

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  
2019  
**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning 04-01-2019, and ending 03-31-2020**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> 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	<b>D</b> Employer identification number  31-4393712  <b>E</b> Telephone number  (614) 227-2700  <b>G</b> Gross receipts \$ 28,815,838
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>F</b> Name and address of principal officer LISA S COURTICE PHD 360 SOUTH THIRD STREET COLUMBUS, OH 43215	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ WWW.LIVEUNITEDCENTRALOHIO.ORG		<b>L</b> Year of formation 1951 <b>M</b> State of legal domicile OH
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities UWCO PROVIDES RESOURCES TO HELP PEOPLE MEET CRITICAL BASIC NEEDS AND ACHIEVE STUDENT SUCCESS			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)		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 2019 (Part V, line 2a)		0	
<b>6</b>	Total number of volunteers (estimate if necessary)		3,562	
<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 39		0	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	31,048,174	27,463,202
	<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)	71,661	308,038
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,016,532	965,062
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,136,367	28,736,302
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	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)	6,243,948	5,499,002
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,205,166		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,069,446	5,656,943
<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	35,060,666	31,702,782	
<b>19</b>	Revenue less expenses Subtract line 18 from line 12	-2,924,299	-2,966,480	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	34,253,869	30,301,663
	<b>21</b>	Total liabilities (Part X, line 26)	11,773,642	10,859,463
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	22,480,227	19,442,200

**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

<b>Sign Here</b>	2020-08-14
Signature of officer	Date
CHERYL NELSON SENIOR VP OF FINANCE AND CFO	
Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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 \$ 12,861,905 including grants of \$ 11,000,281 ) (Revenue \$ )

See Additional Data

**4b** (Code ) (Expenses \$ 3,575,548 including grants of \$ ) (Revenue \$ 1,138,731 )

See Additional Data

**4c** (Code ) (Expenses \$ 9,520,975 including grants of \$ 9,520,975 ) (Revenue \$ 956,538 )

See Additional Data

(Code ) (Expenses \$ 171,917 including grants of \$ 25,581 ) (Revenue \$ )

UNITED WAY OF CENTRAL OHIO PROCESSED DONOR DESIGNATIONS TO 2,201 AGENCIES AND OTHER UNITED WAYS DURING THE 2019 CAMPAIGN

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 171,917 including grants of \$ 25,581 ) (Revenue \$ )

**4e Total program service expenses** ▶ 26,130,345

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding IRS filings and gaming.

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

Main form area containing questions 2a through 16 with corresponding input fields and checkboxes.

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

17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply
[ ] Own website [ ] Another's website [ ] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CHERYL NELSON SENIOR VP OF FINANCE AND CFO 360 THIRD STREET COLUMBUS, OH 43215 (614) 227-2700







**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 90,546			
	<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> 678,998			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 26,693,658			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$	<b>1g</b> 365,576			
	<b>h Total.</b> Add lines 1a-1f . . . . .		27,463,202		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b>					
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f. . . . .						

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			308,038			308,038
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
		(i) Real	(ii) Personal				
	<b>6a</b> Gross rents	<b>6a</b> 88,060					
	<b>b</b> Less rental expenses	<b>6b</b> 79,536					
	<b>c</b> Rental income or (loss)	<b>6c</b> 8,524					
	<b>d</b> Net rental income or (loss) . . . . .			8,524			8,524
		(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>					
	<b>b</b> Less cost or other basis and sales expenses	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<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>8a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>9a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
<b>b</b> Less cost of goods sold . . . . .	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> DONOR DESIGNATION PROC FEES	900099		956,538	956,538			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			956,538				
<b>12 Total revenue.</b> See instructions . . . . .			28,736,302	956,538	0	316,562	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	20,521,106	20,521,106		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	25,731	25,731		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	854,203	277,982	335,213	241,008
<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 . . . . .	3,503,544	1,218,824	899,675	1,385,045
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	214,928	82,369	80,484	52,075
<b>9</b> Other employee benefits . . . . .	647,526	202,076	189,389	256,061
<b>10</b> Payroll taxes . . . . .	278,801	75,112	105,095	98,594
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	14,980	9,130	5,850	
<b>c</b> Accounting . . . . .	40,800		33,800	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)	212,851	63,680	141,440	7,731
<b>12</b> Advertising and promotion . . . . .	262,143	3,743	129,175	129,225
<b>13</b> Office expenses . . . . .	378,137	143,903	61,634	172,600
<b>14</b> Information technology . . . . .	781,834	63,341	176,312	542,181
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	116,299	45,166	35,827	35,306
<b>17</b> Travel . . . . .	49,204	11,762	25,882	11,560
<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 . . . . .	425,805	211,625	91,548	122,632
<b>22</b> Depreciation, depletion, and amortization . . . . .	161,922	80,475	34,813	46,634
<b>23</b> Insurance . . . . .	37,600	9,984	14,067	13,549
<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	3,071,083	3,070,689	394	
<b>b</b> SPECIAL EVENTS	68,046	6,786	6	61,254
<b>c</b> MISCELLANEOUS	36,239	6,861	6,667	22,711
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	31,702,782	26,130,345	2,367,271	3,205,166
<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 . . . . .	9,007,502	<b>1</b>	7,000,256
	<b>2</b> Savings and temporary cash investments . . . . .	502,847	<b>2</b>	797,903
	<b>3</b> Pledges and grants receivable, net . . . . .	17,920,998	<b>3</b>	16,083,234
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<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 . . . . .	70,279	<b>9</b>	45,787
	<b>10a</b> Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	<b>10a</b> 3,483,203		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 2,326,748	1,283,533	<b>10c</b> 1,156,455
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities—See Part IV, line 11 . . . . .	3,390,829	<b>12</b>	3,156,725
	<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 . . . . .	2,077,881	<b>15</b>	2,061,303
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	34,253,869	<b>16</b>	30,301,663	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	417,881	<b>17</b>	389,531
	<b>18</b> Grants payable . . . . .	10,575,920	<b>18</b>	9,591,808
	<b>19</b> Deferred revenue . . . . .	175,000	<b>19</b>	15,000
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability—Complete Part IV of Schedule D	466,797	<b>21</b>	766,872
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<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 . . . . .	138,044	<b>24</b>	96,252
	<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 . . . . .	11,773,642	<b>26</b>	10,859,463
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	20,498,563	<b>27</b>	19,146,932
	<b>28</b> Net assets with donor restrictions . . . . .	1,981,664	<b>28</b>	295,268
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	22,480,227	<b>32</b>	19,442,200	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	34,253,869	<b>33</b>	30,301,663	

**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>	28,736,302
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	31,702,782
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-2,966,480
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	22,480,227
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-71,547
<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>	19,442,200

**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 (2019)

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

PROGRAM FUNDING (FUNDED PARTNERS) ESTABLISHED IN 1923, UNITED WAY HAS SERVED THE COMMUNITY FOR NEARLY 100 YEARS AS AN INDEPENDENT AFFILIATE OF UNITED WAY WORLDWIDE, WE INVEST IN MORE THAN 80 FUNDED PARTNERS THAT WORK TO ENSURE PEOPLE IN CRISIS GET FOOD, SHELTER AND ASSISTANCE, HELP CHILDREN SUCCEED FROM CRADLE TO CAREER, ENGAGE RESIDENTS, BUSINESSES AND GOVERNMENT IN NEIGHBORHOOD REVITALIZATION EFFORTS, AND TEACH PEOPLE THE SKILLS THEY NEED TO GET AND KEEP A GOOD JOB UNITED WAY OF CENTRAL OHIO PROVIDES OPPORTUNITIES FOR PEOPLE TO SUCCEED BY CONVENING AND CATALYZING PEOPLE AND SYSTEMS, UNITED WAY HELPS CHANGE COMMUNITY CONDITIONS AND IMPROVE OUTCOMES FOR FAMILIES. UNITED WAY ALSO PRIORITIZES NEIGHBORHOODS OF CONCENTRATED POVERTY BY SERVING AS A CATALYST AND ORGANIZER FOR REVITALIZATION EFFORTS TO FURTHER IMPACT OUR COMMUNITY, UNITED WAY OF CENTRAL OHIO SHIFTED FROM BEING SOLELY A COMMUNITY FUNDRAISER OR COMMUNITY CHEST TO A COMMUNITY IMPACT ORGANIZATION THAT DEVELOPS AND IMPLEMENTS COMMUNITY-WIDE INITIATIVES THAT CREATE SUSTAINABLE CHANGE. IN ADDITION TO INVESTING IN OUR COMMUNITY'S MOST EFFECTIVE NONPROFITS, UNITED WAY OF CENTRAL OHIO ALSO SUPPORTS PROJECTS SUCH AS STABLE FAMILIES, TAX TIME, AND THE NEIGHBORHOOD PARTNERSHIP GRANTS PROGRAM. 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. 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, INCLUSION AND EQUITY THE FOUNDATION FOR EVERYTHING WE DO BECAUSE WE KNOW THE BEST DECISIONS ARE MADE WHEN ALL VOICES ARE HEARD, INCLUDED 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 [WWW.LIVEUNITEDCENTRALOHIO.ORG](http://WWW.LIVEUNITEDCENTRALOHIO.ORG). CHILDHOOD SUCCESSORS 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 PROLIFERIC PERIOD OF DEVELOPMENT FOR CHILDREN - 90 PERCENT OF A CHILD'S BRAIN GROWTH OCCURS BETWEEN BIRTH AND AGE 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 NEEDED TO BECOME SUCCESSFUL AND CONTRIBUTING ADULTS. 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 2019, UNITED WAY OF CENTRAL OHIO FUNDED 15 EARLY CHILDHOOD EDUCATION PROGRAMS OFFERED BY 12 FRANKLIN COUNTY NONPROFITS. YOUTH SUCCESS AN ESSENTIAL KEY TO ECONOMIC SELF-SUFFICIENCY IS THE ATTAINMENT OF A HIGH SCHOOL DIPLOMA. A HIGH SCHOOL GRADUATE MAKES AT LEAST HALF A MILLION DOLLARS MORE IN LIFETIME EARNINGS THAN SOMEONE WHO DROPS-OUT OF SCHOOL AND IS THREE TIMES LESS LIKELY 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 SCHOOL GRADUATES ARE LESS LIKELY TO ENGAGE IN CRIMINAL BEHAVIOR. GRADUATING MORE STUDENTS FROM HIGH SCHOOL CREATES NEW JOBS, INCREASES CONSUMER SPENDING, BOOSTS TAX REVENUES, AND INCREASES THE GROSS DOMESTIC PRODUCT. DESPITE ALL THE BENEFITS OF A HIGH SCHOOL DIPLOMA, THE FOUR-YEAR GRADUATION RATE FOR THE COLUMBUS CITY SCHOOL DISTRICT WAS 82% (SOURCE: OHIO DEPARTMENT OF EDUCATION). IN RESPONSE TO THIS NEED, UNITED WAY OF CENTRAL OHIO INVESTED IN 23 YOUTH SUCCESS PROGRAMS AT 17 FRANKLIN COUNTY NONPROFITS. ECONOMIC MOBILITY ALTHOUGH FRANKLIN COUNTY'S UNEMPLOYMENT RATE HAS BEEN DECLINING TO HISTORIC LOWS, OVER 415,000 PEOPLE CONTINUE TO LIVE AT THE 200% POVERTY LEVEL OR BELOW. WE HAVE A WIDENING GAP BETWEEN THOSE WHO ENJOY SUCCESS AND THOSE WHO STRUGGLE TO MAKE ENDS MEET. UNITED WAY OF CENTRAL OHIO 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 HELP PEOPLE IN CRISIS, BOTH MEETING THEIR IMMEDIATE BASIC NEEDS AND HELPING BUILD A FOUNDATION TO SUPPORT IMPROVED FINANCIAL STABILITY. IN 2019, UNITED WAY OF CENTRAL OHIO INVESTED IN 15 FINANCIAL STABILITY AND JOB ATTAINMENT PROGRAMS AT 14 FRANKLIN COUNTY NONPROFITS. UNITED WAY OF CENTRAL OHIO ALSO INVESTED IN 32 BASIC NEEDS PROGRAMS AT 25 FRANKLIN COUNTY NONPROFITS.

