

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

**A** For the **2021** calendar year, or tax year beginning **2021**, and ending **2020**

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

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

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

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

**G** Gross receipts \$ **211,593,781**

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

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

**J** Website: ▶ **WWW.UWGC.ORG**

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

**L** Year of formation: **1920** **M** State of legal domicile: **OH**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>UNITED WAY LEADS AND MOBILIZES THE CARING POWER OF INDIVIDUALS AND ORGANIZATIONS TO HELP PEOPLE MEASURABLY IMPROVE THEIR LIVES.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>37</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>36</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>132</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>4,225</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 67,087,030	<b>Current Year</b> 42,460,343
	<b>9</b>	Program service revenue (Part VIII, line 2g)	578,095	474,168
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	345,508	784,992
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	158,345	102,552
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>68,168,978</b>	<b>43,822,055</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	30,938,128	19,952,345
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,237,997	6,864,770
	<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) ▶ <u>2,927,187</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,713,840	5,467,922
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>44,889,965</b>	<b>32,285,037</b>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>23,279,013</b>	<b>11,537,018</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 86,748,519	<b>End of Year</b> 87,410,500
	<b>21</b>	Total liabilities (Part X, line 26)	29,514,530	18,949,144
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>57,233,989</b>	<b>68,461,356</b>

**Part II Signature Block**

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

**Sign Here**

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

**Paid Preparer Use Only**

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

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

**Part III Statement of Program Service Accomplishments**

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 16,610,603 including grants of \$ 12,447,609 ) (Revenue \$ 0 )  
COMMUNITY IMPACT SOLUTIONS

SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 7,502,936 including grants of \$ 7,502,936 ) (Revenue \$ 96,002 )  
DONOR DESIGNATIONS

SEE SCHEDULE O

**4c** (Code: ) (Expenses \$ 1,767,654 including grants of \$ 1,800 ) (Revenue \$ 474,168 )  
DIRECT SERVICES

SEE SCHEDULE O

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 25,881,193

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	132		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			✓
<b>b</b>	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	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? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

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

**RANDY BUSH, 2400 READING ROAD, CINCINNATI, OH 45202, (513) 762-7100**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOIRA WEIR PRESIDENT & CEO	59.0 1.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					420,215	0	40,391
(2) BRIAN GREGG CHIEF COMMUNICATIONS OFFICER	50.0					<input checked="" type="checkbox"/>		154,591	0	21,314
(3) CHANDRA MATHEWS-SMITH CHIEF COMMUNITY ENGAGEMENT OFFICER	45.0					<input checked="" type="checkbox"/>		129,680	0	30,909
(4) MIKE BAKER CHIEF IMPACT STRATEGY OFFICER	50.0					<input checked="" type="checkbox"/>		145,311	0	6,738
(5) RANDY BUSH CHIEF FINANCIAL OFFICER	49.0 1.0			<input checked="" type="checkbox"/>				134,271	0	17,169
(6) CHARLES WRIGHT CHIEF OPERATING OFFICER TERMED 2021	49.0 1.0			<input checked="" type="checkbox"/>				136,730	0	12,506
(7) TERENCE SHERRER DIRECTOR, MIDDLETOWN AREA CENTER	45.0					<input checked="" type="checkbox"/>		100,016	0	14,114
(8) BARBARA TURNER CHAIR	2.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					0	0	0
(9) BRIAN HODGETT CHAIR ELECT	2.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					0	0	0
(10) KIM CHIODI SECRETARY	2.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					0	0	0
(11) MICHAEL COMER TREASURER	2.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					0	0	0
(12) ADAM HALL BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(13) ALICIA BOND-LEWIS BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(14) AMANDA NEELEY BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ARCHIE BROWN BOARD MEMBER, END 2021	1.0	<input checked="" type="checkbox"/>						0	0	0
(16) BRIAN GRIFFIN BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(17) CARY SIERZ BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) CHARLES SESSION, JR. VICE CHAIR - IMPACT	1.0	<input checked="" type="checkbox"/>						0	0	0
(19) CHRISTOPHER HEEKIN BOARD MEMBER	1.0 2.0	<input checked="" type="checkbox"/>						0	0	0
(20) DARIN DITOMMASO BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(21) DARRYL HALEY BOARD MEMBER, END 2021	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) DEBORAH HAYES BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(23) DERRICK BRAZIEL BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(24) DR. ASHISH VAIDYA BOARD MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								1,220,814	0	143,141
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								1,220,814	0	143,141

