

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

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

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 04-01-2018, and ending 03-31-2019**

- 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 \$ 32,143,799

**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)	23
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	23
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	110
<b>6</b> Total number of volunteers (estimate if necessary)	3,710
<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	3,212

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	47,417,468	31,048,174
<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)	34,445	71,661
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	941,418	1,016,532
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	48,393,331	32,136,367
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	32,636,471	22,747,272
<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)	7,747,227	6,243,948
<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) ▶ 4,053,737		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,146,700	6,069,446
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	49,530,398	35,060,666
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-1,137,067	-2,924,299
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	37,629,725	34,253,869
<b>21</b> Total liabilities (Part X, line 26)	12,240,560	11,773,642
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	25,389,165	22,480,227

## 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: 2019-09-26

CHERYL NELSON SENIOR VP OF FINANCE AND CFO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: 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 \$ 15,423,498 including grants of \$ 13,942,113 ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ 4,039,010 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ 8,781,568 including grants of \$ 8,781,568 ) (Revenue \$ 1,016,961 )  
See Additional Data

(Code ) (Expenses \$ 236,263 including grants of \$ 23,591 ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 236,263 including grants of \$ 23,591 ) (Revenue \$ )

**4e Total program service expenses** ▶ 28,480,339

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

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

		Yes	No
<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> . . . . .	23 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> . . . . .		24a No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		24b
<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? . . . . .		24c
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		24d
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		25a 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> . . . . .		25b 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> . . . . .		26 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> . . . . .		27 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> . . . . .		28a 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> . . . . .		28b 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> . . . . .	28c Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29 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> . . . . .		30 No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		31 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> . . . . .		32 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> . . . . .		33 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> . . . . .		34 No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a 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> . . . . .		35b
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		36 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>		37 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 . . . . .	38 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 . . . . .

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		1a 52
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		1b 0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c Yes	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	110		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>		No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>		<b>3b</b>			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>4a</b>		No	
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>	Yes		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>	Yes		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .		<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>		<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .		<b>15</b>		No	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .		<b>16</b>		No	

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



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; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply; 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







**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>	407,221				
	<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>	229,238				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	30,411,715				
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____		396,648				
	<b>h Total.</b> Add lines 1a-1f . . . . .			31,048,174			
<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>9 Total.</b> Add lines 2a-2f . . . . .						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		71,661			71,661	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
			7,003				
		<b>b</b> Less rental expenses	7,432				
		<b>c</b> Rental income or (loss)	-429				
	<b>d</b> Net rental income or (loss) . . . . .			-429		-429	
	<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	1,016,961	1,016,961				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			1,016,961				
<b>12 Total revenue.</b> See Instructions . . . . .			32,136,367	1,016,961	0	71,232	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	22,723,681	22,723,681		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	23,591	23,591		
<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	730,248	226,026	472,757	31,465
<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	4,103,188	1,400,994	908,626	1,793,568
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	194,926	49,012	72,823	73,091
<b>9</b> Other employee benefits	852,264	206,459	156,969	488,836
<b>10</b> Payroll taxes	363,322	120,983	115,903	126,436
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	9,974	739	4,659	4,576
<b>c</b> Accounting	39,050		32,050	7,000
<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)	163,371	54,369	73,487	35,515
<b>12</b> Advertising and promotion	391,673	4,030	135,907	251,736
<b>13</b> Office expenses	369,602	113,823	52,894	202,885
<b>14</b> Information technology	815,252	106,001	139,904	569,347
<b>15</b> Royalties				
<b>16</b> Occupancy	226,572	56,025	79,568	90,979
<b>17</b> Travel	60,909	13,844	20,001	27,064
<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				
<b>21</b> Payments to affiliates	441,178	92,450	165,187	183,541
<b>22</b> Depreciation, depletion, and amortization	187,930	39,381	70,365	78,184
<b>23</b> Insurance	37,138	8,117	13,274	15,747
<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	3,221,159	3,221,159		
<b>b</b> SPECIAL EVENTS	70,392	13,430		56,962
<b>c</b> MISCELLANEOUS	35,246	6,225	12,216	16,805
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	35,060,666	28,480,339	2,526,590	4,053,737
<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 . . . . .	9,625,571	<b>1</b>	9,007,502
	<b>2</b> Savings and temporary cash investments . . . . .	383,737	<b>2</b>	502,847
	<b>3</b> Pledges and grants receivable, net . . . . .	20,757,578	<b>3</b>	17,920,998
	<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 . . . . .	102,713	<b>9</b>	70,279
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 3,500,306		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 2,216,773	1,391,729	<b>10c</b> 1,283,533
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	3,351,581	<b>12</b>	3,390,829
	<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 . . . . .	2,016,816	<b>15</b>	2,077,881
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	37,629,725	<b>16</b>	34,253,869	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	511,667	<b>17</b>	417,881
	<b>18</b> Grants payable . . . . .	11,264,259	<b>18</b>	10,575,920
	<b>19</b> Deferred revenue . . . . .	19,436	<b>19</b>	175,000
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	330,525	<b>21</b>	466,797
	<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 . . . . .	114,673	<b>24</b>	138,044
	<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 . . . . .	12,240,560	<b>26</b>	11,773,642
<b>Net Assets or Fund Balances</b>	<b>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>			
	<b>27</b> Unrestricted net assets	21,999,800	<b>27</b>	20,498,563
	<b>28</b> Temporarily restricted net assets . . . . .	3,389,365	<b>28</b>	1,981,664
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</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</b> Total net assets or fund balances . . . . .	25,389,165	<b>33</b>	22,480,227	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	37,629,725	<b>34</b>	34,253,869	

**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>	32,136,367
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	35,060,666
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-2,924,299
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	25,389,165
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	15,361
<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>	22,480,227

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 31-4393712

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

Form 990 (2018)

---

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

PROGRAM FUNDING (FUNDED PARTNERS)UNITED WAY OF CENTRAL OHIO IS DEDICATED TO PROVIDING OPPORTUNITIES FOR PEOPLE TO SUCCEED WE DO THAT BY ACTING AS A CATALYST FOR LASTING IMPROVEMENTS AND BY MOBILIZING OUR COMMUNITY TO GIVE AND VOLUNTEER WE RAISE FUNDS AND INVEST IN A WIDE NETWORK OF FUNDED PARTNERS WHO ARE WORKING WITH FAMILIES EVERY DAY TO PROVIDE FOOD, STABLE HOUSING, HIGH-QUALITY EDUCATION AND SAFE NEIGHBORHOODS WE BRING LEADERS TOGETHER TO IMPROVE THE POLICIES AND SYSTEMS THAT DIRECTLY AFFECT THOUSANDS OF LIVES, AND WE DEVELOP AND IMPLEMENT INNOVATIVE AND INTEGRATED WAYS TO REDUCE POVERTY

---

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

SPECIAL INITIATIVE PROGRAM SERVICESTAX TIME, A PROGRAM LED BY UNITED WAY OF CENTRAL OHIO IS A PUBLIC-PRIVATE PARTNERSHIP OF MORE THAN 50 CENTRAL OHIO ORGANIZATIONS TAX TIME PROVIDES THE CENTRAL OHIO COMMUNITY WITH INFORMATION ABOUT, AND ACCESS TO, FREE, HIGH-QUALITY TAX ASSISTANCE SERVICES AND FINANCIAL RESOURCES THAT ENABLE LOW AND MODERATE-INCOME HOUSEHOLDS TO ACHIEVE FINANCIAL STABILITY IN 2018, 16,318 PARTICIPANTS ACCESSED TAX TIME FINANCIAL PRODUCTS AND SERVICES, INCLUDING THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM A TOTAL OF \$5,729,016 IN REFUNDS WAS RETURNED TO INDIVIDUALS THROUGH THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM

---

**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 PROCESSED DONOR DESIGNATIONS TO 3,043 AGENCIES AND OTHER UNITED WAYS DURING THE 2018 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.

---

**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
DUANE CASARES ..... TRUSTEE	2 00 .....	X						0	0	0
DAN CRANE ..... TRUSTEE	2 00 .....	X						0	0	0
CARRIE HARRIS-MULLER ..... TRUSTEE	1 00 .....	X						0	0	0
MSGR JOSEPH HENDRICKS ..... TRUSTEE	1 00 .....	X						0	0	0
LANA HILLEBRAND ..... TRUSTEE	2 00 .....	X						0	0	0
CHAD JESTER ..... TRUSTEE	1 00 .....	X						0	0	0
ADAM LEWIN ..... TRUSTEE	1 00 .....	X						0	0	0
STEVE MASON ..... 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			
MAX PRISTIC ..... TRUSTEE	1 00 .....	X						0	0	0
FRED RANSIER ..... TRUSTEE	1 00 .....	X						0	0	0
MARTYN REDGRAVE ..... TRUSTEE	2 00 .....	X						0	0	0
TOM RIELAND ..... TRUSTEE	1 00 .....	X						0	0	0
TOSHIA SAFFORD ..... 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
ROBERT TANNOUS ..... TRUSTEE	1 00 .....	X						0	0	0
KARIN WURAPA ..... TRUSTEE	1 00 .....	X						0	0	0
DONALD BROWN ..... TREASURER, CHAIR-ELECT	2 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			
LISA INGRAM CHAIR	4 00			X				0	0	0
CRAIG MARSHALL PAST CHAIR	2 00			X				0	0	0
VIRGINIA NUNES GUTIERREZ SECRETARY	2 00			X				0	0	0
KATRINA BURRIER SVP RESOURCE DEVELOPMENT	0 00			X				0	0	0
LISA S COURTICE PRESIDENT & CEO	59 00			X				282,102	0	15,968
CHERYL NELSON SVP FINANCE, CFO	48 00			X				188,261	0	16,362
MICHAEL WILKOS SVP COMMUNITY IMPACT	42 00			X				168,693	0	10,009
ANGEL HARRIS FORMER SVP RESOURCE DEV	48 00						X	200,228	0	12,135

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

**2018**

**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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	55,039,314	48,954,684	48,758,587	47,417,468	31,040,742	231,210,795
<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	55,039,314	48,954,684	48,758,587	47,417,468	31,040,742	231,210,795
<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)						74,934,824
<b>6 Public support.</b> Subtract line 5 from line 4						156,275,971

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4	55,039,314	48,954,684	48,758,587	47,417,468	31,040,742	231,210,795
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,471	14,728	19,741	34,445	71,661	177,046
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					7,003	7,003
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,160,051	1,121,680	1,233,987	941,417	1,016,961	5,474,096
<b>11 Total support.</b> Add lines 7 through 10						236,868,940

**12** Gross receipts from related activities, etc (see instructions) **12**

**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 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	65.980 %
<b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	65.690 %

**16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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.)						

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

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

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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 ( <b>see instructions</b> )		
<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>	Yes	No
<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**

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>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</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (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</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		



**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 <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 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-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

**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

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

OMB No 1545-0047  
  
**2018**  
**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	Employer identification number 31-4393712
--	--

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

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

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	8,685													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	34,742													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	43,427													
<b>d</b>	Other exempt purpose expenditures	35,017,239													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	35,060,666													
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-	0													
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-	0													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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	107,506	156,120	148,641	43,427	455,694
<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	21,501	31,224	29,728	8,685	91,138