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

SPECIAL INITIATIVE PROGRAM SERVICE TAX 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 FROM LATE JANUARY TO MID-APRIL, TAX TIME OPERATES OVER 40 VOLUNTEER-RUN TAX SITES OVER THE PAST 14 YEARS, TAX TIME HAS GROWN FROM 12 FREE TAX PREPARATION SITES TO OVER 40 SITES, COLLECTIVELY PROCESSING OVER 140,000 TAX RETURNS, SAVING CLIENTS MORE THAN AN ESTIMATED \$30 MILLION IN TAX PREPARATION FEES, AND RETURNING MORE THAN \$150 MILLION IN REFUNDS TO COMMUNITY MEMBERS IN 2019, TAX TIME HELPED OVER 15,000 LOW- AND MODERATE-INCOME HOUSEHOLDS CLAIM MORE THAN \$17 MILLION IN TAX REFUNDS AND SAVE \$3 MILLION IN TAX PREPARATION FEES " STABLE FAMILIES IS A PROGRAM THAT PROVIDES FAMILIES AT IMMINENT RISK OF HOMELESSNESS WITH A COMBINATION OF IMMEDIATE EMERGENCY FUNDS AND LONGER-TERM HEALTH AND HUMAN SERVICES THIS EFFECTIVE APPROACH HELPS PREVENT HOMELESSNESS AND REDUCE STUDENT MOBILITY AMONG LOW-INCOME FAMILIES THROUGHOUT FRANKLIN COUNTY UNPLANNED MOVES, RESULTING IN REPEATED NEW SCHOOLS, HAVE A DIRECT NEGATIVE IMPACT ON THE LEARNING AND DEVELOPMENT OF SCHOOL-AGE CHILDREN HOMELESS CHILDREN ARE TWICE AS LIKELY TO REPEAT A GRADE AS THOSE WITH STABLE HOUSING THE STABLE FAMILIES PROGRAM PREVENTS DISRUPTIVE MOVES BY IDENTIFYING FAMILIES AT RISK OF HOMELESSNESS AND CONNECTING THEM WITH CASE MANAGEMENT PROFESSIONALS WHO WORK INTENSELY WITH THEM FOR UP TO 18 MONTHS TO CREATE PLANS FOR EACH FAMILY TO STABILIZE AND PROSPER MORE THAN 1,200 CHILDREN FROM OVER 400 FAMILIES IN FRANKLIN COUNTY RECEIVED VALUABLE CASE MANAGEMENT SERVICES THROUGHOUT 2019 THESE SERVICES HELPED FAMILIES ACHIEVE GREATER STABILITY AND ALLOWED THEIR CHILDREN TO REMAIN IN SCHOOL THE REACH OF STABLE FAMILIES MORE THAN DOUBLED IN 2019, CREATING NEW AND INNOVATIVE ENGAGEMENT POINTS TO SERVE FAMILIES BEYOND THE 25+ PARTICIPATING SCHOOLS IN FRANKLIN COUNTY EXAMPLES OF THESE COLLABORATIVE RELATIONSHIPS INCLUDE YMCA HEAD START CENTERS, ELDON AND ELSIE WARD FAMILY YMCA, THE LEGAL AID SOCIETY OF COLUMBUS, CELEBRATEONE, THE CENTER FOR FAMILY SAFETY AND HEALING, AND MANY OTHERS " WOMEN'S LEADERSHIP COUNCIL'S E3 INITIATIVE 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 EIGHTEEN WOMEN PARTICIPATED IN THE E3 PROGRAM IN 2019

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

UNITED WAY OF CENTRAL OHIO ALLOWS DONORS TO DESIGNATE GIFTS TO OTHER UNITED WAYS OR SPECIFIC AGENCIES. UNITED WAY OF CENTRAL OHIO PROCESSES DONOR DESIGNATIONS TO 2,201 AGENCIES AND OTHER UNITED WAYS DURING THE 2019 CAMPAIGN. ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UNITED WAY UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING. SUCH SCREENING INCLUDES VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT AND VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DERRICK ANTWI ..... TRUSTEE	1 00 .....	X						0	0	0
TRUDY BARTLEY ..... TRUSTEE	1 00 .....	X						0	0	0
DUANE CASARES ..... TRUSTEE	2 00 .....	X						0	0	0
JOE CHLAPATY ..... TRUSTEE	1 00 .....	X						0	0	0
HOPE COTTER ..... TRUSTEE	1 00 .....	X						0	0	0
TALISA DIXON ..... TRUSTEE	1 00 .....	X						0	0	0
CARRIE HARRIS-MULLER ..... TRUSTEE	2 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



**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			
TIM KING ..... TRUSTEE	1 00 .....	X						0	0	0
ADAM LEWIN ..... TRUSTEE	1 00 .....	X						0	0	0
STEVE MASON ..... TRUSTEE	2 00 .....	X						0	0	0
AZURE'D METOYER ..... 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
MARK FLUHARTY ..... TRUSTEE	2 00 .....	X						0	0	0
TOSHIA SAFFORD ..... TRUSTEE	1 00 .....	X						0	0	0
ELISE SPRIGGS ..... TRUSTEE	1 00 .....	X						0	0	0
ROBERT TANNOUS ..... 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			
CHRIS BAIR ..... BOARD FELLOW	1 00 .....	X						0	0	0
BARBARA BENHAM ..... INCOMING CHAIR	2 00 .....			X				0	0	0
DONALD BROWN ..... CHAIR	4 00 .....			X				0	0	0
DAN CRANE ..... TREASURER	3 00 .....			X				0	0	0
LISA INGRAM ..... PAST CHAIR	2 00 .....			X				0	0	0
VIRGINIA NUNES GUTIERREZ ..... SECRETARY	2 00 .....			X				0	0	0
MICHAEL WILKOS ..... SVP COMMUNITY IMPACT	41 00 .....			X				164,589	0	11,897
KATRINA BURRIER ..... SVP RESOURCE DEVELOPMENT	48 00 .....			X				159,508	0	3,957
CHERYL NELSON ..... SVP FINANCE, CFO	49 00 .....			X				180,771	0	15,171
LISA S COURTICE ..... PRESIDENT & CEO	58 00 .....			X				287,035	0	21,146

**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 instructions and the latest information.

OMB No 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Employer identification number**  
31-4393712

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	48,954,684	48,758,587	47,417,468	31,040,742	30,132,673	206,304,154
<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</b>	<b>Total.</b> Add lines 1 through 3	48,954,684	48,758,587	47,417,468	31,040,742	30,132,673	206,304,154
<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)						65,435,206
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						140,868,948

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4	48,954,684	48,758,587	47,417,468	31,040,742	30,132,673	206,304,154
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,728	19,741	34,445	71,661	122,995	263,570
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on				7,003	88,060	95,063
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,121,680	1,233,987	941,417	1,016,961	956,538	5,270,583
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						211,933,370
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	

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

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

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	66.470 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14	<b>15</b>	65.980 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<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? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<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? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<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? <i>If "Yes," provide detail in Part VI.</i>		
<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<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))? <i>If "Yes," provide detail in Part VI.</i>		
<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? <i>If "Yes," provide detail in Part VI.</i>		
<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? <i>If "Yes," provide detail in Part VI.</i>		
<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)? <i>If "Yes," answer line 10b below.</i>		
<b>10a</b>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
<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**

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>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 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2019 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in <b>Part VI</b> See instructions			
<b>6</b> Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in <b>Part VI</b> See instructions			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

**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  
  
**2019**  
**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
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

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

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

	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)	8,734													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	34,938													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	43,672													
<b>d</b> Other exempt purpose expenditures	35,016,994													
<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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-	0													
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-	0													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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	156,120	148,641	43,427	43,672	391,860
<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	31,224	29,728	8,685	8,734	78,371

