, THE MARKET DATA CONSIDERED AND WHETHER THE CEO'S RECOMMENDATIONS WERE ACCEPTED, ALTERED (INCLUDING THE ALTERATIONS) OR REJECTED
PART I, LINE 4B	UNITED WAY HAS ESTABLISHED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN WITH THE CEO WHICH PROVIDES A LUMP SUM BENEFIT TO BE PAID TO THE EMPLOYEE OF \$850,000 UPON REACHING THE NORMAL RETIREMENT AGE OF 65 THE BENEFIT VESTS AT GRADUAL INCREASING PERCENTAGES, BEGINNING AT AGE 54 THE ACCRUED RETIREMENT BENEFITS ARE APPROXIMATELY \$638,000 AS OF MARCH 31, 2017 AND 2016, AND ARE INCLUDED IN ACCRUED PAYROLL AND RELATED LIABILITIES THE EVENTUAL PAYMENT OF THIS LIABILITY IS PLANNED TO BE FUNDED BY THE CASH SURRENDER VALUE OF THE LIFE INSURANCE POLICY IN APRIL 2016, THE FORMER CEO ANNOUNCED HER PENDING RETIREMENT THE FORMER CEO STEPPED DOWN FROM HER ROLE OF PRESIDENT AND CEO EFFECTIVE MARCH 31, 2017, WHEN A NEW PRESIDENT AND CEO WAS HIRED IN CONJUNCTION WITH THE RETIREMENT ANNOUNCEMENT, AN AGREEMENT WAS EXECUTED TO CONFIRM THAT THE FULL LUMP SUM BENEFIT WILL BE PAID ON NOVEMBER 10, 2017 AND THE FORMER CEO WILL BE CONSIDERED A UNITED WAY EMPLOYEE UNTIL THAT DATE

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF CENTRAL OHIO INC

**Employer identification number**

31-4393712

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DUANE CASARES	TRUSTEE		AGENCY FUNDING		No
(2) SHAWN HOLT	TRUSTEE		AGENCY FUNDING		No
(3) BARBARA BENHAM	TRUSTEE		BUSINESS BANKING, HEALTH AND GENERAL INSURANCE, LINE OF CREDIT		No

**Part V Supplemental Information**

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

Return Reference	Explanation

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF CENTRAL OHIO INC

Employer identification number  
31-4393712

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	74	843,197	AVG PRICE @ CLS
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

29

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 is not required to be used for exempt purposes for the entire holding period? . . . . .

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31	Yes	
32a		No

**Part II Supplemental Information.**

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

Return Reference	Explanation
PART I, COLUMN (B)	UNITED WAY OF CENTRAL OHIO IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART 1, COLUMN (B)

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

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

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF CENTRAL OHIO INC

**Employer identification number**

31-4393712

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	IT IS A BEST PRACTICE FOR NONPROFIT ORGANIZATIONS AND A UNITED WAY WORLDWIDE MEMBERSHIP REQUIREMENT TO PERIODICALLY REVIEW THEIR GOVERNING DOCUMENTS TO ENSURE THEY ARE IN COMPLIANCE WITH EXISTING LAW AND REFLECTIVE OF THE OPERATION OF THE ORGANIZATION THE ORGANIZATION MADE THE FOLLOWING CHANGES OF NOTE TO THE CODE OF REGULATIONS - PROVIDED THE ABILITY FOR THE CHAIR-ELECT OR SECRETARY TO CALL A SPECIAL MEETING IF NEEDED - MADE AVAILABLE THE ABILITY FOR A BOARD MEMBER TO DESIGNATE ANOTHER MEMBER AS THEIR PROXY TO VOTE FOR THEM ON ALL MATTERS BEFORE THE BOARD DURING A MEETING - REMOVED ABILITY TO HAVE A COMBINED SECRETARY AND TREASURER ROLE TO ENSURE CHECKS AND BALANCES EXIST