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

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

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

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political 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>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
<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 UNITED WAY OF CENTRAL OHIO EMPLOYED A SENIOR IMPACT DIRECTOR WHO WORKED PART-TIME ON PUBLIC POLICY DURING 2018/19 STAFF IS REGISTERED WITH THE OHIO OFFICE OF THE LEGISLATIVE INSPECTOR GENERAL (JOINT LEGISLATIVE ETHICS COMMITTEE) AND THE CITY OF COLUMBUS AS A LEGISLATIVE AGENT UNITED WAY'S PUBLIC POLICY STAFF SUPPORTED THE ORGANIZATION'S PUBLIC POLICY COMMITTEE, KEPT STAFF AND VOLUNTEERS APPRISED OF POLICIES AND PUBLIC FUNDING DECISIONS THAT IMPACTED UNITED WAY'S MISSION, AND REPRESENTED THE ORGANIZATION ON REGIONAL AND STATEWIDE ADVOCACY COALITIONS POLICY STAFF ALSO MET WITH PUBLIC OFFICIALS AND STATE ADMINISTRATORS REGARDING PUBLIC POLICY PRIORITIES, TESTIFIED BEFORE KEY COMMITTEES, MOBILIZED DONORS AND VOLUNTEERS TO RESPOND TO ADVOCACY ALERTS, AND SERVED AS A RESOURCE AND THOUGHT-PARTNER FOR STAFF THROUGHOUT THE ORGANIZATION LOCAL ADVOCACY UNITED WAY MAINTAINED STRONG RELATIONSHIPS WITH COLUMBUS CITY COUNCIL AND THE MAYOR'S OFFICE CITY COUNCIL MEMBERS AND LEADERSHIP IN THE MAYOR'S OFFICE RECEIVED IN-PERSON UPDATES REGARDING POLICY PRIORITIES AS NEEDED UNITED WAY PARTNERED WITH COLUMBUS CITY COUNCIL ON A FREE TAX PREPARATION PROGRAM FOR LOW- TO MODERATE-INCOME FAMILIES (TAX TIME) AND NEIGHBORHOOD PARTNERSHIP GRANTS UNITED WAY OBTAINED FRANKLIN COUNTY FUNDING FOR ITS TAX TIME INITIATIVE STATE ADVOCACY UNITED WAY PARTICIPATED IN STATE BUDGET DELIBERATIONS, ADVOCATED FOR SUFFICIENT PUBLIC FUNDING FOR FAMILY HOMELESSNESS PREVENTION AND WORKED CLOSELY WITH STATEWIDE COALITIONS TO ADVOCATE FOR POLICY CHANGES THAT HELP FAMILIES TRANSITION TO SELF-SUFFICIENCY AND PROVIDE MORE ACCESS TO CHILD CARE FEDERAL ADVOCACY UNITED WAY ADVOCATED ON THE FOLLOWING ISSUES EARNED INCOME TAX CREDIT, VOLUNTEER INCOME TAX ASSISTANCE PROGRAM, ACCESS TO HEALTHCARE, THE CHILDREN'S HEALTH INSURANCE PROGRAM, AND THE CHARITABLE TAX DEDUCTION COALITIONS/PUBLIC POLICY COMMITTEES UNITED WAY SERVED ON THE FOLLOWING COALITIONS OR ADVOCACY COMMITTEES AFFORDABLE HOUSING ALLIANCE OF CENTRAL OHIO, GROUNDWORK OHIO AND HEALTH POLICY INSTITUTE OF OHIO 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)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

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

**Employer identification number**  
31-4393712

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

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

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

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

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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

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

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

**1a** If the organization elected, as permitted under 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

**b** 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>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided 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 . . . . .	1,112,142	1,092,253	1,046,710	1,013,780	992,396
<b>b</b> Contributions . . . . .				66,165	
<b>c</b> Net investment earnings, gains, and losses	74,506	79,439	102,147	21,195	74,635
<b>d</b> Grants or scholarships . . . . .	55,825	56,035	53,237	51,138	49,988
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .	3,322	3,515	3,367	3,292	3,263
<b>g</b> End of year balance . . . . .	1,127,501	1,112,142	1,092,253	1,046,710	1,013,780

- 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
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . . | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>                                 | Yes        |           |
| <b>(ii)</b> related organizations . . . . .  |            | No        |
| <b>3a(ii)</b>                                |            | No        |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . **3b**
- 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	1,822,036	184,159
<b>c</b> Leasehold improvements		442,287		442,287
<b>d</b> Equipment . . . . .		749,237	373,251	375,986
<b>e</b> Other . . . . .		35,741	21,486	14,255
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,283,533

**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	1,502,650	F
(B) BANKERS ACCEPTANCES	781,201	F
(C) HUNTINGTON INVESTMENTS	1,106,978	F
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	3,390,829	

**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	1,127,501
(2) CASH SURRENDER VALUE OF LIFE INSURANCE	908,322
(3) MISCELLANEOUS ASSETS	32,058
(4) DONOR ADVISED FUND - WL @ COLUMBUS FOUNDATION	10,000
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	2,077,881

**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>	21,177,701
<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>	15,361	
<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>	15,361
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	21,162,340
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	10,974,027	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	10,974,027
<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>	32,136,367

**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>	24,086,639
<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>	24,086,639
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	10,974,027	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	10,974,027
<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>	35,060,666

**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 RECEIVES RESOURCES IN CERTAIN TRANSACTIONS WHERE IT IS ACTING AS AN INTERMEDIARY FOR THE RESOURCE PROVIDERS THE RESOURCES ARE THEN DELIVERED TO THIRD-PARTY RECIPIENTS AND SERVICE PROVIDERS ACCORDINGLY, THESE TRANSACTIONS ARE RECOGNIZED AS CHANGES IN ASSETS AND LIABILITIES AND DO NOT AFFECT THE STATEMENT OF ACTIVITIES AGENCY LIABILITIES ARE CLASSIFIED ON THE STATEMENT OF FINANCIAL POSITION AS "FUNDS HELD FOR OTHERS " UNITED WAY HAD AGENCY RELATIONSHIPS WITH THE FOLLOWING GEORGE MEANY BANQUET, L BRANDS VOLUNTEER FUND, GIVEBACKHACK, OHIO CIVIL RIGHTS HALL OF FAME, AND NBC4I STUFF THE BACKPACK

## 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, 2019, TAX FILING PERIODS FOR THE YEARS ENDED 2015 AND PRIOR ARE CLOSED NO TAX LIABILITY ACCRUAL WAS RECORDED AS OF THE YEARS ENDED MARCH 31, 2019 OR 2018 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) 10,974,027

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	OTHER DONOR DESIGNATIONS (NET OF INTERNAL INITIATIVE PROGRAM DESIGNATIONS) 10,974,027

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

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 326
3 Enter total number of other organizations listed in the line 1 table . . . . . 2



**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) INDIVIDUAL EMERGENCY FUND - UTILITIES	97	18,835			
(2) INDIVIDUAL EMERGENCY FUND - RENT ASSISTANCE	10	3,404			
(3) INDIVIDUAL EMERGENCY FUND - MEDICAL AND DENTAL	4	835			
(4) INDIVIDUAL EMERGENCY FUND - TRANSPORTATION	2	117			
(5) INDIVIDUAL EMERGENCY FUND - OTHER ASSISTANCE	1	400			
(5)					
(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 DESIGNATIONS TO OTHER UNITED WAYS AND AGENCIES PAID DIRECTLY BY THIRD-PARTY PROCESSORS - ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UNITED WAY UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING SUCH SCREENING INCLUDES VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT AND VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION COMMUNITY SERVICES INDIVIDUAL EMERGENCY FUND GRANTS UNITED WAY OF CENTRAL OHIO MAINTAINS A SMALL FUND OF APPROXIMATELY \$30,000 PER YEAR TO PROVIDE EMERGENCY ASSISTANCE TO INDIVIDUALS AND FAMILIES IN SHORT-TERM CRISIS SITUATIONS THE AVERAGE AMOUNT OF ASSISTANCE PROVIDED PER INDIVIDUAL IS LESS THAN \$400 WHEN COMMUNITY SERVICES STAFF ARE CONTACTED REGARDING AN INDIVIDUAL / FAMILY IN NEED, THE FIRST ACTION TAKEN IS TO ASSESS THE SITUATION AND MAKE REFERRALS TO APPROPRIATE AGENCIES OR SERVICES THAT CAN RESPOND DIRECTLY DIRECT SERVICE IS OFTEN PROVIDED BY MAKING FOOD REFERRALS AND/OR PROVIDING DIRECTION FOR HELP WITH OBTAINING HOUSING IF ALL REFERRAL SOURCES ARE EXHAUSTED AND ASSISTANCE IS STILL NEEDED, THE EMERGENCY FUND IS UTILIZED TO PROVIDE APPROPRIATE FINANCIAL ASSISTANCE FOR THE FOLLOWING TYPES OF SITUATIONS - AVOIDING EVICTION, - AVOIDING UTILITY SHUT OFF, - SHORT-TERM MEDICAL AID (RENTAL OF MEDICAL EQUIPMENT OR PURCHASE OF PRESCRIPTION MEDICATION), - CONSTRUCTION OF WHEELCHAIR RAMPS AND ACCESSIBILITY IMPROVEMENTS, - "DAY OF ACTION" PROJECTS, MOST RECENTLY THE FREEDOM PROJECT FOR RESCUED HUMAN TRAFFICKING VICTIMS, - COTA DAY PASS, FOR WALK-INS THAT COME TO UNITED WAY SEEKING ASSISTANCE INFORMATION IS RECORDED TO MAINTAIN A DATA BASE OF ASSISTANCE REQUESTED AND ACTION TAKEN ALL SITUATIONS ARE VERIFIED, AND WHEN POSSIBLE FINANCIAL ASSISTANCE IS SENT DIRECTLY TO THE SERVICE PROVIDER (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)	12,500				PROGRAM OPERATING COSTS
ALVIS HOUSE 2100 STELLA COURT COLUMBUS, OH 43215	31-0743167	501 (C) (3)	194,400				PROGRAM OPERATING COSTS

**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 RED CROSS 995 EAST BROAD STREET COLUMBUS, OH 43205	31-0642918	501 (C) (3)	454,500				PROGRAM OPERATING COSTS
BIG BROTHERS BIG SISTERS OF CENTRAL OHIO INC 1855 EAST DUBLIN- GRANVILLE ROAD 1ST FLOOR COLUMBUS, OH 43229	31-4379429	501 (C) (3)	313,100				PROGRAM OPERATING COSTS

**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
BOYS & GIRLS CLUB OF COLUMBUS 115 SOUTH GIFT STREET COLUMBUS, OH 43215	31-4387575	501 (C) (3)	247,450				PROGRAM OPERATING COSTS
CATHOLIC SOCIAL SERVICES 197 EAST GAY STREET COLUMBUS, OH 43215	31-4379437	501 (C) (3)	12,500				PROGRAM OPERATING COSTS

**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
CENTER FOR EMPLOYMENT OPPORTUNITIES 33 NORTH THIRD ST 620 COLUMBUS, OH 43215	13-3843322	501 (C) (3)	12,500				PROGRAM OPERATING COSTS
CENTER FOR HEALTHY FAMILIES 500 S FRONT ST STE 930 COLUMBUS, OH 43215	20-8701526	501 (C) (3)	8,750				PROGRAM OPERATING COSTS

**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 COMMUNITY HOUSE 1150 EAST MAIN STREET COLUMBUS, OH 43205	31-4379438	501 (C) (3)	147,330				PROGRAM OPERATING COSTS
CHARITABLE PHARMACY OF CENTRAL OHIO INC 200 E LIVINGSTON AVE COLUMBUS, OH 43215	27-0147099	501 (C) (3)	45,450				PROGRAM OPERATING COSTS

**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)	15,000				PROGRAM OPERATING COSTS
CITY YEAR COLUMBUS 37 NORTH 3RD STREET COLUMBUS, OH 43215	22-2882549	501 (C) (3)	95,900				PROGRAM OPERATING COSTS

**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
CLINTONVILLE BEECHWOLD COMMUNITY RESOURCES CENTER 14 WEST LAKEVIEW AVENUE COLUMBUS, OH 43202	31-0834578	501 (C) (3)	98,230				PROGRAM OPERATING COSTS
COLUMBUS CHAMBER OF COMMERCE 150 SOUTH FRONT STREET COLUMBUS, OH 43215	31-4152950	501 (C) (3)	40,000				PROGRAM OPERATING COSTS



**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 EARLY LEARNING CENTERS 40 NORTH GRUBB STREET COLUMBUS, OH 43215	31-4379619	501 (C) (3)	541,600				PROGRAM OPERATING COSTS
COLUMBUS SPEECH & HEARING CENTER 510 EAST NORTH BROADWAY COLUMBUS, OH 43214	31-4379449	501 (C) (3)	145,250				PROGRAM OPERATING COSTS

**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 788 MOUNT VERNON AVENUE COLUMBUS, OH 43203	31-4379453	501 (C) (3)	113,550				PROGRAM OPERATING COSTS
COLUMBUS WORKS 750 MOUNT CARMEL MALL SUITE 300 COLUMBUS, OH 43222	38-4015966	501 (C) (3)	25,000				PROGRAM OPERATING COSTS

**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
COMMUNITIES IN SCHOOLS OF CENTRAL OHIO 510 ENORTH BROADWAY ST SUITE 4A COLUMBUS, OH 43214	31-1390077	501 (C) (3)	15,000				PROGRAM OPERATING COSTS
COMMUNITY DEVELOPMENT COLLABORATIVE OF GREATER COL 175 S THIRD STREET SUITE 1060 COLUMBUS, OH 43215	51-0476886	501 (C) (3)	35,000				PROGRAM OPERATING COSTS