**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>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-A	990 LOBBYING STATEMENT 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 AND COVID-19 COMMUNITY RESPONSE FUND 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 AND GROUNDWORD OHIO GRASSROOTS LOBBYING (ADVOCACY ALERTS) 30% DIRECT LOBBYING 70% (MEETINGS WITH PUBLIC OFFICIALS AND THEIR STAFF, STRATEGIZING/PREPARATION FOR MEETINGS WITH PUBLIC OFFICIALS, PUBLIC TESTIMONIES, WRITTEN MATERIAL DESIGNED TO INFLUENCE PUBLIC OFFICIALS)

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047

**2019**

**Open to Public Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

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

**Employer identification number**  
31-4393712

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

	(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		

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

- 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 . . . . .	1,127,501	1,112,142	1,092,253	1,046,710	1,013,780
<b>b</b> Contributions . . . . .					66,165
<b>c</b> Net investment earnings, gains, and losses	-10,463	74,506	79,439	102,147	21,195
<b>d</b> Grants or scholarships . . . . .	57,456	55,825	56,035	53,237	51,138
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .	3,628	3,322	3,515	3,367	3,292
<b>g</b> End of year balance . . . . .	1,055,954	1,127,501	1,112,142	1,092,253	1,046,710

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - 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>(ii)</b> related organizations . . . . .  | Yes        | 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	1,881,898	124,297
<b>c</b> Leasehold improvements		442,287		442,287
<b>d</b> Equipment . . . . .		746,438	433,058	313,380
<b>e</b> Other . . . . .		21,437	11,792	9,645
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . .				1,156,455

**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	1,238,482	F
(B) BANKERS ACCEPTANCES	797,778	F
(C) HUNTINGTON INVESTMENTS	1,120,465	F
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)	3,156,725	

**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	1,110,923
(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.)	2,061,303

**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>	19,128,832
<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>	7,990
<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>	7,990
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	19,120,842
<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>	9,615,460
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	9,615,460
<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>	28,736,302

**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>	22,166,859
<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>	22,166,859
<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>	9,535,923
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	9,535,923
<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>	31,702,782

**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, CITY OF COLUMBUS NEIGHBORHOODS, GIVEBACKHACK, INNOVATION CATALYST, CIVIL RIGHTS HALL OF FAME, NBC4I STUFF THE BACKPACK, 2020 CENSUS SUPPORT - CITY OF COLUMBUS, CARDINAL HEALTH STUDENT SUCCESS AND THRIVE EMC - RACIAL EQUITY

## 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, 2020, TAX FILING PERIODS FOR THE YEARS ENDED 2016 AND PRIOR ARE CLOSED NO TAX LIABILITY ACCRUAL WAS RECORDED AS OF THE YEARS ENDED MARCH 31, 2020 OR 2019 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) 9,615,460

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	OTHER DONOR DESIGNATIONS (NET OF INTERNAL INITIATIVE PROGRAM DESIGNATIONS) 9,535,923

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

2019

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 . . . . . 294
3 Enter total number of other organizations listed in the line 1 table . . . . . 294



**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	88	17,213			
(2) INDIVIDUAL EMERGENCY FUND - RENT ASSISTANCE	16	5,880			
(3) INDIVIDUAL EMERGENCY FUND - MEDICAL AND DENTAL	3	525			
(4) INDIVIDUAL EMERGENCY FUND - TRANSPORTATION	4	319			
(5) INDIVIDUAL EMERGENCY FUND - OTHER ASSISTANCE	7	1,644			
(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	<p>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</p>

**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)	50,000				PROGRAM OPERATING COSTS
ALVIS HOUSE 2100 STELLA COURT COLUMBUS, OH 43215	31-1440073	501 (C) (3)	200,000				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
AMERICAN RED CROSS 995 EAST BROAD STREET COLUMBUS, OH 43205	31-0642918	501 (C) (3)	450,000				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)	310,000				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
BOYS & GIRLS CLUB OF COLUMBUS 115 SOUTH GIFT STREET COLUMBUS, OH 43215	31-4387575	501 (C) (3)	245,000				PROGRAM OPERATING COSTS
CATHOLIC SOCIAL SERVICES 197 EAST GAY STREET COLUMBUS, OH 43215	31-4379437	501 (C) (3)	50,000				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
CENTER FOR EMPLOYMENT OPPORTUNITIES 33 NORTH THIRD ST 620 COLUMBUS, OH 43215	13-3843322	501 (C) (3)	50,000				PROGRAM OPERATING COSTS
CENTER FOR HEALTHY FAMILIES 500 S FRONT ST STE 930 COLUMBUS, OH 43215	20-8701526	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
CENTRAL COMMUNITY HOUSE 1150 EAST MAIN STREET COLUMBUS, OH 43205	31-4379438	501 (C) (3)	147,000				PROGRAM OPERATING COSTS
CHARITABLE PHARMACY OF CENTRAL OHIO INC 200 E LIVINGSTON AVE COLUMBUS, OH 43215	27-0147099	501 (C) (3)	45,000				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
CHILDHOOD LEAGUE CENTER 670 S 18TH ST COLUMBUS, OH 43205	31-6400177	501 (C) (3)	60,000				PROGRAM OPERATING COSTS
CITY YEAR COLUMBUS 37 NORTH 3RD STREET COLUMBUS, OH 43215	22-2882549	501 (C) (3)	110,000				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
CLINTONVILLE BEECHWOLD COMMUNITY RESOURCES CENTER 14 WEST LAKEVIEW AVENUE COLUMBUS, OH 43202	31-0834578	501 (C) (3)	95,000				PROGRAM OPERATING COSTS
COLUMBUS EARLY LEARNING CENTERS 40 NORTH GRUBB STREET COLUMBUS, OH 43215	31-4379619	501 (C) (3)	540,000				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 SPEECH & HEARING CENTER 510 EAST NORTH BROADWAY COLUMBUS, OH 43214	31-4379449	501 (C) (3)	125,000				PROGRAM OPERATING COSTS
COLUMBUS URBAN LEAGUE 788 MOUNT VERNON AVENUE COLUMBUS, OH 43203	31-4379453	501 (C) (3)	135,000				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 WORKS 750 MOUNT CARMEL MALL SUITE 300 COLUMBUS, OH 43222	38-4015966	501 (C) (3)	100,000				PROGRAM OPERATING COSTS
COMMUNITIES IN SCHOOLS OF CENTRAL OHIO 510 ENORTH BROADWAY ST SUITE 4A COLUMBUS, OH 43214	31-1390077	501 (C) (3)	60,000				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)	180,000				PROGRAM OPERATING COSTS
COMMUNITY KITCHEN 640 SOUTH OHIO AVENUE COLUMBUS, OH 43205	31-1124774	501 (C) (3)	30,000				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 PROPERTIES OF OHIO IMPACT CORPORATION 910 E BROAD STREET COLUMBUS, OH 43205	31-1707264	501 (C) (3)	56,250				PROGRAM OPERATING COSTS
COMMUNITY SHELTER BOARD 111 WEST LIBERTY STREET SUITE 150 COLUMBUS, OH 43215	31-1181284	501 (C) (3)	982,000				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
DIRECTIONS FOR YOUTH AND FAMILIES 1515 INDIANOLA AVENUE COLUMBUS, OH 43201	31-4407642	501 (C) (3)	588,000				PROGRAM OPERATING COSTS
DOMINICAN SISTERS OF PEACE 2320 AIRPORT DRIVE COLUMBUS, OH 43219	26-3550703	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
ECONOMIC & COMMUNITY DEVELOPMENT INSTITUTE 475 EAST MOUND STREET COLUMBUS, OH 43215	31-1145544	501 (C) (3)	30,000				PROGRAM OPERATING COSTS
ETHIOPIAN TEWAHEDO SOCIAL SERVICES 1060 MT VERNON AVE COLUMBUS, OH 43203	20-3525591	501 (C) (3)	100,000				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
FAITH MISSION INC 500 W WILSON BRIDGE RD 245 COLUMBUS, OH 43085	31-0809759	501 (C) (3)	45,000				PROGRAM OPERATING COSTS
FREEDOM A LA CART PO BOX 21987 COLUMBUS, OH 43221	26-3114093	501 (C) (3)	30,000				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
FURNITURE BANK OF CENTRAL OHIO 118 SOUTH YALE AVE COLUMBUS, OH 43222	31-1600869	501 (C) (3)	50,000				PROGRAM OPERATING COSTS
GLADDEN COMMUNITY HOUSE 183 HAWKES AVENUE COLUMBUS, OH 43223	31-4379476	501 (C) (3)	146,000				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
GODMAN GUILD ASSOCIATION 303 EAST SIXTH AVENUE COLUMBUS, OH 43201	31-4379478	501 (C) (3)	429,020				PROGRAM OPERATING COSTS
GOODWILL COLUMBUS 1331 EDGEHILL ROAD COLUMBUS, OH 43212	31-4379448	501 (C) (3)	280,000				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
HANDSON CENTRAL OHIO 1105 SCHROCK ROAD SUITE 100 COLUMBUS, OH 43229	31-1084722	501 (C) (3)	100,000				PROGRAM OPERATING COSTS
HOMEPORT 3443 AGLER RD COLUMBUS, OH 43219	31-1208260	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
HOMES ON THE HILL CDC 3659 SOLDANO BLVD COLUMBUS, OH 43228	31-1349995	501 (C) (3)	40,000				PROGRAM OPERATING COSTS
HUCKLEBERRY HOUSE INC 1421 HAMLET STREET COLUMBUS, OH 43201	31-0795573	501 (C) (3)	121,000				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
JEWISH FAMILY SERVICES 1421 HAMLET STREET COLUMBUS, OH 43201	31-0795573	501 (C) (3)	350,000				PROGRAM OPERATING COSTS
KALEIDOSCOPE YOUTH CENTER 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	23-1907729	501 (C) (3)	50,000				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
LEGAL AID SOCIETY OF COLUMBUS 1108 CITY PARK AVENUE COLUMBUS, OH 43206	31-4416407	501 (C) (3)	75,000				PROGRAM OPERATING COSTS
LIFECARE ALLIANCE 1699 WEST MOUND STREET COLUMBUS, OH 43223	31-4379494	501 (C) (3)	240,000				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
LSS CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE 500 W WILSON BRIDGE RD SUITE 245 WORTHINGTON, OH 43085	31-0910779	501 (C) (3)	80,000				PROGRAM OPERATING COSTS
LUTHERAN SOCIAL SERVICES 750 EAST BROAD STREET COLUMBUS, OH 43205	31-4412586	501 (C) (3)	75,000				PROGRAM OPERATING COSTS