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 7

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE PARTNERSHIP CENTER, LTD., 2134 ALPINE PLANCE, CINCINNATI, OH 45206	PROFESSIONAL SERVICES	146,344
NANCY DIRKSE DEWITT, LLC, PO BOX 1060, SAUGATUCK, MI 49453	PROFESSIONAL SERVICES	143,000
STRATUSLIVE, LLC, 6465 COLLEGE PARK SQUARE, VIRGINIA BEACH, VA 23464	TECHNOLOGY SERVICES	132,124
INTERLINK CLOUD ADVISORS, 3510 IRWIN SIMPSON ROAD, MASON, OH 45040	PROFESSIONAL SERVICES	101,230

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 4



**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> 83,587				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 19,800				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 1,506,058				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 780,784				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 40,070,114				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 1,764,758				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		42,460,343			
	<b>Program Service Revenue</b>			Business Code			
<b>2a</b>		RENTAL INCOME FROM AGENCIES	531120	227,988	227,988	0	
<b>b</b>		CENTRAL SERVICES-ACCOUNTING FEES	561499	78,125	78,125	0	
<b>c</b>		CENTRAL SERVICES-ADMINISTRATIVE SERVICES	561000	117,518	117,518	0	
<b>d</b>		VOLUNTEER CONNECTION - PROG FEE	900099	30,659	30,659	0	
<b>e</b>		DIRECT SERVICES-UW 211	900099	5,738	5,738	0	
<b>f</b>		All other program service revenue . . . . .	900099	14,140	14,140	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶		474,168			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		478,990	0	0	
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶		0	0	0	
	<b>5</b>	Royalties . . . . . ▶		0	0	0	
	<b>6a</b>	Gross rents . . . . .	(i) Real	0			
			(ii) Personal	0			
			<b>6a</b>	0			
	<b>b</b>	Less: rental expenses	<b>6b</b>	0			
	<b>c</b>	Rental income or (loss)	<b>6c</b>	0			
	<b>d</b>	Net rental income or (loss) . . . . . ▶		0	0	0	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	167,558,986			
			(ii) Other	489,500			
			<b>7a</b>	167,558,986	489,500		
			<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	167,467,801	274,683
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	91,185	214,817		
	<b>d</b>	Net gain or (loss) . . . . . ▶		306,002	0	0	
	<b>8a</b>	Gross income from fundraising events (not including \$ 19,800 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	12,650			
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	17,002				
<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶		(4,352)		0		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	0				
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	0				
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶		0	0	0		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	16,416				
		<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	12,240		
		<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶		4,176	0	0
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>	CREDIT CARD REBATE	900099	1,299	0	1,299	
	<b>b</b>	WELLNESS GRANT	900099	2,364	0	2,364	
	<b>c</b>	OUTSIDE DESIGNATION	900099	96,002	96,002	0	
	<b>d</b>	All other revenue . . . . .	900099	3,063	0	3,063	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		102,728				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		43,822,055	570,170	0	791,542	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	19,952,345	19,952,345		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0	0		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b>	Benefits paid to or for members . . . . .	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	761,282	129,500	479,322	152,460
<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) . . . . .	0	0	0	0
<b>7</b>	Other salaries and wages . . . . .	5,227,526	2,482,537	1,115,499	1,629,490
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	52,586	24,889	10,578	17,119
<b>9</b>	Other employee benefits . . . . .	369,714	166,503	83,918	119,293
<b>10</b>	Payroll taxes . . . . .	453,662	205,328	111,524	136,810
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	44,762		44,762	
<b>c</b>	Accounting . . . . .	64,425		64,425	
<b>d</b>	Lobbying . . . . .	58,100		58,100	
<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.) . . . . .	1,078,996	712,847	306,511	59,638
<b>12</b>	Advertising and promotion . . . . .	69,315	36,616	13,749	18,950
<b>13</b>	Office expenses . . . . .	353,522	138,943	148,065	66,514
<b>14</b>	Information technology . . . . .	960,385	548,312	154,738	257,335
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	515,635	246,463	269,172	
<b>17</b>	Travel . . . . .	17,145	10,767	3,765	2,613
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	149,455	118,189	14,548	16,718
<b>20</b>	Interest . . . . .	1,230	539	323	368
<b>21</b>	Payments to affiliates . . . . .	806,100	353,314	211,440	241,346
<b>22</b>	Depreciation, depletion, and amortization . . . . .	576,805	252,808	151,314	172,683
<b>23</b>	Insurance . . . . .	107,124	32,277	56,340	18,507
<b>24</b>	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b>	MISCELLANEOUS EXPENSE . . . . .	97,968	3,532	77,093	17,343
<b>b</b>	PROGRAM SUPPLIES . . . . .	566,955	566,955		
<b>c</b>	-----				
<b>d</b>	-----				
<b>e</b>	All other expenses . . . . .	0	0	0	0
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	32,285,037	25,982,664	3,375,186	2,927,187
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	500	<b>1</b>	1,011,667
	<b>2</b> Savings and temporary cash investments . . . . .	33,437,819	<b>2</b>	15,727,488
	<b>3</b> Pledges and grants receivable, net . . . . .	16,995,871	<b>3</b>	14,385,462
	<b>4</b> Accounts receivable, net . . . . .	3,216,686	<b>4</b>	1,895,033
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	400,000	<b>7</b>	598,771
	<b>8</b> Inventories for sale or use . . . . .	11,312	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	120,728	<b>9</b>	94,262
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 16,995,056		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 6,188,681	11,534,405	<b>10c</b> 10,806,375
	<b>11</b> Investments—publicly traded securities . . . . .	19,860,505	<b>11</b>	41,640,854
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,170,693	<b>15</b>	1,250,588
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	86,748,519	<b>16</b>	87,410,500	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,302,423	<b>17</b>	2,142,956
	<b>18</b> Grants payable . . . . .	25,706,562	<b>18</b>	15,771,422
	<b>19</b> Deferred revenue . . . . .	1,479,472	<b>19</b>	1,019,809
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	26,073	<b>23</b>	14,957
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	0	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	29,514,530	<b>26</b>	18,949,144
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	52,527,482	<b>27</b>	64,349,979
	<b>28</b> Net assets with donor restrictions . . . . .	4,706,507	<b>28</b>	4,111,377
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>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 . . . . .	57,233,989	<b>32</b>	68,461,356	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	86,748,519	<b>33</b>	87,410,500	