**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)	459,017				PROGRAM OPERATING COSTS
COMMUNITY INITIATIVES 354 PINE STREET SUITE 700 SAN FRANCISCO, CA 94104	94-3255070	501 (C) (3)	15,000				PROGRAM OPERATING COSTS

**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 KITCHEN 640 SOUTH OHIO AVENUE COLUMBUS, OH 43205	31-1124774	501 (C) (3)	35,350				PROGRAM OPERATING COSTS
COMMUNITY PROPERTIES OF OHIO IMPACT CORPORATION 910 E BROAD STREET COLUMBUS, OH 43205	31-1707264	501 (C) (3)	98,720				PROGRAM OPERATING COSTS

**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 SHELTER BOARD 111 WEST LIBERTY STREET SUITE 150 COLUMBUS, OH 43215	31-1181284	501 (C) (3)	1,400,625				PROGRAM OPERATING COSTS
DIRECTIONS FOR YOUTH AND FAMILIES 1515 INDIANOLA AVENUE COLUMBUS, OH 43201	31-4407642	501 (C) (3)	656,960				PROGRAM OPERATING COSTS

**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
ECONOMIC & COMMUNITY DEVELOPMENT INSTITUTE 475 EAST MOUND STREET COLUMBUS, OH 43215	31-1145544	501 (C) (3)	7,500				PROGRAM OPERATING COSTS
EMPOWERBUS LLC 1465 W LANE AVE COLUMBUS, OH 43221	82-2643836	501 (C) (3)	20,100				PROGRAM OPERATING COSTS

**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
EQUITAS HEALTH 4400 N HIGH ST 300 COLUMBUS, OH 43214	31-1126780	501 (C) (3)	95,000				PROGRAM OPERATING COSTS
ETHIOPIAN TEWAHEDO SOCIAL SERVICES 1060 MT VERNON AVE COLUMBUS, OH 43203	20-3525591	501 (C) (3)	69,600				PROGRAM OPERATING COSTS



**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
FAITH MISSION INC 500 W WILSON BRIDGE RD 245 COLUMBUS, OH 43085	31-0809759	501 (C) (3)	11,250				PROGRAM OPERATING COSTS
FREEDOM A LA CART PO BOX 21987 COLUMBUS, OH 43221	26-3114093	501 (C) (3)	12,500				PROGRAM OPERATING COSTS

**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
FURNITURE BANK OF CENTRAL OHIO 118 SOUTH YALE AVE COLUMBUS, OH 43222	31-1600869	501 (C) (3)	12,500				PROGRAM OPERATING COSTS
FUTUREREADY COLUMBUS 78 S 5TH STREET COLUMBUS, OH 43215	45-3819208	501 (C) (3)	23,129				PROGRAM OPERATING COSTS

**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
GLADDEN COMMUNITY HOUSE 183 HAWKES AVENUE COLUMBUS, OH 43223	31-4379476	501 (C) (3)	176,720				PROGRAM OPERATING COSTS
GODMAN GUILD ASSOCIATION 303 EAST SIXTH AVENUE COLUMBUS, OH 43201	31-4379478	501 (C) (3)	502,684				PROGRAM OPERATING COSTS

**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
GOODWILL COLUMBUS 1331 EDGEHILL ROAD COLUMBUS, OH 43212	31-4379448	501 (C) (3)	298,760				PROGRAM OPERATING COSTS
HABITAT FOR HUMANITY 88 EAST BROAD ST STE 1800 COLUMBUS, OH 43215	20-1182119	501 (C) (3)	181,250				PROGRAM OPERATING COSTS

**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
HANDSON CENTRAL OHIO 1105 SCHROCK ROAD SUITE 100 COLUMBUS, OH 43229	31-1084722	501 (C) (3)	204,000				PROGRAM OPERATING COSTS
HEALTH POLICY INSTITUTE OF OHIO 10 W BROAD ST SUITE 1150 COLUMBUS, OH 43215	30-0186863	501 (C) (3)	10,000				PROGRAM OPERATING COSTS

**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
HEALTHCARE COLLABORATIVE OF GREATER COLUMBUS 1429 KING AVENUE COLUMBUS, OH 43212	51-0426050	501 (C) (3)	30,750				PROGRAM OPERATING COSTS
HOMEPORT 3443 AGLER RD COLUMBUS, OH 43219	31-1208260	501 (C) (3)	20,000				PROGRAM OPERATING COSTS

**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
HOMES ON THE HILL CDC 3659 SOLDANO BLVD COLUMBUS, OH 43228	31-1349995	501 (C) (3)	10,000				PROGRAM OPERATING COSTS
HUCKLEBERRY HOUSE INC 1421 HAMLET STREET COLUMBUS, OH 43201	31-0795573	501 (C) (3)	122,210				PROGRAM OPERATING COSTS

**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
ICSTARS COLUMBUS 1275 KINNEAR RD SUITE 236 COLUMBUS, OH 43212	81-3313445	501 (C) (3)	25,000				PROGRAM OPERATING COSTS
JEWISH FAMILY SERVICES 1421 HAMLET STREET COLUMBUS, OH 43201	31-0795573	501 (C) (3)	319,220				PROGRAM OPERATING COSTS



**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
JUNIOR ACHIEVEMENT 62 EAST SECOND AVE COLUMBUS, OH 43201	31-4385042	501 (C) (3)	25,000				PROGRAM OPERATING COSTS
KALEIDOSCOPE YOUTH CENTER 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	23-1907729	501 (C) (3)	50,500				PROGRAM OPERATING COSTS

**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
LEGAL AID SOCIETY OF COLUMBUS 1108 CITY PARK AVENUE COLUMBUS, OH 43206	31-4416407	501 (C) (3)	85,418				PROGRAM OPERATING COSTS
LIFECARE ALLIANCE 1699 WEST MOUND STREET COLUMBUS, OH 43223	31-4379494	501 (C) (3)	208,200				PROGRAM OPERATING COSTS

**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
LSS CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE 500 W WILSON BRIDGE RD SUITE 245 WORTHINGTON, OH 43085	31-0910779	501 (C) (3)	77,000				PROGRAM OPERATING COSTS
LUTHERAN SOCIAL SERVICES 750 EAST BROAD STREET COLUMBUS, OH 43205	31-4412586	501 (C) (3)	75,750				PROGRAM OPERATING COSTS

**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
MENTAL HEALTH AMERICA OF FRANKLIN COUNTY INC 538 EAST TOWN STREET SUITE D COLUMBUS, OH 43215	31-4412697	501 (C) (3)	67,610				PROGRAM OPERATING COSTS
MID-OHIO FOODBANK 11625 W MOUND ST COLUMBUS, OH 43223	31-0865343	501 (C) (3)	80,000				PROGRAM OPERATING COSTS

**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)	25,000				PROGRAM OPERATING COSTS
NNEMAP INC 677 EAST 11TH AVE COLUMBUS, OH 43211	31-0896363	501 (C) (3)	7,500				PROGRAM OPERATING COSTS

**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 CAPITAL CORPORATION FOR HOUSING 88 E BROAD ST SUITE 1800 COLUMBUS, OH 43215	31-1265570	501 (C) (3)	10,000				PROGRAM OPERATING COSTS
OHIO HEALTH FOUNDATION 700 CHILDRENS DR COLUMBUS, OH 43205	01-0782751	501 (C) (3)	11,250				PROGRAM OPERATING COSTS

**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 UNITED WAY 395 EAST BROAD STREET SUITE 320 COLUMBUS, OH 43215	31-4379529	501 (C) (3)	22,283				PROGRAM OPERATING COSTS
PARTNERS ACHIEVING COMMUNITY TRANSFORMATION 211 TAYLOR AVENUE COLUMBUS, OH 43203	46-4290005	501 (C) (3)	26,250				PROGRAM OPERATING COSTS

**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 EAST 138TH STREET 2ND FLOOR BRONX, NY 10454	04-3252955	501 (C) (3)	68,100				PROGRAM OPERATING COSTS
PHYSICIAN'S CARECONNECTION 1390 DUBLIN ROAD COLUMBUS, OH 43215	31-1373719	501 (C) (3)	95,000				PROGRAM OPERATING COSTS



**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)	84,000				PROGRAM OPERATING COSTS
SALVATION ARMY 966 E MAIN ST COLUMBUS, OH 43205	13-5562351	501 (C) (3)	511,910				PROGRAM OPERATING COSTS

**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
SERVING OUR NEIGHBORS MINISTRIES INC 4567 COOLBROOK HILLIARD, OH 43026	26-4449380	501 (C) (3)	7,500				PROGRAM OPERATING COSTS
SOCIALVENTURES 471 HIGHGATE AVENUE WORTHINGTON, OH 43085	47-1396726	501 (C) (3)	20,000				PROGRAM OPERATING COSTS

**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
SOUTH SIDE LEARNING & DEVELOPMENT CENTER 255 REEB AVENUE COLUMBUS, OH 43207	31-4379811	501 (C) (3)	359,400				PROGRAM OPERATING COSTS
ST STEPHEN'S COMMUNITY HOUSE 1500 EAST 17TH AVENUE COLUMBUS, OH 43219	31-4379568	501 (C) (3)	196,600				PROGRAM OPERATING COSTS

**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 FAMILY CENTERS 1490 EAST MAIN STREET COLUMBUS, OH 43205	31-4379572	501 (C) (3)	131,300				PROGRAM OPERATING COSTS
STAR HOUSE FOUNDATION 1220 CORRUGATED WAY COLUMBUS, OH 43201	47-1857320	501 (C) (3)	36,060				PROGRAM OPERATING COSTS

**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)	151,710				PROGRAM OPERATING COSTS
WESTERVILLE AREA RESOURCE MINISTRY 175-A E BROADWAY AVE WESTERVILLE, OH 43081	31-1640355	501 (C) (3)	12,500				PROGRAM OPERATING COSTS

**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
YMCA OF CENTRAL OHIO 40 WEST LONG STREET 2ND FLOOR COLUMBUS, OH 43215	31-4379594	501 (C) (3)	859,740				PROGRAM OPERATING COSTS
YOUNG WOMEN'S CHRISTIAN ASSOCIATION 65 SOUTH FOURTH STREET COLUMBUS, OH 43215	31-4379597	501 (C) (3)	123,600				PROGRAM OPERATING COSTS

**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
AFFORDABLE HOUSING TRUST AFFORDABLE HOUSING ALLIAN 175 SOUTH THIRD STREET SUITE 1060 COLUMBUS, OH 43215	47-4823299	501 (C) (3)	10,000				DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
COLUMBUS CHAMBER OF COMMERCE 150 SOUTH FRONT STREET COLUMBUS, OH 43215	31-4152950	501 (C) (3)	15,000				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
COLUMBUS EARLY LEARNING CENTERS 40 NORTH GRUBB STREET COLUMBUS, OH 43215	31-4379619	501 (C) (3)	20,000				DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
COMMUNITY ARTS PROJECT INC 867 MT VERNON AVE COLUMBUS, OH 43227	23-7065803	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.**