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

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MENTAL HEALTH AMERICA OF FRANKLIN COUNTY INC 538 EAST TOWN STREET SUITE D COLUMBUS, OH 43215	31-4412697	501 (C) (3)	50,000				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
NNEMAP INC 677 EAST 11TH AVE COLUMBUS, OH 43211	31-0896363	501 (C) (3)	30,000				PROGRAM OPERATING COSTS
OHIO HEALTH FOUNDATION 700 CHILDRENS DR COLUMBUS, OH 43205	01-0782751	501 (C) (3)	45,000				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
PER SCHOLAS INC 804 EAST 138TH STREET 2ND FLOOR BRONX, NY 10454	04-3252955	501 (C) (3)	90,000				PROGRAM OPERATING COSTS
SALVATION ARMY - COLUMBUS 966 E MAIN ST COLUMBUS, OH 43205	13-5562351	501 (C) (3)	437,333				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)	30,000				PROGRAM OPERATING COSTS
SOUTH SIDE LEARNING & DEVELOPMENT CENTER 255 REEB AVENUE COLUMBUS, OH 43207	31-4379811	501 (C) (3)	404,000				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
ST STEPHEN'S COMMUNITY HOUSE 1500 EAST 17TH AVENUE COLUMBUS, OH 43219	31-4379568	501 (C) (3)	160,000				PROGRAM OPERATING COSTS
ST VINCENT FAMILY CENTERS 1490 EAST MAIN STREET COLUMBUS, OH 43205	31-4379572	501 (C) (3)	130,000				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
STAR HOUSE FOUNDATION 1220 CORRUGATED WAY COLUMBUS, OH 43201	47-1857320	501 (C) (3)	50,000				PROGRAM OPERATING COSTS
THE OHIO STATE UNIVERSITY FOUNDATION 1480 W LANE AVE COLUMBUS, OH 43221	31-1145986	501 (C) (3)	65,000				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
WESTERVILLE AREA RESOURCE MINISTRY 175-A E BROADWAY AVE WESTERVILLE, OH 43081	31-1640355	501 (C) (3)	50,000				PROGRAM OPERATING COSTS
YMCA OF CENTRAL OHIO 40 WEST LONG STREET 2ND FLOOR COLUMBUS, OH 43215	31-4379594	501 (C) (3)	782,000				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
YOUNG WOMEN'S CHRISTIAN ASSOCIATION 65 SOUTH FOURTH STREET COLUMBUS, OH 43215	31-4379597	501 (C) (3)	100,000				PROGRAM OPERATING COSTS
ACTION FOR CHILDREN 78 JEFFERSON AVENUE COLUMBUS, OH 43215	31-0820393	501 (C) (3)	11,116				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
CAMBODIAN MUTUAL ASSISTANCE ASSOC PO BOX 24238 COLUMBUS, OH 43224	31-0989049	501 (C) (3)	6,082				PROGRAM OPERATING COSTS
CATHOLIC SOCIAL SERVICES 197 EAST GAY STREET COLUMBUS, OH 43215	31-4379437	501 (C) (3)	19,365				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
CAUSEIMPACT LLC 1515 INDIANOLA AVENUE COLUMBUS, OH 43201	27-2868795	501 (C) (3)	59,500				PROGRAM OPERATING COSTS
CENTRAL CITY CHURCH PO BOX 12413 COLUMBUS, OH 43212	82-1567079	501 (C) (3)	7,000				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
CENTRAL COMMUNITY HOUSE 1150 EAST MAIN STREET COLUMBUS, OH 43205	31-4379438	501 (C) (3)	12,852				PROGRAM OPERATING COSTS
CHARITABLE PHARMACY OF CENTRAL OHIO INC 200 E LIVINGSTON AVE COLUMBUS, OH 43215	27-0147099	501 (C) (3)	14,425				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)	5,622				PROGRAM OPERATING COSTS
CLINTONVILLE BEECHWOLD COMMUNITY RESOURCES CENTER 14 WEST LAKEVIEW AVENUE COLUMBUS, OH 43202	31-0834578	501 (C) (3)	49,286				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 CHAMBER OF COMMERCE 150 SOUTH FRONT STREET COLUMBUS, OH 43215	31-4152950	501 (C) (3)	40,000				PROGRAM OPERATING COSTS
COLUMBUS CITY SCHOOLS 889 EAST 17TH AVE COLUMBUS, OH 43211	31-6400416	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
COLUMBUS EARLY LEARNING CENTERS 40 NORTH GRUBB STREET COLUMBUS, OH 43215	31-4379619	501 (C) (3)	44,808				PROGRAM OPERATING COSTS
COLUMBUS FOUNDATION 1234 E BROAD ST COLUMBUS, OH 43205	31-6044264	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
COLUMBUS SPEECH & HEARING CENTER 510 EAST NORTH BROADWAY COLUMBUS, OH 43214	31-4379449	501 (C) (3)	5,099				PROGRAM OPERATING COSTS
COMMUNITY DEVELOPMENT COLLABORATIVE OF GREATER COL 175 S THIRD STREET SUITE 1060 COLUMBUS, OH 43215	51-0476886	501 (C) (3)	32,500				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
COMMUNITY DEVELOPMENT FOR ALL PEOPLE 946 PARSONS AVENUE COLUMBUS, OH 43206	51-0476886	501 (C) (3)	290,316				PROGRAM OPERATING COSTS
COMMUNITY MEDIATION SERVICES OF CENTRAL OHIO 67 JEFFERSON AVENUE 2ND FLOOR COLUMBUS, OH 43215	31-1252085	501 (C) (3)	60,025				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 PROPERTIES OF OHIO IMPACT CORPORATION 910 E BROAD STREET COLUMBUS, OH 43205	31-1707264	501 (C) (3)	30,825				PROGRAM OPERATING COSTS
COMMUNITY SHELTER BOARD 111 WEST LIBERTY STREET SUITE 150 COLUMBUS, OH 43215	31-1181284	501 (C) (3)	201,615				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
CORNERSTONE CHRISTIAN FELLOWSHIP 4066 MAIN ST HILLIARD, OH 43026	31-1470505	501 (C) (3)	5,700				PROGRAM OPERATING COSTS
CULTIVATE COMMUNITY DEVELOPMENT CORPORATION 345 E 2ND AVE COLUMBUS, OH 43201	47-4564275	501 (C) (3)	10,625				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)	17,439				PROGRAM OPERATING COSTS
ETHIOPIAN TEWAHEDO SOCIAL SERVICES 1060 MT VERNON AVE COLUMBUS, OH 43203	20-3525591	501 (C) (3)	28,862				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
FUTUREREADY COLUMBUS 78 S 5TH STREET COLUMBUS, OH 43215	45-3819208	501 (C) (3)	15,000				PROGRAM OPERATING COSTS
GLADDEN COMMUNITY HOUSE 183 HAWKES AVENUE COLUMBUS, OH 43223	31-4379476	501 (C) (3)	14,275				PROGRAM OPERATING COSTS

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

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GLADDEN COMMUNITY HOUSE 183 HAWKES AVENUE COLUMBUS, OH 43223	31-4379476	501 (C) (3)	9,000				PROGRAM OPERATING COSTS
GLOBAL YOUTH PROTECTION AND DEVELOPMENT 1981 ZETTLER CENTER DR COLUMBUS, OH 43223	82-2039368	501 (C) (3)	5,000				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
GODMAN GUILD ASSOCIATION 303 EAST SIXTH AVENUE COLUMBUS, OH 43201	31-4379478	501 (C) (3)	296,621				PROGRAM OPERATING COSTS
HABITAT FOR HUMANITY 88 EAST BROAD ST STE 1800 COLUMBUS, OH 43215	20-1182119	501 (C) (3)	112,775				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)	66,869				PROGRAM OPERATING COSTS
ICSTARS COLUMBUS 1275 KINNEAR RD SUITE 236 COLUMBUS, OH 43212	81-3313445	501 (C) (3)	25,050				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
JEWISH FAMILY SERVICES 1421 HAMLET STREET COLUMBUS, OH 43201	31-0795573	501 (C) (3)	28,213				PROGRAM OPERATING COSTS
JUNIOR ACHIEVEMENT 62 EAST SECOND AVE COLUMBUS, OH 43201	31-4385042	501 (C) (3)	25,345				PROGRAM OPERATING COSTS

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

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LEGAL AID SOCIETY OF COLUMBUS 1108 CITY PARK AVENUE COLUMBUS, OH 43206	31-4416407	501 (C) (3)	14,927				PROGRAM OPERATING COSTS
LINCOLN THEATRE ASSOCIATION 55 E STATE STREET COLUMBUS, OH 43215	20-5886656	501 (C) (3)	8,000				PROGRAM OPERATING COSTS

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

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LOCAL MATTERS 633 PARSONS AVE COLUMBUS, OH 43205	06-1819644	501 (C) (3)	22,758				PROGRAM OPERATING COSTS
MAKING A DIFFERENCE INC 346 N 20TH STREET COLUMBUS, OH 43203	90-0588498	501 (C) (3)	8,940				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
MARION-FRANKLIN CIVIC ASSOCIATION 2664 DIANE PLACE COLUMBUS, OH 43207	31-1250698	501 (C) (3)	7,375				PROGRAM OPERATING COSTS
MID-OHIO FOODBANK 11625 W MOUND ST COLUMBUS, OH 43223	31-0865343	501 (C) (3)	32,882				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)	155,465				PROGRAM OPERATING COSTS
NEW DIRECTIONS CAREER CENTER 199 EAST RICH STREET COLUMBUS, OH 43215	31-1130384	501 (C) (3)	194,558				PROGRAM OPERATING COSTS