**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>	43,822,055
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	32,285,037
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	11,537,018
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	57,233,989
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(389,546)
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	79,895
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	68,461,356

**Part XII Financial Statements and Reporting**

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) DR. FERNANDO FIGUEROA ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(26) DR. MONICA POSEY ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(27) EDDIE TYNER ----- BOARD MEMBER, END 2021	1.0 -----	✓						0	0	0
(28) ERIC KEARNEY ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(29) GEORGE VINCENT ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(30) GERALD SPARKMAN ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(31) JAMES SOWAR ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(32) JAY BREWER ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(33) JILL MEYER ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(34) JIM SCOTT ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(35) KASEY BOND ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(36) KATHERINE BLACKBURN ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(37) KRISTEN WEVERS ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(38) MARK MALLORY ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(39) MARY MILLER ----- BOARD MEMBER, END 2021	1.0 -----	✓						0	0	0
(40) PASTOR KZ SMITH ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(41) ROBERT HERMAN ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(42) RONI LUCKENBILL ----- BOARD MEMBER, END 2021	1.0 -----	✓						0	0	0
(43) SEAN RUGGLESS ----- BOARD MEMBER, END 2021	1.0 -----	✓						0	0	0
(44) SIRI IMANI ----- BOARD MEMBER	1.0 -----	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(45) STEVEN SHIFMAN ----- VICE CHAIR - IMMEDIATE PAST CHAIR	1.0 -----	✓					0	0	0
(46) THADDEUS CARMODY ----- BOARD MEMBER	1.0 -----	✓					0	0	0
(47) THOMAS VAUGHAN ----- BOARD MEMBER	1.0 -----	✓					0	0	0
(48) TIMOTHY ELSBROCK ----- BOARD MEMBER	1.0 -----	✓					0	0	0
(49) VISAEL RODRIGUEZ ----- BOARD MEMBER	1.0 -----	✓					0	0	0

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization <b>UNITED WAY OF GREATER CINCINNATI</b>	Employer identification number <b>31-0537502</b>
---------------------------------------------------------------------	-----------------------------------------------------