<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)	6,000				DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
COMMUNITY MEDIATION SERVICES OF CENTRAL OHIO 67 JEFFERSON AVENUE 2ND FLOOR COLUMBUS, OH 43215	31-1252085	501 (C) (3)	37,499				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 OF CARING DEVELOPMENT FOUNDATION 2956 CLEVELAND AVE COLUMBUS, OH 43229	83-0996863	501 (C) (3)	5,000				DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
COMMUNITY SHELTER BOARD 111 WEST LIBERTY STREET SUITE 150 COLUMBUS, OH 43215	31-1181284	501 (C) (3)	177,500				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
CULTIVATE COMMUNITY DEVELOPMENT CORPORATION 345 E 2ND AVE COLUMBUS, OH 43201	47-4564275	501 (C) (3)	13,300				DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
FRANKLINTON BOARD OF TRADE PO BOX 23315 COLUMBUS, OH 43223	31-1159107	501 (C) (3)	12,386				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
GLOBAL YOUTH PROTECTION AND DEVELOPMENT 1981 ZETTLER CENTER DR COLUMBUS, OH 43223	82-2039368	501 (C) (3)	8,000				DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
GODMAN GUILD ASSOCIATION 303 EAST SIXTH AVENUE COLUMBUS, OH 43201	31-4379478	501 (C) (3)	204,440				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
HIGHLAND WEST CIVIC ASSOCIATION 45 S EUREKA AVE COLUMBUS, OH 43204	51-0605310	501 (C) (3)	6,000				DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
INCREASE COMMUNITY DEVELOPMENT CORP 3433 AGLER RD SUITE 2100 COLUMBUS, OH 43219	31-1721455	501 (C) (3)	6,000				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
JEWISH FAMILY SERVICES 1421 HAMLET STREET COLUMBUS, OH 43201	31-0795573	501 (C) (3)	20,000				DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
LIVINGSTON PARK NEIGHBORHOOD IMPROVEMENT ASSOCIATION 640 S OHIO AVENUE COLUMBUS, OH 43205	31-1156961	501 (C) (3)	7,500				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
MARION-FRANKLIN CIVIC ASSOCIATION 2664 DIANE PLACE COLUMBUS, OH 43207	31-1250698	501 (C) (3)	5,000				DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
NEIGHBORHOOD DESIGN CENTER 1445 SUMMIT ST SUITE 300 COLUMBUS, OH 43201	34-1049478	501 (C) (3)	24,810				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
NEW DIRECTIONS CAREER CENTER 199 EAST RICH STREET COLUMBUS, OH 43215	31-1130384	501 (C) (3)	256,114				DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
NEW HARVEST URBAN ARTS CENTER 1675 ARLINGTON AVE NE COLUMBUS, OH 43211	80-0304147	501 (C) (3)	5,700				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
ONPOINTE 1391 W 5TH AVE SUITE 108 COLUMBUS, OH 43212	46-0868815	501 (C) (3)	25,600				DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
PARTNERS ACHIEVING COMMUNITY TRANSFORMATION 211 TAYLOR AVENUE COLUMBUS, OH 43203	46-4290005	501 (C) (3)	10,500				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
PHILANTHROPITCH 1023 SPRINGDALE RD SUITE 11E AUSTIN, TX 78721	81-1374280	501 (C) (3)	10,000				DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
PYRAMID COMMUNITY DEVELOPMENT CORPORATION 8282 DANBRIDGE WAY WESTERVILLE, OH 43082	81-2614509	501 (C) (3)	6,000				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
ROSEWIND RESIDENCE COUNCIL 1400 BROOKS AVE COLUMBUS, OH 43211		501 (C) (3)	5,500				DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
SEVEN BASKETS COMMUNITY DEVELOPMENT CORP PO BOX 65 HILLIARD, OH 43026		501 (C) (3)	5,165				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
SISTERS OF EMPOWERMENT 1084 E 12TH AVE COLUMBUS, OH 43211	80-0685742	501 (C) (3)	5,000				DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
SOCIALVENTURES 471 HIGHGATE AVENUE WORTHINGTON, OH 43085		501 (C) (3)	20,000				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
STORYFORGE LLC 629 NORTH HIGH STREET COLUMBUS, OH 43215		501 (C) (3)	37,775				DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
THE OHIO STATE UNIVERSITY 1590 NORTH HIGHT STREET SUITE 300 COLUMBUS, OH 43201		501 (C) (3)	10,000				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
THE TONY R WELLS FOUNDATION 445 HUTCHINSON AVE SUITE 140 COLUMBUS, OH 43235		501 (C) (3)	18,500				DONOR/VOLUNTEER DESIGNATED FOR PROGRAM SUPPORT
THOUGHTWELL 399 EAST MAIN STREET SUITE 100 COLUMBUS, OH 43215		501 (C) (3)	78,340				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
A KID AGAIN 6863 OAK CREEK DR COLUMBUS, OH 43229		501 (C) (3)	8,436				DONOR DESIGNATED FOR GENERAL SUPPORT
A SPECIAL WISH FOUNDATION (COLUMBUS) 1250 MEMORY LANE COLUMBUS, OH 43209		501 (C) (3)	9,573				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
ACTION FOR CHILDREN 78 JEFFERSON AVENUE COLUMBUS, OH 43215		501 (C) (3)	15,421				DONOR DESIGNATED FOR GENERAL SUPPORT
ALL SAINTS EPISCOPAL CHURCH 5101 JOHNSTOWN RD NEW ALBANY, OH 43054		501 (C) (3)	18,990				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
ALVIS HOUSE 2100 STELLA COURT COLUMBUS, OH 43215		501 (C) (3)	294,573				DONOR DESIGNATED FOR GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE PO BOX 96011 WASHINGTON, DC 20090		501 (C) (3)	33,944				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
AMERICAN CANCER SOCIETY NATIONAL 250 WILLIAMS STREET ATLANTA, GA 30303		501 (C) (3)	22,692				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN DIABETES ASSOCIATION (VA) 1701 N BEAUREGARD ST ALEXANDRIA, VA 22311		501 (C) (3)	8,859				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
AMERICAN HEART ASSOCIATION - DALLAS 7272 GREENVILLE AVE DALLAS, TX 75231		501 (C) (3)	17,749				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS 995 EAST BROAD STREET COLUMBUS, OH 43205		501 (C) (3)	73,648				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
AMERICAN RED CROSS NAT'L HEADQUARTERS PO BOX 73857 CHICAGO, IL 60676		501 (C) (3)	12,785				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		501 (C) (3)	382,624				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		501 (C) (3)	6,074				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICA'S CHARITIES 14150 NEWBROOK DR CHANTILLY, VA 20151		501 (C) (3)	93,070				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
AMETHYST INC 455 E MOUND ST COLUMBUS, OH 43215		501 (C) (3)	8,397				DONOR DESIGNATED FOR GENERAL SUPPORT
ARTHUR G JAMES CANCER HOSPITAL 300 W TENTH AVE STE 519 COLUMBUS, OH 43210		501 (C) (3)	32,102				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
ASPCA 455 EAST MOUND STREET COLUMBUS, OH 43215		501 (C) (3)	7,087				DONOR DESIGNATED FOR GENERAL SUPPORT
AUTISM SPEAKS INC 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016		501 (C) (3)	8,512				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
BALLETMET 322 MT VERNON AVE COLUMBUS, OH 43215		501 (C) (3)	9,270				DONOR DESIGNATED FOR GENERAL SUPPORT
BEXLEY EDUCATION FOUNDATION 348 S CASSINGHAM RD BEXLEY, OH 43209		501 (C) (3)	10,972				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		501 (C) (3)	57,965				DONOR DESIGNATED FOR GENERAL SUPPORT
BOWLING GREEN STATE UNIVERSITY FOUNDATION MILETI ALUMNI CENTER BOWLING GREEN, OH 43403		501 (C) (3)	7,425				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
BOY SCOUTS OF AMERICA SIMON KENTON COUNCIL 1901 EAST DUBLIN- GRANVILLE ROAD COLUMBUS, OH 43229		501 (C) (3)	36,358				DONOR DESIGNATED FOR GENERAL SUPPORT
BOYS & GIRLS CLUB OF COLUMBUS 115 SOUTH GIFT STREET COLUMBUS, OH 43215		501 (C) (3)	65,415				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
BOYS AND GIRLS CLUB OF AMERICA 1275 PEACHTREE ST NE ATLANTA, GA 30309		501 (C) (3)	6,608				DONOR DESIGNATED FOR GENERAL SUPPORT
BROAD STREET FOOD PANTRY AND COMPASS 760 E BROAD STREET COLUMBUS, OH 43205		501 (C) (3)	15,300				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
BUCKEYE RANCH 5665 HOOVER ROAD GROVE CITY, OH 43123		501 (C) (3)	23,924				DONOR DESIGNATED FOR GENERAL SUPPORT
CAMP WYANDOT 1890 NORTHWEST BLVD SUITE 130 COLUMBUS, OH 43212		501 (C) (3)	7,810				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
CANCER SUPPORT COMMUNITY CENTRAL OHIO 10330 SAWMILL PARKWAY SUITE 600 POWELL, OH 43065		501 (C) (3)	9,286				DONOR DESIGNATED FOR GENERAL SUPPORT
CAPITAL AREA HUMANE SOCIETY 3015 SCIOTO DARBY HILLIARD, OH 43026		501 (C) (3)	18,973				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		501 (C) (3)	7,040				DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC SOCIAL SERVICES INC 197 EAST GAY STREET COLUMBUS, OH 43215		501 (C) (3)	121,469				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
CELEBRATION CHURCH 1202 RABBIT HILL RD GEORGETOWN, TX 78626		501 (C) (3)	7,560				DONOR DESIGNATED FOR GENERAL SUPPORT
CENTER FOR HEALTHY FAMILIES 500 S FRONT ST STE 930 COLUMBUS, OH 43215		501 (C) (3)	5,748				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
CENTERPOINT CHURCH 7750 B GREEN MEADOWS DR LEWIS CENTER, OH 43035		501 (C) (3)	7,474				DONOR DESIGNATED FOR GENERAL SUPPORT
CENTRAL COMMUNITY HOUSE 1150 EAST MAIN STREET COLUMBUS, OH 43205		501 (C) (3)	9,811				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 DIABETES ASSOCIATION 1100 DENNISON AVENUE COLUMBUS, OH 43201		501 (C) (3)	22,941				DONOR DESIGNATED FOR GENERAL SUPPORT
CENTRAL OHIO POISON CENTER AT NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DRIVE COLUMBUS, OH 43205		501 (C) (3)	42,675				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
CHARITABLE PHARMACY OF CENTRAL OHIO INC 200 E LIVINGSTON AVE COLUMBUS, OH 43215		501 (C) (3)	22,907				DONOR DESIGNATED FOR GENERAL SUPPORT
CHILDHOOD LEAGUE CENTER 670 S 18TH ST COLUMBUS, OH 43205		501 (C) (3)	44,796				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
CHILDREN'S HUNGER ALLIANCE 1105 SCHROCK ROAD STE 505 COLUMBUS, OH 43229		501 (C) (3)	81,333				DONOR DESIGNATED FOR GENERAL SUPPORT
CHURCH OF THE RESURRECTION 6300 E DUBLIN GRANVILLE RD NEW ALBANY, OH 43054		501 (C) (3)	7,945				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
CITY YEAR COLUMBUS 37 NORTH 3RD STREET COLUMBUS, OH 43215		501 (C) (3)	17,305				DONOR DESIGNATED FOR GENERAL SUPPORT
CLINTONVILLEBEECHWOLD COMMUNITY RESOURCE CENTER 14 WEST LAKEVIEW AVENUE COLUMBUS, OH 43202		501 (C) (3)	70,731				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		501 (C) (3)	11,202				DONOR DESIGNATED FOR GENERAL SUPPORT
COLUMBUS ASSOC FOR THE PERFORMING ARTS (CAPA) 55 E STATE ST COLUMBUS, OH 43215		501 (C) (3)	13,552				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 COLLEGE OF ART & DESIGN (CCAD) 60 CLEVELAND AVE COLUMBUS, OH 43215		501 (C) (3)	14,038				DONOR DESIGNATED FOR GENERAL SUPPORT
COLUMBUS DOG CONNECTION 2761 JOHNSTOWN RD COLUMBUS, OH 43219		501 (C) (3)	7,166				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 EARLY LEARNING CENTERS 40 NORTH GRUBB STREET COLUMBUS, OH 43215		501 (C) (3)	87,464				DONOR DESIGNATED FOR GENERAL SUPPORT
COLUMBUS FOUNDATION 1234 E BROAD ST COLUMBUS, OH 43205		501 (C) (3)	306,030				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 LITERACY COUNCIL 195 NORTH GRANT COLUMBUS, OH 43215		501 (C) (3)	6,421				DONOR DESIGNATED FOR GENERAL SUPPORT
COLUMBUS MONTESSORI EDUCATION CENTER 979 S JAMES RD COLUMBUS, OH 43227		501 (C) (3)	7,404				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		501 (C) (3)	9,997				DONOR DESIGNATED FOR GENERAL SUPPORT
COLUMBUS POLICE FOUNDATION 1234 E BROAD ST COLUMBUS, OH 43205		501 (C) (3)	12,187				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 SCHOOL FOR GIRLS 65 S DREXEL AVE COLUMBUS, OH 43209		501 (C) (3)	8,191				DONOR DESIGNATED FOR GENERAL SUPPORT
COLUMBUS SPEECH & HEARING CENTER 510 EAST NORTH BROADWAY COLUMBUS, OH 43214		501 (C) (3)	34,030				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 STATE DEVELOPMENT FOUNDATION 550 E SPRING STREET F-R 252 COLUMBUS, OH 43216		501 (C) (3)	8,163				DONOR DESIGNATED FOR GENERAL SUPPORT
COLUMBUS SYMPHONY ORCHESTRA 55 EAST STATE ST COLUMBUS, OH 43215		501 (C) (3)	6,364				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 URBAN LEAGUE 788 MOUNT VERNON AVENUE COLUMBUS, OH 43203		501 (C) (3)	39,008				DONOR DESIGNATED FOR GENERAL SUPPORT
COLUMBUS ZOO AND AQUARIUM PO BOX 400 POWELL, OH 43065		501 (C) (3)	10,970				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
COMMUNITY DEVELOPMENT FOR ALL PEOPLE 946 PARSONS AVENUE COLUMBUS, OH 43206		501 (C) (3)	20,289				DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY HEALTH CHARITIES (603) PO BOX 75153 BALTIMORE, MD 21275		501 (C) (3)	294,947				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 OF OHIO (573) 5050C PINE CREEK WESTERVILLE, OH 23081		501 (C) (3)	59,352				DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY KITCHEN 640 SOUTH OHIO AVENUE COLUMBUS, OH 43205		501 (C) (3)	17,763				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		501 (C) (3)	329,050				DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY SHELTER BOARD 111 WEST LIBERTY STREET SUITE 150 COLUMBUS, OH 43215		501 (C) (3)	43,272				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		501 (C) (3)	12,417				DONOR DESIGNATED FOR GENERAL SUPPORT
CREATIVE LIVING 150 W 10TH AVE COLUMBUS, OH 43201		501 (C) (3)	12,192				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
CYSTIC FIBROSIS FOUNDATION 740 LAKEVIEW PLZ BLVD STE 225 WORTHINGTON, OH 43085		501 (C) (3)	12,192				DONOR DESIGNATED FOR GENERAL SUPPORT
DEAF INITIATIVE 563 S DAWSON AVE COLUMBUS, OH 43209		501 (C) (3)	24,750				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
DIRECTIONS FOR YOUTH AND FAMILIES 1515 INDIANOLA AVENUE COLUMBUS, OH 43201		501 (C) (3)	30,717				DONOR DESIGNATED FOR GENERAL SUPPORT
DOWN SYNDROME ASSOC OF CENTRAL OHIO 510 E NORTH BROADWAY COLUMBUS, OH 43214		501 (C) (3)	7,448				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
DRESS FOR SUCCESS 1204 N HIGH ST COLUMBUS, OH 43201		501 (C) (3)	10,797				DONOR DESIGNATED FOR GENERAL SUPPORT
EARTH SHARE OHIO (606) 4400 N HIGH ST STE 415 COLUMBUS, OH 43214		501 (C) (3)	129,490				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
EQUITAS HEALTH 4400 N HIGH ST 300 COLUMBUS, OH 43214		501 (C) (3)	49,552				DONOR DESIGNATED FOR GENERAL SUPPORT
FIDELITY INVESTMENTS CHARITABLE GIFT FUND FIDELITY CHARITABLE 200 SEAPORT BOULEVARD BOSTON, MA 02210		501 (C) (3)	9,000				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
FIVE14 CHURCH PO BOX 361 NEW ALBANY, OH 43054		501 (C) (3)	15,962				DONOR DESIGNATED FOR GENERAL SUPPORT
FLYING HORSE FARM 225 GREEN MEADOWS DR S STE A LEWIS CENTER, OH 43035		501 (C) (3)	14,432				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
FOUNDATION OF THE CATHOLIC DIOCESE OF COLUMBUS 257 EAST BROAD STREET COLUMBUS, OH 43215		501 (C) (3)	9,057				DONOR DESIGNATED FOR GENERAL SUPPORT
FRANKLIN COUNTY CHILDREN SERVICES 855 WEST MOUND ST COLUMBUS, OH 43223		501 (C) (3)	7,239				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
FURNITURE BANK OF CENTRAL OHIO 118 SOUTH YALE AVE COLUMBUS, OH 43222		501 (C) (3)	6,755				DONOR DESIGNATED FOR GENERAL SUPPORT
FUTURE POSSIBILITIES 471 EAST BROAD ST COLUMBUS, OH 43215		501 (C) (3)	6,584				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
GIRL SCOUTS OF OHIO'S HEARTLAND COUNCIL INC 1700 WATERMARK DRIVE COLUMBUS, OH 43215		501 (C) (3)	10,119				DONOR DESIGNATED FOR GENERAL SUPPORT
GLADDEN COMMUNITY HOUSE 183 HAWKES AVENUE COLUMBUS, OH 43223		501 (C) (3)	43,462				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
GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384		501 (C) (3)	77,687				DONOR DESIGNATED FOR GENERAL SUPPORT
GODMAN GUILD ASSOCIATION 303 EAST SIXTH AVENUE COLUMBUS, OH 43201		501 (C) (3)	36,246				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
GOODWILL COLUMBUS 1331 EDGEHILL ROAD COLUMBUS, OH 43212		501 (C) (3)	33,229				DONOR DESIGNATED FOR GENERAL SUPPORT
GREATER CLEVELAND COMMUNITY SHARES 3631 PERKINS 3RD FLOOR CLEVELAND, OH 44113		501 (C) (3)	200,630				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 TWIN CITIES UNITED WAY (MN) 404 S 8TH ST MINNEAPOLIS, MN 55404		501 (C) (3)	18,426				DONOR DESIGNATED FOR GENERAL SUPPORT
HABITAT FOR HUMANITY OF OHIO 88 EAST BROAD ST STE 1800 COLUMBUS, OH 43215		501 (C) (3)	31,507				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
HANDSON CENTRAL OHIO 1105 SCHROCK ROAD SUITE 100 COLUMBUS, OH 43229		501 (C) (3)	9,230				DONOR DESIGNATED FOR GENERAL SUPPORT
HARMONY PROJECT PRODUCTIONS 779 E LONG STREET COLUMBUS, OH 43203		501 (C) (3)	9,172				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		501 (C) (3)	8,524				DONOR DESIGNATED FOR GENERAL SUPPORT
HOLY FAMILY CHURCH 57 S GRUBB ST COLUMBUS, OH 43215		501 (C) (3)	9,655				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
HOMELESS FAMILIES FOUNDATION 651 W BROAD ST COLUMBUS, OH 43215		501 (C) (3)	25,698				DONOR DESIGNATED FOR GENERAL SUPPORT