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

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NNEMAP INC 677 EAST 11TH AVE COLUMBUS, OH 43211	31-0896363	501 (C) (3)	26,855				PROGRAM OPERATING COSTS
NORTHLAND ALLIANCE INC 2821 LAKEWOOD DR COLUMBUS, OH 43231	31-1775450	501 (C) (3)	5,300				PROGRAM OPERATING COSTS

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

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PARTNERS ACHIEVING COMMUNITY TRANSFORMATION 211 TAYLOR AVENUE COLUMBUS, OH 43203	46-4290005	501 (C) (3)	22,525				PROGRAM OPERATING COSTS
PYRAMID COMMUNITY DEVELOPMENT CORPORATION 8282 DANBRIDGE WAY WESTERVILLE, OH 43082	81-2614509	501 (C) (3)	5,000				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
REACHING THE NATIONS INTERNATIONAL 837 E 2ND AVE COLUMBUS, OH 43201	36-4617643	501 (C) (3)	5,000				PROGRAM OPERATING COSTS
REEB AVENUE CENTER 280 REEB AVENUE COLUMBUS, OH 43207	46-3956659	501 (C) (3)	85,525				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
RICKENBACKER WOODS FOUNDATION 1330 E LIVINGSTON AVENUE COLUMBUS, OH 43205	05-0590212	501 (C) (3)	5,000				PROGRAM OPERATING COSTS
SEA CHANGE INCORPORATED 1271 W 1ST AVENUE COLUMBUS, OH 43212	83-3415451	501 (C) (3)	38,025				PROGRAM OPERATING COSTS

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

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SEVEN BASKETS COMMUNITY DEVELOPMENT CORP PO BOX 65 HILLIARD, OH 43026	45-4632187	501 (C) (3)	7,200				PROGRAM OPERATING COSTS
SHORT NORTH ALLIANCE INC 886 N HIGH ST COLUMBUS, OH 43215	45-4891723	501 (C) (3)	5,000				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
SOCIALVENTURES 471 HIGHGATE AVENUE WORTHINGTON, OH 43085	47-1396726	501 (C) (3)	20,225				PROGRAM OPERATING COSTS
SOUTH SIDE LEARNING & DEVELOPMENT CENTER 255 REEB AVENUE COLUMBUS, OH 43207	31-4379811	501 (C) (3)	16,345				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 STEPHEN'S COMMUNITY HOUSE 1500 EAST 17TH AVENUE COLUMBUS, OH 43219	31-4379568	501 (C) (3)	35,619				PROGRAM OPERATING COSTS
STORYFORGE LLC 629 NORTH HIGH STREET COLUMBUS, OH 43215	27-5459994	501 (C) (3)	16,198				PROGRAM OPERATING COSTS

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

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THE OHIO STATE UNIVERSITY FOUNDATION 1480 W LANE AVE COLUMBUS, OH 43221	31-1145986	501 (C) (3)	135,000				PROGRAM OPERATING COSTS
YAY BIKES 82 E 16TH AVE COLUMBUS, OH 43201	27-1603945	501 (C) (3)	5,000				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
YMCA OF CENTRAL OHIO 40 WEST LONG STREET 2ND FLOOR COLUMBUS, OH 43215	31-4379594	501 (C) (3)	16,190				PROGRAM OPERATING COSTS
YOUR LIFE HAS POSSIBILITIES 4296 REXWOOD ROAD COLUMBUS, OH 43230	83-3736636	501 (C) (3)	5,625				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
A KID AGAIN 6863 OAK CREEK DR COLUMBUS, OH 43229	31-1440073	501 (C) (3)	9,290				PROGRAM OPERATING COSTS
A SPECIAL WISH FOUNDATION (COLUMBUS) 1250 MEMORY LANE COLUMBUS, OH 43209	31-1055537	501 (C) (3)	11,281				PROGRAM OPERATING COSTS

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

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ACTION FOR CHILDREN 78 JEFFERSON AVENUE COLUMBUS, OH 43215	31-0820393	501 (C) (3)	43,104				PROGRAM OPERATING COSTS
ADOPT A STUDENT - WORTHINGTON CS 6670 WORTHINGTON GALENA RD COLUMBUS, OH 43085	27-1698164	501 (C) (3)	6,842				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
AGENCIES LESS THAN 5K 360 S THIRD STREET COLUMBUS, OH 43215		501 (C) (3)	83,498				PROGRAM OPERATING COSTS
ALL SAINTS EPISCOPAL CHURCH 5101 JOHNSTOWN RD NEW ALBANY, OH 43054	31-1576320	501 (C) (3)	9,990				PROGRAM OPERATING COSTS

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

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ALS ASSOCIATION CENTRAL AND SOUTHERN CHAPTER 1170 OLD HERSON RD COLUMBUS, OH 43220	31-1235704	501 (C) (3)	9,772				PROGRAM OPERATING COSTS
ALVIS HOUSE 2100 STELLA COURT COLUMBUS, OH 43215	31-0743167	501 (C) (3)	15,365				PROGRAM OPERATING COSTS

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ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE PO BOX 96011 WASHINGTON, DC 20090	13-3039601	501 (C) (3)	19,166				PROGRAM OPERATING COSTS
AMERICAN CANCER SOCIETY NATIONAL 250 WILLIAMS STREET ATLANTA, GA 30303	13-1788491	501 (C) (3)	12,499				PROGRAM OPERATING COSTS



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AMERICAN HEART ASSOCIATION - DALLAS 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501 (C) (3)	12,540				PROGRAM OPERATING COSTS
AMERICAN RED CROSS 995 EAST BROAD STREET COLUMBUS, OH 43205	31-0642918	501 (C) (3)	65,658				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 NAT'L HEADQUARTERS PO BOX 73857 CHICAGO, IL 60676	53-0196605	501 (C) (3)	5,539				PROGRAM OPERATING COSTS
AMERICA'S BEST CHARITIES FKA INDP CHARITIES OF AMERICA HUMAN CARE CHARITI 1000 LARKSPUR LANDING CIRCLE STE 340 LARKSPUR, CA 94939	94-3067804	501 (C) (3)	458,721				PROGRAM OPERATING COSTS

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

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AMERICA'S BEST LOCAL CHARITIES FKA LOCAL INDEPENDENT CHARITIES OF AMERICA 1000 LARKSPUR LANDING CIRCLE STE 340 LARKSPUR, CA 94939	94-3042430	501 (C) (3)	20,065				PROGRAM OPERATING COSTS
AMERICA'S CHARITIES 14150 NEWBROOK DR CHANTILLY, VA 20151	54-1517707	501 (C) (3)	91,910				PROGRAM OPERATING COSTS

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ARTHUR G JAMES CANCER HOSPITAL 300 W TENTH AVE STE 519 COLUMBUS, OH 43210	31-1301428	501 (C) (3)	13,946				PROGRAM OPERATING COSTS
ASPCA 455 EAST MOUND STREET COLUMBUS, OH 43215	31-1092242	501 (C) (3)	6,621				PROGRAM OPERATING COSTS

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AUTISM SPECTRUM DISORDER FOUND 228 WEST LINCOLN HIGHWAY SCHERERVILLE, IN 46375	20-8820570	501 (C) (3)	5,400				PROGRAM OPERATING COSTS
BEXLEY EDUCATION FOUNDATION 348 S CASSINGHAM RD BEXLEY, OH 43209	31-1463283	501 (C) (3)	8,749				PROGRAM OPERATING COSTS

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BIG BROTHERS BIG SISTERS OF CENTRAL OHIO INC 1855 EAST DUBLIN-GRANVILLE ROAD 1ST FLOOR COLUMBUS, OH 43229	31-4379429	501 (C) (3)	42,775				PROGRAM OPERATING COSTS
BOWLING GREEN STATE UNIVERSITY FOUNDATION MILETI ALUMNI CENTER BOWLING GREEN, OH 43403	34-6007199	501 (C) (3)	7,398				PROGRAM OPERATING COSTS

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BOY SCOUTS OF AMERICA SIMON KENTON COUNCIL 1901 EAST DUBLIN- GRANVILLE ROAD COLUMBUS, OH 43229	31-4388520	501 (C) (3)	27,532				PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF COLUMBUS 115 SOUTH GIFT STREET COLUMBUS, OH 43215	31-4387575	501 (C) (3)	32,882				PROGRAM OPERATING COSTS

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BROAD STREET FOOD PANTRY AND COMPASS 760 E BROAD STREET COLUMBUS, OH 43205	31-4380039	501 (C) (3)	15,750				PROGRAM OPERATING COSTS
BUCKEYE RANCH 5665 HOOVER ROAD GROVE CITY, OH 43123	31-0642111	501 (C) (3)	24,036				PROGRAM OPERATING COSTS



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CAMP WYANDOT 1890 NORTHWEST BLVD SUITE 130 COLUMBUS, OH 43212	31-4379434	501 (C) (3)	7,767				PROGRAM OPERATING COSTS
CANCER SUPPORT COMMUNITY CENTRAL OHIO 10330 SAWMILL PARKWAY SUITE 600 POWELL, OH 43065	20-1388385	501 (C) (3)	9,444				PROGRAM OPERATING COSTS

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CAPITAL AREA HUMANE SOCIETY 3015 SCIOTO DARBY HILLIARD, OH 43026	31-4379492	501 (C) (3)	15,713				PROGRAM OPERATING COSTS
CASA COURT APPOINTED SPECIAL ADVOCATES 373 S HIGH ST 15TH FL COLUMBUS, OH 43215	31-1322198	501 (C) (3)	7,731				PROGRAM OPERATING COSTS

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CATHOLIC SOCIAL SERVICES 197 EAST GAY STREET COLUMBUS, OH 43215	31-4379437	501 (C) (3)	106,012				PROGRAM OPERATING COSTS
CENTRAL OHIO DIABETES ASSOCIATION 1100 DENNISON AVENUE COLUMBUS, OH 43201	31-6054100	501 (C) (3)	11,853				PROGRAM OPERATING COSTS