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	UNITED WAY OF CENTRAL OHIO'S ANNUAL IRS FORM 990 IS PREPARED BY THE CFO AND FINANCE STAFF BEFORE IT IS REVIEWED AND APPROVED BY THE TAX ACCOUNTANTS FROM OUR EXTERNAL AUDIT FIRM, GB Q PARTNERS LLC FORM 990 IS REVIEWED IN DETAIL BY THE UNITED WAY FINANCE AND AUDIT COMMITTEES AND APPROVED FOR PRESENTATION TO THE UNITED WAY BOARD OF TRUSTEES AND/OR THE EXECUTIVE COMMITTEE OF THE BOARD THE TREASURER AND/OR CFO PRESENT FORM 990 TO THE BOARD OR EXECUTIVE COMMITTEE FOR APPROVAL BEFORE FORM 990 IS FILED WITH THE IRS EACH BOARD MEMBER RECEIVES A COPY OF FORM 990 FOR REVIEW PRIOR TO THE MEETING

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	<p>CONFLICT OF INTEREST PROCEDURES UNITED WAY PROVIDES THE CONFLICT OF INTEREST POLICY TO ALL STAFF MEMBERS AND ANY VOLUNTEER WHO PARTICIPATES IN OR INFLUENCES UNITED WAY DECISION MAKING (BOARD AND BOARD-LEVEL COMMITTEE MEMBERS) ANNUAL WRITTEN DISCLOSURE STATEMENTS ARE OBTAINED BY UNITED WAY FROM ALL STAFF MEMBERS AND ANY VOLUNTEER PARTICIPATING IN OR INFLUENCING UNITED WAY DECISION MAKING IN ORDER THAT PERCEIVED OR ACTUAL CONFLICTS CAN BE IDENTIFIED AND THEN DISCLOSED INDIVIDUALS ARE INSTRUCTED TO PROMPTLY NOTIFY UNITED WAY AND UPDATE THEIR DISCLOSURE STATEMENTS, AS NECESSARY STAFF CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE TRACKED AND MAINTAINED BY THE HUMAN RESOURCE DEPARTMENT VOLUNTEER CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE TRACKED AND MAINTAINED IN THE PRESIDENT'S OFFICE IT IS THE RESPONSIBILITY OF THE INDIVIDUAL PARTICIPATING IN OR INFLUENCING UNITED WAY DECISION MAKING TO IDENTIFY CONFLICTS OF INTEREST AS THEY ARISE FROM TIME TO TIME AND TO THEREAFTER COMPLY WITH THE LETTER AND SPIRIT OF THE POLICY SUCH DISCLOSURE SHOULD OCCUR AT THE EARLIEST POSSIBLE TIME, AND IF POSSIBLE, PRIOR TO THE DISCUSSION OF ANY SUCH ISSUE HAVING DISCLOSED THE EXISTENCE OF AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST, AND INDIVIDUAL MAY NONETHELESS PARTICIPATE IN THE DISCUSSION OF A GIVEN ISSUE AT THE DISCRETION OF THE BOARD OR COMMITTEE CHAIR, BUT MUST ABSTAIN FROM VOTING UPON THAT PARTICULAR ISSUE ANY SUCH ABSTENTIONS ARE REFLECTED IN THE WRITTEN MINUTES OF THAT MEETING</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	PROCESS FOR CEO AND SENIOR MANAGEMENT COMPENSATION REVIEW THE UNITED WAY OF CENTRAL OHIO EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE TOTAL COMPENSATION (INCLUDING ALL BENEFITS) OF THE CEO ANNUALLY THIS INFORMATION IS ALSO SHARED WITH THE FULL BOARD THE MOST RECENT REVIEW OCCURRED IN MARCH 2017 WITH THE HIRING OF A NEW CEO THE CEO'S SALARY IS BASED ON CEO PERFORMANCE, BUDGET PARAMETERS, INDEPENDENT MARKET DATA AND MARKET ISSUES MINUTES OF THE COMPENSATION DISCUSSION MEETING ARE RECORDED AND MAINTAINED THE ANNUAL REVIEW OF THE CEO INCLUDES A REVIEW OF MARKET COMPARABILITY DATA COMPILED BY AN INDEPENDENT CONSULTANT FROM INDEPENDENT DATA SOURCES AND THE SOURCES OF COMPARABLE DATA ARE REFLECTED IN THE MINUTES OF THE COMMITTEE MEETING SETTING COMPENSATION COMPARISONS INCLUDE OTHER SIMILAR-SIZED UNITED WAYS WITHIN THE UNITED WAY SYSTEM AS WELL AS OTHER SIMILAR-SIZED NON-PROFIT AGENCIES AND FOUNDATIONS WITHIN OHIO ANY MEMBER OF THE EXECUTIVE COMMITTEE WHO HAS A CONFLICT OF INTEREST IN THE SETTING OF COMPENSATION MUST DECLARE THE CONFLICT BEFORE ANY DISCUSSIONS TAKE PLACE AND THE COMMITTEE WILL DETERMINE WHETHER THE MEMBER DECLARING THE CONFLICT CAN PARTICIPATE IN THE DISCUSSION AND FINAL DECISION THE EXECUTIVE COMMITTEE ALSO REVIEWS THE CEO'S RECOMMENDATIONS FOR OTHER SENIOR MANAGEMENT COMPENSATION, INCLUDING COMPARABLE MARKET DATA USED IN MAKING THOSE RECOMMENDATIONS THE EXECUTIVE COMMITTEE RECORDS ITS CONSIDERATION OF THE CEO'S RECOMMENDATIONS, THE MARKET DATA CONSIDERED AND WHETHER THE CEO'S RECOMMENDATIONS WERE ACCEPTED, ALTERED (INCLUDING THE ALTERATIONS) OR REJECTED