HOMEPORT 3443 AGLER RD COLUMBUS, OH 43219		501 (C) (3)	6,889				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 DAYTON FOUNDATION 324 WILMINGTON AVE DAYTON, OH 45420		501 (C) (3)	7,610				DONOR DESIGNATED FOR GENERAL SUPPORT
HUCKLEBERRY HOUSE INC 1421 HAMLET STREET COLUMBUS, OH 43201		501 (C) (3)	34,302				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
HUMANE SOCIETY OF DELAWARE 4920 STATE RT 37E DELAWARE, OH 43015		501 (C) (3)	5,164				DONOR DESIGNATED FOR GENERAL SUPPORT
I KNOW I CAN 3798 E BROAD ST COLUMBUS, OH 43213		501 (C) (3)	18,213				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
IMMACULATE CONCEPTION ACADEMY 4510 FLORAL AVENUE CINCINNATI, OH 45212		501 (C) (3)	5,625				DONOR DESIGNATED FOR GENERAL SUPPORT
INDIAN RUN UNITED METHODIST CHURCH 6305 BRAND RD DUBLIN, OH 43016		501 (C) (3)	5,130				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
JEANNE B MCCOY COMMUNITY CENTER FOR THE ARTS PO BOX 508 NEW ALBANY, OH 43054		501 (C) (3)	9,943				DONOR DESIGNATED FOR GENERAL SUPPORT
JEWISH COMMUNITY CENTER OF GREATER COLUMBUS 1125 COLLEGE AVENUE COLUMBUS, OH 43209		501 (C) (3)	6,388				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		501 (C) (3)	55,378				DONOR DESIGNATED FOR GENERAL SUPPORT
JEWISH FEDERATION OF COLUMBUS 1175 COLLEGE AVE COLUMBUS, OH 43209		501 (C) (3)	48,923				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
JUNIOR ACHIEVEMENT 62 EAST SECOND AVE COLUMBUS, OH 43201		501 (C) (3)	12,024				DONOR DESIGNATED FOR GENERAL SUPPORT
JUVENILE DIABETES RESEARCH FOUNDATION (NY) 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004		501 (C) (3)	11,568				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
KALEIDOSCOPE YOUTH CENTER 1904 N HIGH ST PO BOX 8104 COLUMBUS, OH 43201		501 (C) (3)	33,820				DONOR DESIGNATED FOR GENERAL SUPPORT
KINDWAY 1636 GRAHAM RD REYNOLDSBURG, OH 43068		501 (C) (3)	5,884				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
KIPP COLUMBUS 2900 INSPIRE DRIVE COLUMBUS, OH 43224		501 (C) (3)	9,072				DONOR DESIGNATED FOR GENERAL SUPPORT
LATTER DAY SAINTS CHARITIES 60 E SOUTH TEMPLE 1800 SALT LAKE CITY, UT 84111		501 (C) (3)	6,345				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		501 (C) (3)	9,729				DONOR DESIGNATED FOR GENERAL SUPPORT
LIFECARE ALLIANCE 1699 WEST MOUND STREET COLUMBUS, OH 43223		501 (C) (3)	103,852				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		501 (C) (3)	8,933				DONOR DESIGNATED FOR GENERAL SUPPORT
LIMITED BRANDS FOUNDATIONMAST CARES 1234 E BROAD ST COLUMBUS, OH 43205		501 (C) (3)	248,173				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
LSS CHOICES 500 W WILSON BRIDGE RD SUITE 245 WORTHINGTON, OH 43085		501 (C) (3)	61,483				DONOR DESIGNATED FOR GENERAL SUPPORT
LUTHERAN SOCIAL SERVICES 750 EAST BROAD STREET COLUMBUS, OH 43205		501 (C) (3)	100,912				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
MAAFRIKA TIKKUN USA 535 E 72ND ST 2 NEW YORK, NY 10021		501 (C) (3)	11,103				DONOR DESIGNATED FOR GENERAL SUPPORT
MAKE A WISH FOUNDATION OF GREATER OH & KY 2545 FARMERS DR STE 300 COLUMBUS, OH 43235		501 (C) (3)	12,295				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		501 (C) (3)	8,860				DONOR DESIGNATED FOR GENERAL SUPPORT
MARY MOTHER OF GOD CHURCH 157 S TRIANGLE RD HILLSBOROUGH, NJ 08844		501 (C) (3)	6,750				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
MARYHAVEN INC 1791 ALUM CREEK DRIVE COLUMBUS, OH 43207		501 (C) (3)	19,063				DONOR DESIGNATED FOR GENERAL SUPPORT
MENTAL HEALTH AMERICA OF FRANKLIN COUNTY INC 538 EAST TOWN STREET SUITE D COLUMBUS, OH 43215		501 (C) (3)	20,462				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		501 (C) (3)	14,070				DONOR DESIGNATED FOR GENERAL SUPPORT
MID-OHIO FOODBANK 11625 W MOUND ST COLUMBUS, OH 43223		501 (C) (3)	162,122				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
MILE HIGH UNITED WAY 711 PARK AVENUE WEST DENVER, CO 80205		501 (C) (3)	5,926				DONOR DESIGNATED FOR GENERAL SUPPORT
MISSION AVIATION FELLOWSHIP PO BOX 47 NAMPA, ID 83653		501 (C) (3)	5,764				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
MY SPECIAL WORD 2881 SWISHER CREEK CROSSING CT NEW ALBANY, OH 43054		501 (C) (3)	5,000				DONOR DESIGNATED FOR GENERAL SUPPORT
NATIONAL KIDNEY FOUNDATION INC - NY 30 E 33RD ST SUITE101 NEW YORK, NY 10016		501 (C) (3)	21,046				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		501 (C) (3)	34,351				DONOR DESIGNATED FOR GENERAL SUPPORT
NCBC 3360 KOHR BLVD COLUMBUS, OH 43224		501 (C) (3)	14,506				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
NEIGHBOR TO NATION 44330 PREMIER PLAZA SUITE 220 ASHBURN, VA 20147		501 (C) (3)	48,504				DONOR DESIGNATED FOR GENERAL SUPPORT
NEW ALBANY COMMUNITY FOUNDATION 220 MARKET ST NEW ALBANY, OH 43054		501 (C) (3)	10,160				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 BIRTH CHRISTIAN MINISTRIES 3475 REFUGEE ROAD COLUMBUS, OH 43232		501 (C) (3)	9,199				DONOR DESIGNATED FOR GENERAL SUPPORT
OHIO HEALTH FOUNDATION 180 E BROAD ST COLUMBUS, OH 43215		501 (C) (3)	62,689				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 WESLEYAN UNIVERSITY 61 S SANDUSKY ST DELAWARE, OH 43015		501 (C) (3)	5,751				DONOR DESIGNATED FOR GENERAL SUPPORT
ONE CHURCH PO BOX 270 NEW ALBANY, OH 43054		501 (C) (3)	5,277				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
OSU CHABAD HOUSE 207 E 15TH AVE COLUMBUS, OH 43201		501 (C) (3)	31,500				DONOR DESIGNATED FOR GENERAL SUPPORT
PARENTS OF MURDERED CHILDREN-NATIONAL 4960 RIDGE AVE SUITE 2 CINCINNATI, OH 45209		501 (C) (3)	9,519				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
PERFECT PET ADOPTION CENTER INC 3721 27TH PL WEST 205 SEATTLE, WA 98199		501 (C) (3)	12,022				DONOR DESIGNATED FOR GENERAL SUPPORT
PIZZUTI COLLECTION 632 N PARK STREET COLUMBUS, OH 43215		501 (C) (3)	5,314				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		501 (C) (3)	95,687				DONOR DESIGNATED FOR GENERAL SUPPORT
PREGNANCY DECISIONS HEALTH CENTER 665 E DUBLIN-GRANVILLE RD STE 120 COLUMBUS, OH 43229		501 (C) (3)	7,497				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
PROGENY 6471 LITHOPOLIS WINCHESTER RD CANAL WINCHESTER, OH 43110		501 (C) (3)	7,339				DONOR DESIGNATED FOR GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL OHIO 711 E LIVINGSTON AVE COLUMBUS, OH 43205		501 (C) (3)	26,891				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
RONALD MCDONALD HOUSE CHARITIES-IL ONE KROC DRIVE OAK BROOK, IL 60523		501 (C) (3)	34,322				DONOR DESIGNATED FOR GENERAL SUPPORT
RULING OUR EXPERIENCES INC (ROX) 1335 DUBLIN ROAD SUITE 18A COLUMBUS, OH 43215		501 (C) (3)	13,502				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 CHARTIABLE FOUNDATION 2000 FARMERS DR COLUMBUS, OH 43235		501 (C) (3)	68,113				DONOR DESIGNATED FOR GENERAL SUPPORT
SALVATION ARMY - COLUMBUS 966 E MAIN ST COLUMBUS, OH 43205		501 (C) (3)	153,216				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
SOUTH SIDE LEARNING & DEVELOPMENT CENTER 255 REEB AVENUE COLUMBUS, OH 43207		501 (C) (3)	9,068				DONOR DESIGNATED FOR GENERAL SUPPORT
SOUTHEAST TESTAMENT 455 CLARK STATE RD GAHANNA, OH 43230		501 (C) (3)	13,201				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		501 (C) (3)	19,357				DONOR DESIGNATED FOR GENERAL SUPPORT
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105		501 (C) (3)	19,678				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 PAUL CATHOLIC CHURCH 313 N STATE ST WESTERVILLE, OH 43082		501 (C) (3)	43,353				DONOR DESIGNATED FOR GENERAL SUPPORT
ST STEPHEN'S COMMUNITY HOUSE 1500 EAST 17TH AVENUE COLUMBUS, OH 43219		501 (C) (3)	43,353				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		501 (C) (3)	13,852				DONOR DESIGNATED FOR GENERAL SUPPORT
ST VINCENT FAMILY CENTERS 1490 EAST MAIN STREET COLUMBUS, OH 43205		501 (C) (3)	29,960				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
STAR HOUSE FOUNDATION 1220 CORRUGATED WAY COLUMBUS, OH 43201		501 (C) (3)	8,901				DONOR DESIGNATED FOR GENERAL SUPPORT
SUMMER SEARCH 101 HOWARD ST STE 250 SAN FRANCISCO, CA 94105		501 (C) (3)	9,083				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
SUSAN G KOMEN BREAST CANCER FND DALLAS COUNTY 5310 HARVEST HILL RD STE 120 DALLAS, TX 75230		501 (C) (3)	21,480				DONOR DESIGNATED FOR GENERAL SUPPORT
THE BROCKSTRONG FOUNDATION 7316 PORTER DRIVE CANAL WINCHESTER, OH 43110		501 (C) (3)	5,064				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 BUCKEYE RANCH INC 5665 HOOVER ROAD GROVE CITY, OH 43123		501 (C) (3)	23,924				DONOR DESIGNATED FOR GENERAL SUPPORT
THE CENTER FOR FAMILY SAFETY AND HEALING 655 E LIVINGSTON AVE COLUMBUS, OH 43205		501 (C) (3)	6,416				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 CHILDREN'S HEART FOUNDATION PO BOX 244 LINCOLNSHIRE, IL 60069		501 (C) (3)	6,707				DONOR DESIGNATED FOR GENERAL SUPPORT
THE CORE CENTER TOTAL 652 W CENTRAL AVE STE 30 DELAWARE, OH 43015		501 (C) (3)	8,999				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 LETTUCE WORK FOUNDATION INC 14985 FANCHER ROAD NEW ALBANY, OH 43054		501 (C) (3)	8,325				DONOR DESIGNATED FOR GENERAL SUPPORT
THE OHIO STATE UNIVERSITY FOUNDATION 1480 W LANE AVE COLUMBUS, OH 43221		501 (C) (3)	188,676				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
TROOP 826 ASSOCIATION 40 FANEUIL HALL RD PICKERINGTON, OH 43147		501 (C) (3)	5,653				DONOR DESIGNATED FOR GENERAL SUPPORT
UNCF COLLEGE FUND COLUMBUS OFFICE 341 S THIRD STREET COLUMBUS, OH 43215		501 (C) (3)	46,449				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 SCHOOLS NETWORK 1469 E MAIN ST COLUMBUS, OH 43205		501 (C) (3)	8,391				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF CLINTON COUNTY IOWA 405 SOUTH 3RD STREET SUITE 200 CLINTON, IA 52732		501 (C) (3)	5,549				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 WAY OF FAYETTE COUNTY 133 S MAIN ST WASHINGTON CH, OH 43160		501 (C) (3)	6,625				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GREATER AUSTIN 2000 E MARTIN LUTHER KING JR BLVD AUSTIN, TX 78702		501 (C) (3)	6,959				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 WAY OF GREENBRIER VALLEY 809 S JEFFERSON ST LEWISBURG, WV 24901		501 (C) (3)	10,611				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF WARREN COUNTY 645 OAK STREET LEBANON, OH 45036		501 (C) (3)	5,986				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 WAY SERVICES OF GEAUGA COUNTY 209 CENTER STREET CHARDON, OH 44024		501 (C) (3)	5,450				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY WORLDWIDE 701 N FAIRFAX ST ALEXANDRIA, VA 22314		501 (C) (3)	50,303				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		501 (C) (3)	40,955				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF ALLEGHENY COUNTY 1250 PENN AVE PO BOX 735 PITTSBURGH, PA 15230		501 (C) (3)	5,667				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 CENTRAL INDIANA PO BOX 88409 INDIANAPOLIS, IN 46208		501 (C) (3)	29,580				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF CENTRAL IOWA 1111 NINTH ST SUITE 100 DES MOINES, IA 50314		501 (C) (3)	19,883				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 CLARK CHAMPAIGN & MADISON COUNTIES PO BOX 59 SPRINGFIELD, OH 45501		501 (C) (3)	22,256				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF DELAWARE COUNTY PO BOX 319 DELAWARE, OH 43015		501 (C) (3)	225,197				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 ERIE COUNTY (OH) 416 COLUMBUS AVE SANDUSKY, OH 44870		501 (C) (3)	8,275				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF FAIRFIELD COUNTY 115 S BROAD ST LANCASTER, OH 43130		501 (C) (3)	200,608				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 CINCINNATI 2400 READING RD CINCINNATI, OH 45202		501 (C) (3)	11,359				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115		501 (C) (3)	9,138				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 TOLEDO 1 STRANAHAN SQ STE 114 TOLEDO, OH 43604		501 (C) (3)	43,254				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF GUERNSEY & NOBLE COUNTIES 611 WHEELING AVE PO BOX 5 CAMBRIDGE, OH 43725		501 (C) (3)	5,932				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 HARDIN COUNTY 225 S DETROIT STREET KENTON, OH 43326		501 (C) (3)	5,381				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF HOCKING COUNTY PO BOX 567 LOGAN, OH 43138		501 (C) (3)	6,706				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 KNOX COUNTY 110 E HIGH ST MT VERNON, OH 43050		501 (C) (3)	11,762				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF LICKING COUNTY PO BOX 4490 NEWARK, OH 43058		501 (C) (3)	113,970				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
UW OF METROPOLITAN NASHVILLE 250 VENTURE CIRCLE NASHVILLE, TN 37228		501 (C) (3)	8,944				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF MORROW COUNTY 41 W CENTER ST MT GILEAD, OH 43338		501 (C) (3)	6,913				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 MUSKINGUM PERRY MORGAN COUNTIES 526 PUTNAM AVE ZANESVILLE, OH 43701		501 (C) (3)	9,416				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF NEW YORK CITY 205 E 42ND ST 12TH FLOOR NEW YORK, NY 10017		501 (C) (3)	118,636				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 NORTH CENTRAL OH-MARION WYNDOT & CRAWFORD 125 EXECUTIVE DR STE 100 MARION, OH 43302		501 (C) (3)	31,919				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF PICKAWAY COUNTY PO BOX 292 CIRCLEVILLE, OH 43113		501 (C) (3)	30,410				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		501 (C) (3)	41,248				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF ROSS COUNTY 69 EAST WATER STREET CHILLICOTHE, OH 45601		501 (C) (3)	6,825				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 RUTHERFORD & CANNON COUNTIES PO BOX 330056 MURFREESBORO, TN 37133		501 (C) (3)	5,853				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF THE BLUEGRASS 100 MIDLAND AVE 300 LEXINGTON, KY 40508		501 (C) (3)	5,178				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
UW OF THE GREATER CAPITAL REGION 1 UNITED WAY ALBANY, NY 12205		501 (C) (3)	5,611				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF THE GREATER DAYTON AREA 33 WEST 1ST ST STE 500 DAYTON, OH 45402		501 (C) (3)	57,204				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		501 (C) (3)	12,951				DONOR DESIGNATED FOR GENERAL SUPPORT
UW OF UNION COUNTY PO BOX 145 MARYSVILLE, OH 43040		501 (C) (3)	52,940				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
VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK RD STE 375 PHOENIX, AZ 85018		501 (C) (3)	6,800				DONOR DESIGNATED FOR GENERAL SUPPORT
VICTORY MINISTRIES MISSION 2955 SWITZER AVE COLUMBUS, OH 43219		501 (C) (3)	15,481				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
VINEYARD COMMUNITY CENTER 6000 COOPER RD WESTERVILLE, OH 43081		501 (C) (3)	44,954				DONOR DESIGNATED FOR GENERAL SUPPORT
VOICECORPS READING SERVICE 2955 WEST BROAD STREET COLUMBUS, OH 43204		501 (C) (3)	6,286				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		501 (C) (3)	5,400				DONOR DESIGNATED FOR GENERAL SUPPORT
WESTERVILLE AREA RESOURCE MINISTRY 175-A E BROADWAY AVE WESTERVILLE, OH 43081		501 (C) (3)	18,427				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 CHRISTIAN CHURCH 471 E COLLEGE AVE WESTERVILLE, OH 43081		501 (C) (3)	5,147				DONOR DESIGNATED FOR GENERAL SUPPORT
WESTERVILLE ROWING CLUB 9 DONMAC DRIVE WESTERVILLE, OH 43081		501 (C) (3)	9,000				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		501 (C) (3)	9,241				DONOR DESIGNATED FOR GENERAL SUPPORT
YMCA OF CENTRAL OHIO 40 WEST LONG STREET 2ND FLOOR COLUMBUS, OH 43215		501 (C) (3)	14,852				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
YWCA COLUMBUS 65 SOUTH FOURTH STREET COLUMBUS, OH 43215		501 (C) (3)	22,508				DONOR DESIGNATED FOR GENERAL SUPPORT
AGENCIES PAID LESS THAN 5000 360 SOUTH THIRD STREET COLUMBUS, OH 43216		501 (C) (3)	1,287,535				DONOR/VOLUNTEER 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
DESIGNATIONS TO OTHER UNITED WAYS AND AGENCIES PAID DIRECTLY BY THIRD-PARTY 360 SOUTH THIRD STREET COLUMBUS, OH 43216		501 (C) (3)	1,734,543				DONOR DESIGNATED FOR GENERAL SUPPORT
INITIATIVE DESIGNATIONS 360 SOUTH THIRD STREET COLUMBUS, OH 43215		501 (C) (3)	84,712				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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> LISA S COURTICE PRESIDENT & CEO	(i)	259,350	22,752	0	11,150	4,818	298,070	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> CHERYL NELSON SVP FINANCE, CFO	(i)	179,812	8,449	0	11,649	4,713	204,623	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> MICHAEL WILKOS SVP COMMUNITY IMPACT	(i)	153,153	15,540	0	7,799	2,210	178,702	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> ANGEL HARRIS FORMER SVP RESOURCE DEV	(i)	166,960	8,276	24,992	11,202	933	212,363	0
	(ii)	0	0	0	0	0	0	0