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

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CENTRAL OHIO POISON CENTER AT NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-4379441	501 (C) (3)	23,209				PROGRAM OPERATING COSTS
CHARITABLE PHARMACY OF CENTRAL OHIO INC 200 E LIVINGSTON AVE COLUMBUS, OH 43215	27-0147099	501 (C) (3)	14,088				PROGRAM OPERATING COSTS

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CHILDHOOD LEAGUE CENTER 670 S 18TH ST COLUMBUS, OH 43205	31-6400177	501 (C) (3)	24,078				PROGRAM OPERATING COSTS
CHILDREN'S HUNGER ALLIANCE 1105 SCHROCK ROAD STE 505 COLUMBUS, OH 43229	23-7303509	501 (C) (3)	50,318				PROGRAM OPERATING COSTS

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

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CHOICES FOR VICTIMS OF DOMESTIC VIOLENCE C/O LUTHERAN SOCIAL SERVICES WORTHINGTON, OH 43085	31-0910779	501 (C) (3)	57,918				PROGRAM OPERATING COSTS
CHURCH OF THE RESURRECTION 6300 E DUBLIN GRANVILLE RD NEW ALBANY, OH 43054	31-1063977	501 (C) (3)	16,950				PROGRAM OPERATING COSTS

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

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CITY YEAR COLUMBUS 37 NORTH 3RD STREET COLUMBUS, OH 43215	22-2882549	501 (C) (3)	10,544				PROGRAM OPERATING COSTS
CLINTONVILLE BEECHWOLD COMMUNITY RESOURCES CENTER 14 WEST LAKEVIEW AVENUE COLUMBUS, OH 43202	31-0834578	501 (C) (3)	44,104				PROGRAM OPERATING COSTS

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COLUMBUS ACADEMY 4300 CHERRY BOTTOM RD COLUMBUS, OH 43230	31-4379445	501 (C) (3)	11,542				PROGRAM OPERATING COSTS
COLUMBUS ASSOC FOR THE PERFORMING ARTS (CAPA) 55 E STATE ST COLUMBUS, OH 43215	31-0749884	501 (C) (3)	9,626				PROGRAM OPERATING COSTS



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COLUMBUS COLLEGE OF ART & DESIGN (CCAD) 60 CLEVELAND AVE COLUMBUS, OH 43215	31-0820394	501 (C) (3)	10,800				PROGRAM OPERATING COSTS
COLUMBUS DOG CONNECTION 2761 JOHNSTOWN RD COLUMBUS, OH 43219	31-1648642	501 (C) (3)	8,989				PROGRAM OPERATING COSTS

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COLUMBUS EARLY LEARNING CENTERS 40 NORTH GRUBB STREET COLUMBUS, OH 43215	31-4379619	501 (C) (3)	58,984				PROGRAM OPERATING COSTS
COLUMBUS FOUNDATION 1234 E BROAD ST COLUMBUS, OH 43205	31-6044264	501 (C) (3)	324,112				PROGRAM OPERATING COSTS

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COLUMBUS MONTESSORI EDUCATION CENTER 979 S JAMES RD COLUMBUS, OH 43227	31-1105385	501 (C) (3)	8,867				PROGRAM OPERATING COSTS
COLUMBUS MUSEUM OF ART 480 E BROAD ST COLUMBUS, OH 43215	31-4379447	501 (C) (3)	10,246				PROGRAM OPERATING COSTS

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COLUMBUS POLICE FOUNDATION 1234 E BROAD ST COLUMBUS, OH 43205	37-1588250	501 (C) (3)	15,378				PROGRAM OPERATING COSTS
COLUMBUS SCHOOL FOR GIRLS 65 S DREXEL AVE COLUMBUS, OH 43209	31-4379452	501 (C) (3)	8,365				PROGRAM OPERATING COSTS

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COLUMBUS SPEECH & HEARING CENTER 510 EAST NORTH BROADWAY COLUMBUS, OH 43214	31-4379449	501 (C) (3)	19,834				PROGRAM OPERATING COSTS
COLUMBUS STATE DEVELOPMENT FOUNDATION 550 E SPRING STREET F-R 252 COLUMBUS, OH 43216	31-1035280	501 (C) (3)	6,147				PROGRAM OPERATING COSTS

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COLUMBUS SYMPHONY ORCHESTRA 55 EAST STATE ST COLUMBUS, OH 43215	31-6402408	501 (C) (3)	9,942				PROGRAM OPERATING COSTS
COLUMBUS URBAN LEAGUE 788 MOUNT VERNON AVENUE COLUMBUS, OH 43203	31-4379453	501 (C) (3)	15,025				PROGRAM OPERATING COSTS

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COLUMBUS ZOO AND AQUARIUM PO BOX 400 POWELL, OH 43065	31-4390844	501 (C) (3)	14,112				PROGRAM OPERATING COSTS
COMMUNITY DEVELOPMENT FOR ALL PEOPLE 946 PARSONS AVENUE COLUMBUS, OH 43206	51-0476886	501 (C) (3)	8,775				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 HEALTH CHARITIES PO BOX 75153 ALEXANDRIA, VA 21275	52-0728032	501 (C) (3)	224,836				PROGRAM OPERATING COSTS
COMMUNITY KITCHEN 640 SOUTH OHIO AVENUE COLUMBUS, OH 43205	31-1124774	501 (C) (3)	9,823				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 PROPERTIES OF OHIO IMPACT CORPORATION 910 E BROAD STREET COLUMBUS, OH 43205	31-1707264	501 (C) (3)	15,693				PROGRAM OPERATING COSTS
COMMUNITY SHARES OF MID-OHIO 3709 E BROAD ST ST3 490 COLUMBUS, OH 43215	31-1363943	501 (C) (3)	421,613				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)	28,871				PROGRAM OPERATING COSTS
CORNELL UNIVERSITY 377 PINE TREE RD ITHACA, NY 14850	15-0532082	501 (C) (3)	13,005				PROGRAM OPERATING COSTS

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

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COSI 333 W BROAD ST COLUMBUS, OH 43215	31-4383802	501 (C) (3)	10,143				PROGRAM OPERATING COSTS
CREATIVE LIVING 150 W 10TH AVE COLUMBUS, OH 43201	23-7159623	501 (C) (3)	12,666				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
DEAF INITIATIVE 563 S DAWSON AVE COLUMBUS, OH 43209	31-1589808	501 (C) (3)	13,500				PROGRAM OPERATING COSTS
DIRECTIONS FOR YOUTH AND FAMILIES 1515 INDIANOLA AVENUE COLUMBUS, OH 43201	31-4407642	501 (C) (3)	25,215				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
DOWN SYNDROME ASSOC OF CENTRAL OHIO 510 E NORTH BROADWAY COLUMBUS, OH 43214	31-1126185	501 (C) (3)	10,192				PROGRAM OPERATING COSTS
DRESS FOR SUCCESS 1204 N HIGH ST COLUMBUS, OH 43201	20-5112085	501 (C) (3)	5,714				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
EARTH SHARE OHIO (606) 4400 N HIGH ST STE 415 COLUMBUS, OH 43214	27-3918694	501 (C) (3)	178,772				PROGRAM OPERATING COSTS
EQUITAS HEALTH 4400 N HIGH ST 300 COLUMBUS, OH 43214	31-1126780	501 (C) (3)	22,549				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
ETHIOPIAN TEWAHEDO SOCIAL SERVICES 1060 MT VERNON AVE COLUMBUS, OH 43203	20-3525591	501 (C) (3)	5,687				PROGRAM OPERATING COSTS
FIDELITY INVESTMENTS CHARITABLE GIFT FUND FIDELITY CHARITABLE 200 SEAPORT BOULEVARD BOSTON, MA 02210	11-0303001	501 (C) (3)	9,000				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
FIVE14 CHURCH PO BOX 361 NEW ALBANY, OH 43054	27-1173445	501 (C) (3)	8,131				PROGRAM OPERATING COSTS
FLYING HORSE FARM 225 GREEN MEADOWS DR S STE A LEWIS CENTER, OH 43035	20-3498125	501 (C) (3)	16,322				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
FOUNDATION OF THE CATHOLIC DIOCESE OF COLUMBUS 257 EAST BROAD STREET COLUMBUS, OH 43215	31-1116640	501 (C) (3)	12,754				PROGRAM OPERATING COSTS
FRANKLIN COUNTY CHILDREN SERVICES 855 WEST MOUND ST COLUMBUS, OH 43223	31-6400067	501 (C) (3)	8,155				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)	6,662				PROGRAM OPERATING COSTS
FUTURE POSSIBILITIES 471 EAST BROAD ST COLUMBUS, OH 43215	13-3790651	501 (C) (3)	16,940				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
GAHANNA-JEFFERSON EDUCATION FOUNDATION 160 SOUTH HAMILTON RD GAHANNA, OH 43230	81-0576974	501 (C) (3)	6,558				PROGRAM OPERATING COSTS
GIRL SCOUTS OF OHIO'S HEARTLAND COUNCIL INC 1700 WATERMARK DRIVE COLUMBUS, OH 43215	31-4379475	501 (C) (3)	7,054				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
GIRLS ON THE RUN 1145 CHESAPEAKE AVE SUITE L COLUMBUS, OH 43212	32-0256159	501 (C) (3)	5,946				PROGRAM OPERATING COSTS
GLADDEN COMMUNITY HOUSE 183 HAWKES AVENUE COLUMBUS, OH 43223	31-4379476	501 (C) (3)	16,228				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
GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384	52-1273585	501 (C) (3)	13,374				PROGRAM OPERATING COSTS
GODMAN GUILD ASSOCIATION 303 EAST SIXTH AVENUE COLUMBUS, OH 43201	31-4379478	501 (C) (3)	26,529				PROGRAM OPERATING COSTS