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	UNITED WAY OF CENTRAL OHIO POSTS OUR MOST RECENTLY COMPLETED AUDITED FINANCIAL STATEMENTS AND IRS FORM 990 ON OUR PUBLIC WEBSITE - WWW LIVEUNITEDCENTRALOHIO ORG WE ALSO POST OUR CONFLICT OF INTEREST POLICY, CODE OF ETHICS AND OTHER KEY POLICIES ON THE WEBSITE OUR GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION, BY-LAWS AND CODE OF REGULATIONS) ARE AVAILABLE TO THE PUBLIC UPON REQUEST EITHER ONSITE AT OUR OFFICE LOCATION OR VIA MAILING TO THE REQUESTOR

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C	THE UNITED WAY OF CENTRAL OHIO AUDIT COMMITTEE REPORTS TO THE BOARD OF TRUSTEES AND PROVIDES STRATEGIC DIRECTION AND OVERSIGHT FOR THE ANNUAL AUDIT, INTERNAL CONTROLS, POTENTIAL RISKS AND EXPOSURES FOR THE ORGANIZATION THE AUDIT COMMITTEE IS RESPONSIBLE FOR EVALUATING THE PERFORMANCE OF INDEPENDENT AUDITORS AND RECOMMENDING TO THE BOARD OF TRUSTEES THE APPOINTMENT AND, AS WARRANTED, THE REPLACEMENT OF THE INDEPENDENT AUDITORS THE AUDIT COMMITTEE MEETS WITH THE AUDITORS AT LEAST TWICE PER YEAR - PRIOR TO THE AUDIT FIELDWORK AND THEN AFTER THE AUDIT COMPLETION TO REVIEW THE ANNUAL FINANCIAL STATEMENTS AND DISCUSS THE FOLLOWING MATTERS SCOPE, AUDIT PROCEDURES, AUDIT RESULTS AND MANAGEMENT LETTER COMMENTS, ACCOUNTING PRINCIPLES, POLICIES AND REPORTING PRACTICES, AND ADEQUACY OF THE ORGANIZATION'S INTERNAL CONTROLS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE L - ADDITIONAL INFORMATION	UNITED WAY OF CENTRAL OHIO (UWCO) MAINTAINS CHECKING AND SAVINGS ACCOUNTS AT MULTIPLE BANKS IN THE CENTRAL OHIO AREA ONE TRUSTEE OF THE UWCO BOARD IS A SENIOR EXECUTIVE AT A BANK WITH WHICH UWCO HAS SUCH BUSINESS RELATIONSHIPS AS PART OF THE ORGANIZATION'S CODE OF REGULATIONS, EXECUTIVE DIRECTORS FROM TWO FUNDED PARTNERS ARE REPRESENTATIVES ON THE BOARD OF TRUSTEES THESE AGENCIES RECEIVE PROGRAM FUNDING ALLOCATIONS, BUT THESE TRUSTEES DO NOT PARTICIPATE IN DECISION MAKING RELATED TO THEIR OWN AGENCY FUNDING FURTHERMORE, EMPLOYEES OF FINANCIAL INSTITUTIONS RECUSE THEMSELVES FROM ANY BANKING OR RELATED DECISIONS THE UNITED WAY OF CENTRAL OHIO'S CONFLICT OF INTEREST POLICY REQUIRES BOARD MEMBERS TO ABSTAIN FROM VOTING ON OR SUPPORTING ANY ISSUES WHICH MAY HAVE A DIRECT IMPACT ON OR BE RELATED TO THEIR BUSINESS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>SPECIAL INITIATIVE PROGRAM SERVICES (CONTINUED)</p>	<p>CHAMPION OF CHILDREN ACCOMPLISHMENTS IN 2016 INCLUDE DISSEMINATION AND PRESENTATIONS OF THE 2016 CHAMPION OF CHILDREN REPORT VOICES OF LATINO BOYS TO MORE THAN 5,000 COMMUNITY STAKEHOLDERS, PROVIDING INFORMATION ABOUT THE CHALLENGES AND OPPORTUNITIES LATINO BOYS AND THEIR FAMILIES FACE IN CENTRAL OHIO HOSTED 23RD ANNUAL SIGNATURE EVENT AND OTHER INFORMATIONAL EVENTS FOR MORE THAN 700 CORPORATE AND COMMUNITY LEADERS, DONORS, EDUCATORS, AND NEIGHBORHOOD STAKEHOLDERS FRANKLIN COUNTY CORONER INITIATED "LATINO ACTION PLAN" COLLABORATION IN RESPONSE TO 2016 COC REPORT TO ADDRESS SHORTAGE OF RESOURCES FOR LATINO BOYS AND THEIR FAMILIES EXAMPLE FROM THIS COLLABORATION LATINO FAMILY NIGHT - SERVICE PROVIDERS FROM ACROSS FRANKLIN COUNTY ASSEMBLED IN ONE PLACE TO MEET WITH OVER 100 FAMILIES IN THE WHITEHALL CITY SCHOOL DISTRICT RE-BRAND AND LAUNCH OF ON-LINE JOURNAL, CHAMPION OF CHILDREN BLOG CARE COORDINATION NETWORK OF CENTRAL OHIO (CCN) CCN OFFERS OUR COMMUNITY AN INTEGRATED AND COMPREHENSIVE SYSTEM THAT MEETS THE HOLISTIC NEEDS OF COUNTY RESIDENTS IN AN EFFICIENT AND ORGANIZED MANNER USING THE NATIONALLY-RECOGNIZED PATHWAYS COMMUNITY HUB MODEL THAT HELPS PEOPLE TAKE COORDINATED STEP-BY-STEP ACTION TOWARD SET OBJECTIVES, CCN PROVIDES A SINGLE POINT OF CONTACT FOR INDIVIDUALS AND FAMILIES MANAGING MULTIPLE NEEDS, STANDARD, ORGANIZED PATHWAYS FOR INFORMATION FLOW AND FUNDING, CLEAR DIRECTION AND EFFICIENCIES FOR ALL INVOLVED, AND ACCOUNTABILITY FOR OUTCOMES COMMUNITY CARE COORDINATORS WITHIN VARIOUS ORGANIZATIONS WORK DIRECTLY WITH INDIVIDUALS AND FAMILIES TO DETERMINE THEIR NEEDS, IDENTIFY APPROPRIATE SERVICE PATHWAYS, AND FOLLOW-UP REGULARLY TO ENSURE MILESTONES ALONG EACH PATHWAY ARE COMPLETED PROVIDERS RECEIVE PAYMENT FOR SERVICES ONCE A MILESTONE IS REACHED HAVING ONE CONSISTENT POINT OF SUPPORT FOR INDIVIDUALS AND FAMILIES PURSUING MULTIPLE PATHWAYS BUILDS THE RELATIONSHIPS AND RAPPORT NEEDED TO HELP PEOPLE ACHIEVE OUTCOMES THAT ARE BOTH MEANINGFUL AND SUSTAINABLE THE STANDARD, ORGANIZED PATHWAYS FOR INFORMATION FLOW AND FUNDING BRING INCREASED EFFICIENCY TO THIS CARE COORDINATION PROCESS IN 2016, OVER 900 AT-RISK PREGNANT, PEDIATRIC, AND ADULT CLIENTS RECEIVED CARE COORDINATION SERVICES THROUGH THREE CCN PARTNER AGENCIES OVER 2,500 PATHWAYS WERE INITIATED, ADDRESSING NEEDS SUCH AS FOOD ASSISTANCE, EDUCATION, EMPLOYMENT, AND HOUSING</p>