**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 CEO, LISA COURTICE, AT COLUMBUS CLUB, A DOWNTOWN COLUMBUS BUSINESS CLUB WHICH OFFERS BUSINESS NETWORKING OPPORTUNITIES. ANNUAL MEMBERSHIP DUES PAID FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2018 WERE \$4,380.



<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE 3	THE UNITED WAY OF CENTRAL OHIO COMPENSATION COMMITTEE OF THE BOARD REVIEWS THE TOTAL COMPENSATION (INCLUDING ALL BENEFITS) OF THE CEO AT LEAST ANNUALLY THE MOST RECENT REVIEW OCCURRED IN MARCH 2019 THE CEO'S SALARY IS BASED ON CEO PERFORMANCE, BUDGET PARAMETERS, INDEPENDENT MARKET DATA AND MARKET ISSUES MINUTES OF THE COMPENSATION DISCUSSION MEETING ARE RECORDED AND MAINTAINED THE ANNUAL REVIEW OF THE CEO INCLUDES A REVIEW OF MARKET COMPARABILITY DATA FROM INDEPENDENT SOURCES AND THE SOURCES OF COMPARABLE DATA ARE REFLECTED IN THE MINUTES OF THE COMMITTEE MEETING SETTING COMPENSATION COMPARISONS INCLUDE OTHER SIMILAR -SIZED UNITED WAYS WITHIN THE UNITED WAY SYSTEMS AS WELL AS OTHER SIMILAR-SIZED NON-PROFIT AGENCIES AND FOUNDATIONS WITHIN 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