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

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GOODWILL COLUMBUS 1331 EDGEHILL ROAD COLUMBUS, OH 43212	31-4379448	501 (C) (3)	14,408				PROGRAM OPERATING COSTS
GREATER CLEVELAND COMMUNITY SHARES 3631 PERKINS 3RD FLOOR CLEVELAND, OH 44113	34-1493880	501 (C) (3)	238,114				PROGRAM OPERATING COSTS

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

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HABITAT FOR HUMANITY 88 EAST BROAD ST STE 1800 COLUMBUS, OH 43215	20-1182119	501 (C) (3)	10,425				PROGRAM OPERATING COSTS
HABITAT FOR HUMANITY OF OHIO 88 EAST BROAD ST STE 1800 COLUMBUS, OH 43215	20-1182119	501 (C) (3)	30,919				PROGRAM OPERATING COSTS

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

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HERITAGE CHRISTIAN CHURCH 7413 MAXTOWN RD WESTERVILLE, OH 43082	31-1273346	501 (C) (3)	5,801				PROGRAM OPERATING COSTS
HOMELESS FAMILIES FOUNDATION 651 W BROAD ST COLUMBUS, OH 43215	31-1179492	501 (C) (3)	13,698				PROGRAM OPERATING COSTS



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HOMEPORT 3443 AGLER RD COLUMBUS, OH 43219	31-1208260	501 (C) (3)	10,318				PROGRAM OPERATING COSTS
HUCKLEBERRY HOUSE INC 1421 HAMLET STREET COLUMBUS, OH 43201	31-0795573	501 (C) (3)	26,870				PROGRAM OPERATING COSTS

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I KNOW I CAN 3798 E BROAD ST COLUMBUS, OH 43213	31-1721455	501 (C) (3)	30,167				PROGRAM OPERATING COSTS
INDIAN RUN UNITED METHODIST CHURCH 6305 BRAND RD DUBLIN, OH 43016	31-1195560	501 (C) (3)	5,220				PROGRAM OPERATING COSTS

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JEANNE B MCCOY COMMUNITY CENTER FOR THE ARTS PO BOX 508 NEW ALBANY, OH 43054	26-0388623	501 (C) (3)	8,660				PROGRAM OPERATING COSTS
JEWISH COMMUNITY CENTER OF GREATER COLUMBUS 1125 COLLEGE AVENUE COLUMBUS, OH 43209	31-4379496	501 (C) (3)	15,564				PROGRAM OPERATING COSTS

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JEWISH FAMILY SERVICES 1421 HAMLET STREET COLUMBUS, OH 43201	31-0795573	501 (C) (3)	31,456				PROGRAM OPERATING COSTS
JEWISH FEDERATION OF COLUMBUS 1175 COLLEGE AVE COLUMBUS, OH 43209	31-0838745	501 (C) (3)	26,757				PROGRAM OPERATING COSTS

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

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JUNIOR ACHIEVEMENT 62 EAST SECOND AVE COLUMBUS, OH 43201	31-4385042	501 (C) (3)	20,376				PROGRAM OPERATING COSTS
JUVENILE DIABETES RESEARCH FOUNDATION (NY) 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	23-1907729	501 (C) (3)	11,624				PROGRAM OPERATING COSTS

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KALEIDOSCOPE YOUTH CENTER 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	23-1907729	501 (C) (3)	24,457				PROGRAM OPERATING COSTS
KIPP COLUMBUS 2900 INSPIRE DRIVE COLUMBUS, OH 43224	20-8627107	501 (C) (3)	8,248				PROGRAM OPERATING COSTS

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LEGAL AID SOCIETY OF COLUMBUS 1108 CITY PARK AVENUE COLUMBUS, OH 43206	31-4416407	501 (C) (3)	17,079				PROGRAM OPERATING COSTS
LESS THAN 5000 360 S THIRD STREET COLUMBUS, OH 43215		501 (C) (3)	797,147				PROGRAM OPERATING COSTS

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

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LIFECARE ALLIANCE 1699 WEST MOUND STREET COLUMBUS, OH 43223	31-4379494	501 (C) (3)	91,550				PROGRAM OPERATING COSTS
LIFEPOINT CHURCH 7719 GRAPHICS WAY SUITE B LEWIS CENTER, OH 43035	31-0904069	501 (C) (3)	8,730				PROGRAM OPERATING COSTS



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

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LIMITED BRANDS FOUNDATIONMAST CARES 1234 E BROAD ST COLUMBUS, OH 43205	31-6044264	501 (C) (3)	169,759				PROGRAM OPERATING COSTS
LORI SCHOTTENSTEIN CHABAD HOUSE PO BOX 80 NEW ALBANY, OH 43054	31-1427001	501 (C) (3)	45,117				PROGRAM OPERATING COSTS

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LUTHERAN SOCIAL SERVICES 750 EAST BROAD STREET COLUMBUS, OH 43205	31-4412586	501 (C) (3)	75,581				PROGRAM OPERATING COSTS
MAAFRIKA TIKKUN USA 535 E 72ND ST 2 NEW YORK, NY 10021	13-4095132	501 (C) (3)	5,664				PROGRAM OPERATING COSTS

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MAKE A WISH FOUNDATION OF GREATER OH & KY 2545 FARMERS DR STE 300 COLUMBUS, OH 43235	34-1471131	501 (C) (3)	12,961				PROGRAM OPERATING COSTS
MARYHAVEN INC 1791 ALUM CREEK DRIVE COLUMBUS, OH 43207	31-0732345	501 (C) (3)	27,775				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)	21,802				PROGRAM OPERATING COSTS
MID-OHIO FOODBANK 11625 W MOUND ST COLUMBUS, OH 43223	31-0865343	501 (C) (3)	222,477				PROGRAM OPERATING COSTS

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MISSION AVIATION FELLOWSHIP PO BOX 47 NAMPA, ID 83653	95-1920983	501 (C) (3)	7,385				PROGRAM OPERATING COSTS
MULTIPLE SCLEROSIS RESEARCH INSTITUTE 1341 N DELAWARE AVE PHILADELPHIA, PA 19125	20-1354368	501 (C) (3)	9,000				PROGRAM OPERATING COSTS

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MUSLIM FAMILY SERVICES OF OHIO PO BOX 14023 COLUMBUS, OH 43214	31-1795601	501 (C) (3)	7,875				PROGRAM OPERATING COSTS
NATIONAL MULTIPLE SCLEROSIS SOCIETY (NY) 733 3RD AVE 3TH FL NEW YORK, NY 10017	13-5661935	501 (C) (3)	12,817				PROGRAM OPERATING COSTS

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NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION 700 CHILDRENS DR COLUMBUS, OH 43205	01-0782751	501 (C) (3)	37,108				PROGRAM OPERATING COSTS
NCBC HUMAN SERVICES CORPORATION 3360 KOHR BLVD COLUMBUS, OH 43224	31-1469146	501 (C) (3)	11,754				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
NEIGHBOR TO NATION 44330 PREMIER PLAZA SUITE 220 ASHBURN, VA 20147	54-1879282	501 (C) (3)	15,160				PROGRAM OPERATING COSTS
NEW ALBANY COMMUNITY FOUNDATION 220 MARKET ST NEW ALBANY, OH 43054	31-1409264	501 (C) (3)	10,024				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
NEW BIRTH CHRISTIAN MINISTRIES 3475 REFUGEE ROAD COLUMBUS, OH 43232	31-1498337	501 (C) (3)	7,346				PROGRAM OPERATING COSTS
NEW DIRECTIONS CAREER CENTER 199 EAST RICH STREET COLUMBUS, OH 43215	31-1130384	501 (C) (3)	6,892				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 HEALTH FOUNDATION 700 CHILDRENS DR COLUMBUS, OH 43205	01-0782751	501 (C) (3)	63,701				PROGRAM OPERATING COSTS
OHIO WESLEYAN UNIVERSITY 61 S SANDUSKY ST DELWARE, OH 43015	31-4379585	501 (C) (3)	5,670				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
PARENTS OF MURDERED CHILDREN-NATIONAL 4960 RIDGE AVE SUITE 2 CINCINNATI, OH 45209	31-1023437	501 (C) (3)	6,860				PROGRAM OPERATING COSTS
PERFECT PET ADOPTION CENTER INC 3721 27TH PL WEST 205 SEATTLE, WA 98199	20-1551946	501 (C) (3)	12,882				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
PLANNED PARENTHOOD OF GREATER OHIO 206 E STATE ST COLUMBUS, OH 43215	34-1015976	501 (C) (3)	84,586				PROGRAM OPERATING COSTS
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL OHIO 711 E LIVINGSTON AVE COLUMBUS, OH 43205	31-0890152	501 (C) (3)	11,458				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
RULING OUR EXPERIENCES INC (ROX) 1335 DUBLIN ROAD SUITE 18A COLUMBUS, OH 43215	27-2913874	501 (C) (3)	11,402				PROGRAM OPERATING COSTS
SAFELITE CHARTIABLE FOUNDATION 2000 FARMERS DR COLUMBUS, OH 43235	20-3683768	501 (C) (3)	23,938				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
SALVATION ARMY - COLUMBUS 966 E MAIN ST COLUMBUS, OH 43205	13-5562351	501 (C) (3)	134,739				PROGRAM OPERATING COSTS
SERVING OUR NEIGHBORS MINISTRIES INC 4567 COOLBROOK HILLIARD, OH 43026	26-4449380	501 (C) (3)	5,904				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)	9,035				PROGRAM OPERATING COSTS
SOUTHEAST TESTAMENT 455 CLARK STATE RD GAHANNA, OH 43230	20-2501213	501 (C) (3)	13,294				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 BRENDAN THE NAVIGATOR CHURCH 4475 DUBLIN ROAD HILLIARD, OH 43026	31-0678677	501 (C) (3)	11,430				PROGRAM OPERATING COSTS
ST FRANCIS DESALES HIGH SCHOOL 4212 KARL ROAD COLUMBUS, OH 43224	31-0644788	501 (C) (3)	21,654				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 JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	35-1044585	501 (C) (3)	7,412				PROGRAM OPERATING COSTS
ST MATTHEW'S THE APOSTLE CHURCH 807 HAVENS CORNER RD COLUMBUS, OH 43230	31-1034986	501 (C) (3)	5,123				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 STEPHEN'S COMMUNITY HOUSE 1500 EAST 17TH AVENUE COLUMBUS, OH 43219	31-4379568	501 (C) (3)	28,788				PROGRAM OPERATING COSTS
ST VINCENT DEPAUL - HOLY SPIRIT 4383 E BROAD ST COLUMBUS, OH 43213	26-4375976	501 (C) (3)	11,777				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)	49,998				PROGRAM OPERATING COSTS
STAR HOUSE FOUNDATION 1220 CORRUGATED WAY COLUMBUS, OH 43201	47-1857320	501 (C) (3)	34,488				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
STONEWALL COLUMBUS 1160 NORTH HIGH ST COLUMBUS, OH 43201	31-1189481	501 (C) (3)	17,735				PROGRAM OPERATING COSTS
TEMPLE ISRAEL 431 EAST BROAD ST COLUMBUS, OH 43215	31-4384145	501 (C) (3)	5,127				PROGRAM OPERATING COSTS

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

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THE CHILDREN'S HEART FOUNDATION PO BOX 244 LINCOLNSHIRE, IL 60069	36-4077528	501 (C) (3)	7,200				PROGRAM OPERATING COSTS
THE CORE CENTER TOTAL 652 W CENTRAL AVE STE 30 DELAWARE, OH 43015	14-1859394	501 (C) (3)	8,291				PROGRAM OPERATING COSTS

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

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THE OHIO STATE UNIVERSITY FOUNDATION 1480 W LANE AVE COLUMBUS, OH 43221	31-1145986	501 (C) (3)	173,270				PROGRAM OPERATING COSTS
UNCF COLLEGE FUND COLUMBUS OFFICE 341 S THIRD STREET COLUMBUS, OH 43215	13-1624241	501 (C) (3)	27,462				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
UNITED SCHOOLS NETWORK 1469 E MAIN ST COLUMBUS, OH 43205	46-2265149	501 (C) (3)	7,607				PROGRAM OPERATING COSTS
UNITED WAY OF GREENBRIER VALLEY 809 S JEFFERSON ST LEWISBURG, WV 24901	55-0665618	501 (C) (3)	11,070				PROGRAM OPERATING COSTS

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

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UNITED WAY WORLDWIDE 701 N FAIRFAX ST ALEXANDRIA, VA 22314	13-1635294	501 (C) (3)	12,462				PROGRAM OPERATING COSTS
URBAN CONCERN 1000 BONHAM AVE COLUMBUS, OH 43211	31-1327346	501 (C) (3)	21,545				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
UW OF CLARK CHAMPAIGN & MADISON COUNTIES PO BOX 59 SPRINGFIELD, OH 45501	31-0549095	501 (C) (3)	8,329				PROGRAM OPERATING COSTS
UW OF DELAWARE COUNTY PO BOX 319 DELAWARE, OH 43015	31-4123889	501 (C) (3)	192,527				PROGRAM OPERATING COSTS

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

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UW OF FAIRFIELD COUNTY 115 S BROAD ST LANCASTER, OH 43130	31-0644804	501 (C) (3)	110,632				PROGRAM OPERATING COSTS
UW OF GREATER CINCINNATI 2400 READING RD CINCINNATI, OH 45202	31-0537502	501 (C) (3)	5,074				PROGRAM OPERATING COSTS

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UW OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115	34-6516654	501 (C) (3)	7,599				PROGRAM OPERATING COSTS
UW OF KNOX COUNTY 110 E HIGH ST MT VERNON, OH 43050	31-4411236	501 (C) (3)	6,343				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
UW OF LICKING COUNTY PO BOX 4490 NEWARK, OH 43058	31-4379455	501 (C) (3)	88,800				PROGRAM OPERATING COSTS
UW OF MUSKINGUM PERRY MORGAN COUNTIES 526 PUTNAM AVE ZANESVILLE, OH 43701	31-4379456	501 (C) (3)	5,819				PROGRAM OPERATING COSTS

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

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UW OF NORTH CENTRAL OH-MARION WYNDOT & CRAWFORD 125 EXECUTIVE DR STE 100 MARION, OH 43302	31-0641236	501 (C) (3)	8,868				PROGRAM OPERATING COSTS
UW OF PALM BEACH COUNTY 477 S ROSEMARY AVE SUITE 230 WEST PALM BEACH, FL 33401	59-0683258	501 (C) (3)	45,000				PROGRAM OPERATING COSTS

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UW OF PICKAWAY COUNTY PO BOX 292 CIRCLEVILLE, OH 43113	31-0996118	501 (C) (3)	19,654				PROGRAM OPERATING COSTS
UW OF RICHLAND COUNTY 35 N PARK ST MANSFIELD, OH 44902	34-0714455	501 (C) (3)	11,792				PROGRAM OPERATING COSTS

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UW OF THE GREATER DAYTON AREA 33 WEST 1ST ST STE 500 DAYTON, OH 45402	31-0536658	501 (C) (3)	8,523				PROGRAM OPERATING COSTS
UW OF UNION COUNTY PO BOX 145 MARYSVILLE, OH 43040	71-0338355	501 (C) (3)	46,283				PROGRAM OPERATING COSTS

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VICTORY MINISTRIES MISSION 2955 SWITZER AVE COLUMBUS, OH 43219	31-1117522	501 (C) (3)	15,325				PROGRAM OPERATING COSTS
VINEYARD COMMUNITY CENTER 6000 COOPER RD WESTERVILLE, OH 43081	75-3210233	501 (C) (3)	24,087				PROGRAM OPERATING COSTS



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VOICECORPS READING SERVICE 2955 WEST BROAD STREET COLUMBUS, OH 43204	34-1169085	501 (C) (3)	5,382				PROGRAM OPERATING COSTS
WELLINGTON SCHOOL 3650 REED RD COLUMBUS, OH 43220	31-0977200	501 (C) (3)	5,400				PROGRAM OPERATING COSTS

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WESTERVILLE AREA RESOURCE MINISTRY 175-A E BROADWAY AVE WESTERVILLE, OH 43081	31-1640355	501 (C) (3)	5,426				PROGRAM OPERATING COSTS
WOMEN'S FUND OF CENTRAL OHIO 2323 WEST 5TH AVENUE SUITE 230 COLUMBUS, OH 43204	31-1784310	501 (C) (3)	5,068				PROGRAM OPERATING COSTS

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YMCA OF CENTRAL OHIO 40 WEST LONG STREET 2ND FLOOR COLUMBUS, OH 43215	31-4379594	501 (C) (3)	22,368				PROGRAM OPERATING COSTS
YOUNG WOMEN'S CHRISTIAN ASSOCIATION 65 SOUTH FOURTH STREET COLUMBUS, OH 43215	31-4379597	501 (C) (3)	30,911				PROGRAM OPERATING COSTS

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AGENCIES LESS THAN 5K 360 S THIRD STREET COLUMBUS, OH 43215		501 (C) (3)	126,705				PROGRAM OPERATING COSTS
DESIGNATIONS TO OTHER UNITED WAYS AND AGENCIES PAID DIRECTLY BY THIRD-PARTY 360 S THIRD STREET COLUMBUS, OH 43215		501 (C) (3)	1,519,361				PROGRAM OPERATING COSTS

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**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.**

**2019**

**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 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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b 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 on Line 1a?</p>	2 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 border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<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> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a Yes									
	4b Yes									
	4c	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> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	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> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	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>	7	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>	8	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>	9									

**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> MICHAEL WILKOS SVP COMMUNITY IMPACT	(i)	164,589	0	0	10,027	1,870	176,486	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> KATRINA BURRIER SVP RESOURCE DEVELOPMENT	(i)	159,508	0	0	0	3,957	163,465	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> CHERYL NELSON SVP FINANCE, CFO	(i)	180,771	0	0	11,143	4,028	195,942	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> LISA S COURTICE PRESIDENT & CEO	(i)	272,410	14,625	0	16,778	4,368	308,181	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, 2019 WERE \$4,380.
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 OH. ANY MEMBER OF THE COMPENSATION COMMITTEE WHO HAS A CONFLICT OF INTEREST IN THE SETTING OF COMPENSATION MUST DECLARE THE CONFLICT BEFORE ANY DISCUSSIONS TAKE PLACE AND THE COMMITTEE WILL DETERMINE WHETHER THE MEMBER DECLARING THE CONFLICT CAN PARTICIPATE IN THE DISCUSSION AND FINAL DECISION. THE COMPENSATION COMMITTEE ALSO REVIEWS THE CEO'S RECOMMENDATIONS FOR OTHER SENIOR MANAGEMENT COMPENSATION, INCLUDING COMPARABLE MARKET DATA USED IN MAKING THOSE RECOMMENDATIONS. THE COMPENSATION COMMITTEE RECORDS ITS CONSIDERATION OF THE CEO'S RECOMMENDATIONS, THE MARKET DATA CONSIDERED AND WHETHER THE CEO'S RECOMMENDATIONS WERE ACCEPTED, ALTERED (INCLUDING THE ALTERATIONS) OR REJECTED.
PART I, LINES 4A-B	FORMER OFFICER, ANGEL HARRIS, RECEIVED SEVERANCE PAYMENTS TOTALING \$59,318 IN CALENDAR YEAR 2019.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2019

Open to Public Inspection

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 for instructions and the latest information.

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 section 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

Table with 5 columns: (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 the 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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (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

**2019**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](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	365,576	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

<b>29</b>	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
<b>30a</b>		No
<b>31</b>	Yes	
<b>32a</b>		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?

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

b If "Yes," describe in Part II

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

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

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

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2019****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, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	PROCESS FOR CEO AND SENIOR MANAGEMENT COMPENSATION REVIEW THE UNITED WAY OF CENTRAL OHIO EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE TOTAL COMPENSATION (INCLUDING ALL BENEFITS) OF THE CEO ANNUALLY THIS INFORMATION IS ALSO SHARED WITH THE FULL BOARD THE MOST RECENT REVIEW OCCURRED IN MARCH 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.