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINES 4A-B	FORMER OFFICER, ANGEL HARRIS, RECEIVED SEVERANCE PAYMENTS TOTALING \$24,992 IN CALENDAR YEAR 2018



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

**2018**

**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) TOSHIA SAFFORD	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 L - ADDITIONAL INFORMATION	UNITED WAY OF CENTRAL OHIO (UWCO) MAINTAINS CHECKING AND SAVINGS ACCOUNTS AT MULTIPLE BANKS IN THE CENTRAL OHIO AREA ONE TRUSTEE OF THE UWCO BOARD IS A SENIOR EXECUTIVE AT A BANK WITH WHICH UWCO HAS SUCH A BUSINESS RELATIONSHIP FURTHERMORE, UWCO ALSO MAINTAINS AN UNUSED LINE OF CREDIT WITH THIS FINANCIAL INSTITUTION BOARD MEMBERS WHO ARE AN EMPLOYEE OF A FINANCIAL INSTITUTION MUST RECUSE THEMSELVES FROM ANY BANKING, INVESTMENT OR RELATED DECISIONS AS PART OF THE UWCO'S CODE OF REGULATIONS, EXECUTIVE DIRECTORS (CEO'S) FROM TWO (2) FUNDED PARTNER AGENCIES ARE REPRESENTATIVES ON THE UWCO BOARD OF TRUSTEES THESE AGENCIES RECEIVE FUNDING ALLOCATIONS AND/OR DESIGNATION PAYMENTS, BUT THE AGENCY REPRESENTATIVE TRUSTEES DO NOT PARTICIPATE IN DECISION MAKING RELATED TO THEIR OWN AGENCY FUNDING THE UWCO CONFLICT OF INTEREST POLICY REQUIRES BOARD MEMBERS TO ABSTAIN FROM VOTING ON OR SUPPORTING ANY ISSUES WHICH MAY HAVE A DIRECT IMPACT ON OR BE RELATED TO THEIR BUSINESS

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

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

**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 Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	41	396,648	AVG DATE OF TRANS
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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

**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

OMB No 1545-0047

**SCHEDULE O**  
**(Form 990 or 990-**  
**EZ)****Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

**2018****Open to Public  
Inspection**

Department of the Treasury

Name of the organization

UNITED WAY OF CENTRAL OHIO INC

Employer identification number

31-4393712



## 990 Schedule O, Organizational Information

Return Reference	Explanation
PART III, LINE 4A, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>WE WORK INTENSIVELY IN PRIORITY NEIGHBORHOODS TO CREATE BROAD POSITIVE CHANGES BY EMPOWERING NEIGHBORHOOD LEADERS AND RESIDENTS TO CHANGE THE PLACES THEY LIVE. WE ARE DEDICATED TO MAKING THE PRINCIPLES OF DIVERSITY 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 60,000 DONORS AND VOLUNTEERS. FOR MORE INFORMATION, VISIT <a href="http://WWW.LIVEUNITEDCENTRALOHIO.ORG">WWW.LIVEUNITEDCENTRALOHIO.ORG</a>. COMMUNITY RESULTS CHILDHOOD SUCCESS CONDITIONS: ONE OF THE MOST EFFECTIVE STRATEGIES TO FIGHT POVERTY IS TO START IN THE EARLY YEARS. POVERTY DISADVANTAGES CHILDREN AT THE MOST CRITICAL TIME IN THEIR LIVES. EARLY CHILDHOOD IS THE SINGLE MOST PROLIFIC PERIOD OF DEVELOPMENT FOR CHILDREN - 90 PERCENT OF A CHILD'S BRAIN GROWTH OCCURS BETWEEN BIRTH AND THE AGE OF THREE. CHILDREN IN POVERTY, HOWEVER, FREQUENTLY DO NOT HAVE ACCESS TO THE SAME EDUCATIONAL AND DEVELOPMENTAL RESOURCES AS THEIR COUNTERPARTS FROM HIGHER-INCOME FAMILIES DURING THIS VITAL TIME. HIGH-QUALITY PRESCHOOL PROGRAMS ARE PROVEN TO RAISE ACADEMIC PERFORMANCE AND GIVE CHILDREN THE SKILLS AND TOOLS TO BE SUCCESSFUL AND CONTRIBUTE TO SOCIETY. EARLY CHILDHOOD EDUCATION PARTICIPANTS ARE SIGNIFICANTLY MORE LIKELY TO GRADUATE FROM HIGH SCHOOL AND ARE 2.5 TIMES MORE LIKELY TO CONTINUE ON TO HIGHER EDUCATION. IN 2018, UNITED WAY OF CENTRAL OHIO FUNDED ELEVEN EARLY CHILDHOOD EDUCATION PARTNERSHIP PROGRAMS, INCLUDING SEVEN HIGH-QUALITY EARLY EDUCATION CENTERS (PRESCHOOLS SERVING CHILDREN AGE 0-5, INCLUDING ONE AT A HOMELESS SHELTER AND ONE SERVING CHILDREN WITH MENTAL HEALTH NEEDS), TWO EARLY DETECTION/INTERVENTION AND CONSULTATION PROGRAMS AND ONE AT-HOME VISITING PROGRAM. IN ADDITION, UNITED WAY OF CENTRAL OHIO FUNDED SUPPORTING PARTNERSHIPS TO ASSURE READY KIDS (SPARK), A FAMILY-FOCUSED INTERVENTION PROGRAM THAT EMPOWERS CAREGIVERS TO BE THEIR CHILD'S FIRST TEACHER. IT IS DESIGNED TO PREPARE CHILDREN FOR KINDERGARTEN BY HELPING FAMILIES HELP THEIR CHILDREN SUCCEED IN SCHOOL. THE FREE MONTHLY PROGRAM IS BASED ON THE HOME VISITATION MODEL AND USES STRUCTURED LESSON PLANS AND ACTIVITIES ALIGNED WITH OHIO'S EARLY LEARNING AND DEVELOPMENT STANDARDS. PROGRAM STAFF ADMINISTER DEVELOPMENTAL ASSESSMENTS AND SCREENINGS, AND INITIATE REFERRALS TO NEEDED COMMUNITY RESOURCES. RESULTS: 5,893 CHILDREN (0-5) WERE ENROLLED IN HIGH-QUALITY EARLY CHILDHOOD PROGRAMS. 13,905 CHILDREN RECEIVED LITERACY SUPPORTS IN GRADES K-3. 11,624 FAMILIES/CAREGIVERS RECEIVED INFORMATION, RESOURCES, TOOLS, TRAININGS AND/OR TEACHING SKILLS. 13,550 FAMILIES RECEIVED HOME VISITING SERVICES THROUGH DIRECTION FOR YOUTH'S READY, SET, GROW PROGRAM. 1,571 CHILDREN WERE PROVIDED INTERVENTION SERVICES FROM COLUMBUS SPEECH &amp; HEARING CENTER. 20 FATHERS PARTICIPATED IN PROGRAMMING DESIGNED TO HELP THEM FORGE BETTER RELATIONSHIPS WITH THEIR CHILDREN THROUGH COLUMBUS URBAN LEAGUE'S FATHER2FATHER PROGRAM. 148 PARENTS WORKED TO IMPROVE THEIR PA</p>

**990 Schedule O, Other Information**

Return Reference	Explanation
<p>PART III, LINE 4A, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>RENTING SKILLS THROUGH DIRECTIONS FOR YOUTH'S POSITIVE PATHS PARENTING PROGRAM 269 FAMILI ES WERE SERVED BY SPARK YOUTH SUCCESS CONDITIONS AN ESSENTIAL KEY TO ECONOMIC SELF-SUFFI CIENCY IS THE ATTAINMENT OF A HIGH SCHOOL DIPLOMA A HIGH SCHOOL GRADUATE MAKES AT LEAST H ALF A MILLION DOLLARS MORE IN LIFETIME EARNINGS THAN A DROPOUT AND IS THREE TIMES LESS LIK ELY TO LIVE IN POVERTY HIGH SCHOOL GRADUATES ARE LESS LIKELY THAN HIGH SCHOOL DROPOUTS TO BE UNEMPLOYED, HAVE POOR HEALTH OR HAVE CHILDREN WHO WILL ALSO LIVE IN POVERTY HIGH SCHO OL GRADUATES ARE LESS LIKELY TO ENGAGE IN CRIMINAL BEHAVIOR DROPOUTS ARE UP TO SIX TIMES MORE LIKELY THAN HIGH SCHOOL GRADUATES TO REPORT EVER HAVING BEEN ARRESTED (AMERICA'S PROM ISE GRADNATION GUIDEBOOK) DATA FROM THE ALLIANCE FOR EXCELLENT EDUCATION DEMONSTRATES HOW GRADUATING MORE STUDENTS FROM HIGH SCHOOL ALSO CREATES NEW JOBS, INCREASES CONSUMER SPEND ING, BOOSTS TAX REVENUES, AND INCREASES THE GROSS DOMESTIC PRODUCT YET, FOR THE CLASS OF 2017, THE FOUR-YEAR GRADUATION RATE FOR THE COLUMBUS CITY SCHOOL DISTRICT WAS 78 1% (SOURC E OHIO DEPARTMENT OF EDUCATION), MUCH LOWER THAN THE COUNTYWIDE GRADUATION RATE OF 90 6% (SOURCE AMERICAN COMMUNITY SURVEY, U S CENSUS BUREAU) IN RESPONSE TO THIS NEED, IN 2018 , UNITED WAY OF CENTRAL OHIO INVESTED IN YOUTH SUCCESS PROGRAMS INCLUDING 22 PROGRAMS SUP PORTING HIGH SCHOOL GRADUATION THESE INCLUDE SCHOOL AND COMMUNITY-BASED PROGRAMS PROVIDIN G TUTORING AND ACADEMIC SUPPORTS, MENTORING, RECREATION, AND SOCIAL- EMOTIONAL SKILL BUILDI NG TO HELP AT-RISK YOUNG PEOPLE SUCCEED IN SCHOOL SOUTHERN GATEWAY INITIATIVE WITH BOYS &amp; GIRLS CLUBS OF COLUMBUS NEEDS UPDATED - WE THINK OUR FUNDING WAS FOR GENERAL SUPPORT IN 2018???? IN 2016, UNITED WAY OF CENTRAL OHIO JOINED THE CITY OF COLUMBUS (\$6 7 MILLION), TH E STATE OF OHIO (\$2 MILLION), DONATOS PIZZA AND THE GROTE FAMILY (\$1 5 MILLION), THE CRANE GROUP AND THE CRANE FAMILY (\$1 MILLION), DONALD W KELLEY &amp; ASSOCIATES AND THE KELLEY FAM ILY (\$500,000), THE U S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT THROUGH THE KIDS COME FIRST COALITION (\$500,000), GRANGE INSURANCE (\$50,000), BAUMANN PLUMBING (\$5,000) AND OTH ERS IN SUPPORT OF THE REEB AVENUE CENTER THE CENTER, ESTIMATED AT ABOUT \$13 MILLION, CO-L OCATES CHILDCARE, EDUCATIONAL SERVICES, SUPPORTIVE SERVICES FOR FAMILIES, JOB TRAINING AND WORKFORCE DEVELOPMENT FUTUREREADY SOCIAL EMOTIONAL LEARNING COLLABORATIVE (SEL-C) UNITED WAY SUPPORTS THE WORK OF THIS EFFORT WHICH INCREASES POSITIVE YOUTH OUTCOMES BY BRINGING TOGETHER EDUCATORS AND OTHER COMMUNITY STAKEHOLDERS WITH A FOCUS ON EQUITY, CONTINUOUS IMP ROVEMENT, AND COLLECTIVE IMPACT THE SEL-C IS A COMMUNITY OF PRACTICE USING SOCIAL EMOTION AL LEARNING AND EARLY WARNING INDICATOR DATA TO INFORM PROGRAMMING IN OUT- OF-SCHOOL-TIME S ETTINGS ACROSS FRANKLIN COUNTY COMMUNITY RESULTS FOR YOUTH SUCCESS UNITED WAY OF CENTRAL OHIO PROVIDED FUNDING TO 22 AFTER-SCHOOL AND SUMMER ENRICHMENT PROGRAMS IN 2018 16 PROGR AMS FOCUSED ON SOCIAL COMPETEN</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>PART III, LINE 4A, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>CIES OR SOCIAL-EMOTIONAL LEARNING 3 PROGRAMS FOCUSED ON ACADEMICS 3 PROGRAMS FOCUSED ON EN GAGING YOUTH IN ART/CREATIVE EXPRESSION, CHARACTER AND LEADERSHIP DEVELOPMENT ACTIVITIES T O PREVENT INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM 15,259 YOUTH PARTICIPATED IN SCHOOL AND/OR COMMUNITY-BASED OUT-OF-SCHOOL TIME PROGRAMS AND/OR RECEIVED INDIVIDUALIZED SUPPORT S 83% OF MIDDLE/HIGH SCHOOL YOUTH SERVED BY UNITED WAY-FUNDED PROGRAMS DEVELOPED IMPROVED SOFT SKILLS ECONOMIC MOBILITY CONDITIONS ALTHOUGH FRANKLIN COUNTY'S UNEMPLOYMENT RATE H AS BEEN DECLINING TO HISTORIC LOWS, OVER 400,000 PEOPLE CONTINUE TO LIVE AT THE 200% POVER TY LEVEL OR BELOW A 2013 STUDY NAMED COLUMBUS AS ONE OF THE LEAST PROMISING PLACES FOR LO W-INCOME CHILDREN TO CLIMB OUT OF POVERTY IN THE COUNTRY WE HAVE A WIDENING GAP BETWEEN T HOSE WHO ENJOY SUCCESS AND THOSE WHO STRUGGLE TO MAKE ENDS MEET UNITED WAY OF CENTRAL OHI O FIGHTS POVERTY BY INVESTING IN PROGRAMS THAT HELP PEOPLE ATTAIN JOB-RELATED SKILLS, FIND AND MAINTAIN EMPLOYMENT AND MANAGE THEIR RESOURCES UNITED WAY ALSO FUNDS PROGRAMS THAT H ELP PEOPLE IN CRISIS, BOTH MEETING THEIR IMMEDIATE BASIC NEEDS AND HELPING BUILD A FOUNDAT ION TO SUPPORT IMPROVED FINANCIAL STABILITY IN 2018, UNITED WAY OF CENTRAL OHIO INVESTED IN THE FOLLOWING SEVEN WORKFORCE DEVELOPMENT PROGRAMS - INCLUDING PROGRAMS LEADING TO A C OMPTIA A+ CERTIFICATION, A STATE TESTED NURSE'S AIDE TRAINING PROGRAM, A PROGRAM FOR EX-OF FENDERS, PROGRAMS FOR ADULTS WITH DISABILITIES, AND PROGRAMS FOR OTHER HARD-TO-EMPLOY POPU LATIONS TWELVE EMERGENCY ASSISTANCE PROGRAMS - INCLUDING A DOMESTIC VIOLENCE HOTLINE AND SHELTER, FAMILY SHELTERS, FOOD PANTRIES AND COMMUNITY KITCHENS STABLE FAMILIES, A PROGRAM THAT PROVIDES FAMILIES AT IMMINENT RISK OF HOMELESSNESS WITH A COMBINATION OF IMMEDIATE E MERGENCY FUNDS AND LONGER-TERM HEALTH AND HUMAN SERVICES THIS EFFECTIVE APPROACH HELPS PR EVENT HOMELESSNESS AND REDUCE STUDENT MOBILITY AMONG LOW-INCOME FAMILIES THROUGHOUT CENTRA L OHIO REBUILDING LIVES, A PROGRAM THAT GETS PEOPLE OUT OF EMERGENCY SHELTERS AND INTO ST ABLE HOUSING, GIVING THEM HOPE FOR THE FUTURE AND CREATING LASTING CHANGE PROVIDING STABL E HOUSING, COUPLED WITH SUPPORTIVE SERVICES, IS THE FIRST AND MOST IMPORTANT STEP IN COMBA TING LONG-TERM HOMELESSNESS AND HELPING PEOPLE ESTABLISH A FOO THOLD THAT WILL ALLOW THEM T O BECOME MORE SELF-SUFFICIENT WITH MORE THAN 1,000 UNITS IN USE TO DATE, REBUILDING LIVES WORKS TO IMPROVE COLLABORATION BETWEEN THE HOMELESS SERVICES SYSTEM AND COMMUNITY-BASED O RGANIZATIONS, MAKE BETTER LINKAGES TO SERVICES SUCH AS HEALTH CARE AND EMPLOYMENT, INCREAS E A HOMELESS PERSON'S ACCESS TO BENEFITS AND ADVOCATE FOR SUFFICIENT INVESTMENT TO DEVELOP ADDITIONAL HOUSING OPTIONS EMERGENCY FOOD AND SHELTER PROGRAM</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART III, LINE 4A, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	COMMUNITY RESULTS FOR ECONOMIC MOBILITY 4,476 INDIVIDUALS RECEIVED JOB SKILLS TRAINING 55% OF INDIVIDUALS SERVED BY UNITED WAY-FUNDED PROGRAM GAINED EMPLOYMENT 32 HOUSING UNITS WERE BUILT OR IMPROVED BY COMMUNITY DEVELOPMENT FOR ALL PEOPLE'S SOUTH SIDE HOUSING INITIATIVE, BRINGING AFFORDABLE AND SAFE LIVING CONDITIONS TO FAMILIES ACCESS TO HEALTH CONDITIONS POVERTY AND POOR HEALTH ARE INEXTRICABLY LINKED POVERTY INCREASES THE CHANCES OF POOR HEALTH POOR HEALTH, IN TURN, CAN CAUSE A PERSON TO FALL INTO OR TRAP A PERSON IN POVERTY IN 2018, UNITED WAY OF CENTRAL OHIO INVESTED \$1,743,522 IN FUNDING (INCLUDING GRANTS AND DONOR DONATIONS) FOR ACCESS TO HEALTH PROGRAMS AND INITIATIVES THESE INVESTMENTS INCLUDED FUNDING FOR BARRIERS TO CARE PROGRAMS -2 PROGRAMS PROVIDED TRANSPORTATION TO MEDICALLY NECESSARY CARE -1 PROGRAM MADE PRESCRIPTIONS AFFORDABLE AND PROVIDED MEDICATION MANAGEMENT COUNSELING TO THOSE IN NEED -2 PROGRAMS LINKED PARTICIPANTS TO NEEDED HEALTH SERVICES, INCLUDING MENTAL HEALTH SERVICES -1 PROGRAM PROVIDED GROUP-BASED EDUCATION SERVICES FOR CHRONIC DISEASE MANAGEMENT -1 PROGRAM PROVIDED ACCESS TO CARE/EDUCATION SERVICES TO EXPECTANT MOTHERS TO REDUCE INFANT MORTALITY HEALTHCARE COLLABORATIVE OF GREATER COLUMBUS, A NON-PROFIT, PUBLIC-PRIVATE PARTNERSHIP SERVING AS A CATALYST, CONVENER, AND COORDINATOR OF HEALTHCARE TRANSFORMATION AND LEARNING IN GREATER COLUMBUS RESULTS 6,554 INDIVIDUALS GAINED ACCESS TO HEALTHCARE SERVICES 89% OF BABIES SERVED WERE BORN AT A HEALTHY WEIGHT

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS	WOMEN'S LEADERSHIP COUNCIL'S E3 INITIATIVE E3 STANDS FOR "EDUCATE, EMPOWER AND ELEVATE " THIS INITIATIVE PROVIDES LOW-TO-MODERATE INCOME WORKING WOMEN THE SUPPORT NEEDED TO SECURE A LIVABLE WAGE JOB WITH BENEFITS THE PROGRAM LINKS WOMEN TO RESOURCES AND BENEFITS THAT ENHANCE FINANCIAL STABILITY, TEACHES CORE WORKFORCE COMPETENCIES, AND HELPS PARTICIPANTS DEVELOP FINANCIAL LITERACY AND A TWO-YEAR EDUCATION/EMPLOYMENT PLAN EVERY PARTICIPANT IS GIVEN THE OPPORTUNITY TO HAVE INDIVIDUALIZED FINANCIAL COUNSELING SESSIONS WITH A CERTIFIED COUNSELOR IN 2018, 132 WOMEN PARTICIPATED IN E3, INCLUDING 21 INCOMING NEW PARTICIPANTS CARE COORDINATION NETWORK OF CENTRAL OHIO (CCN) THE CARE COORDINATION NETWORK APPLIES THE PATHWAYS COMMUNITY HUB MODEL TO POVERTY REDUCTION STRATEGIES COMMUNITY CARE COORDINATORS WITHIN VARIOUS ORGANIZATIONS WORK DIRECTLY WITH INDIVIDUALS AND FAMILIES TO DETERMINE THEIR NEEDS, IDENTIFY THE 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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES	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

**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, GBQ PARTNERS LLC FORM 990 IS REVIEWED IN DETAIL BY THE UNITED WAY FINANCE AND AUDIT COMMITTEES AND APPROVED FOR PRESENTATION TO THE UNITED WAY BOARD OF TRUSTEES AND/OR THE EXECUTIVE COMMITTEE OF THE BOARD THE TREASURER AND/OR CFO PRESENT FORM 990 TO THE BOARD OR EXECUTIVE COMMITTEE FOR APPROVAL BEFORE FORM 990 IS FILED WITH THE IRS EACH BOARD MEMBER RECEIVES A COPY OF FORM 990 FOR REVIEW PRIOR TO THE MEETING

**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 2019 THE CEO'S SALARY IS BASED ON CEO PERFORMANCE, BUDGET PARAMETERS, INDEPENDENT MARKET DATA AND MARKET ISSUES MINUTES OF THE COMPENSATION DISCUSSION MEETING ARE RECORDED AND MAINTAINED THE ANNUAL REVIEW OF THE CEO INCLUDES A REVIEW OF MARKET COMPARABILITY DATA COMPILED BY AN INDEPENDENT CONSULTANT FROM INDEPENDENT DATA SOURCES AND THE SOURCES OF COMPARABLE DATA ARE REFLECTED IN THE MINUTES OF THE COMMITTEE MEETING SETTING COMPENSATION COMPARISONS INCLUDE OTHER SIMILAR-SIZED 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.