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	59,500,934	47,629,605	44,996,223	67,087,030	42,460,343	261,674,135
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	59,500,934	47,629,605	44,996,223	67,087,030	42,460,343	261,674,135
<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) . . . . .						18,402,963
<b>6 Public support.</b> Subtract line 5 from line 4						243,271,172

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	59,500,934	47,629,605	44,996,223	67,087,030	42,460,343	261,674,135
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	358,448	358,390	347,557	328,589	478,990	1,871,974
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	172,847	190,023	100,101	158,830	102,728	724,529
<b>11 Total support.</b> Add lines 7 through 10						264,270,638
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	4,193,301
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	92.05 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	88.06 %
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 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 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2021.** 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—2020.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	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>		
2	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>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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>		
3c	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>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	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>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<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?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	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>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	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>		
9b	Did one or more disqualified persons (as defined on 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>		
9c	Did a disqualified person (as defined on 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>		
10a	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>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
	<b>1</b>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b 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? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.		
	<b>2a</b>		
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	<b>2b</b>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b 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? If "Yes" or "No," provide details in <b>Part VI</b> .		
	<b>3a</b>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
	<b>3b</b>		

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

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

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

Schedule A (Form 990) 2021

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

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 . . . . .			
<b>b</b> From 2017 . . . . .			
<b>c</b> From 2018 . . . . .			
<b>d</b> From 2019 . . . . .			
<b>e</b> From 2020 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 . . . . .			
<b>b</b> Excess from 2018 . . . . .			
<b>c</b> Excess from 2019 . . . . .			
<b>d</b> Excess from 2020 . . . . .			
<b>e</b> Excess from 2021 . . . . .			

**Part VI**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	(1) MISCELLANEOUS	172,847	190,023	100,101	158,830	102,728	724,529
	Total	172,847	190,023	100,101	158,830	102,728	724,529

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Table with 2 columns: Name of the organization (UNITED WAY OF GREATER CINCINNATI) and Employer identification number (31-0537502)

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

- [x] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>UNITED WAY OF GREATER CINCINNATI</b>	Employer identification number <b>31-0537502</b>
-----------------------------------------------------------------	-----------------------------------------------------

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 3,759,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,430,736	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 938,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 944,419	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>UNITED WAY OF GREATER CINCINNATI</b>	Employer identification number <b>31-0537502</b>
-----------------------------------------------------------------	-----------------------------------------------------

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----

Name of organization <b>UNITED WAY OF GREATER CINCINNATI</b>	Employer identification number <b>31-0537502</b>
-----------------------------------------------------------------	-----------------------------------------------------

**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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 organization <b>UNITED WAY OF GREATER CINCINNATI</b>	Employer identification number <b>31-0537502</b>
-----------------------------------------------------------------	-----------------------------------------------------

**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)				

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

Cat. No. 50084S

Schedule C (Form 990) 2021

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	18,780													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	57,575													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	76,355													
<b>d</b>	Other exempt purpose expenditures	32,220,922													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	32,297,277													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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	186,568	118,584	214,969	76,355	596,476
<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	43,595	20,983	24,916	18,780	108,274

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

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

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

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

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

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

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

**Part IV Supplemental Information**

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

[SEE NEXT PAGE](#)

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Return Reference - Identifier	Explanation
<p>SCHEDULE C, PART II-A - LOBBYING ACTIVITIES</p>	<p>UNITED WAY OF GREATER CINCINNATI IS A LEADER IN PUBLIC POLICY RESEARCH, EDUCATION AND ADVOCACY. WE RECOGNIZE THAT PUBLIC FUNDING OF HEALTH AND HUMAN SERVICES WILL ALWAYS SUBSTANTIALLY EXCEED PRIVATE PHILANTHROPIC SUPPORT. WE STRIVE TO CREATE EFFECTIVE PARTNERSHIPS BETWEEN GOVERNMENT AND NONPROFIT ORGANIZATIONS, AND WE SHARE OUR EXPERIENCE AND EXPERTISE WITH THE PUBLIC SECTOR AS PART OF THAT PARTNERSHIP. WE SERVE ON MULTIPLE COMMITTEES AND PANELS DESIGNED TO COORDINATE PUBLIC AND PRIVATE SERVICES AND WORK WITH ELECTED AND APPOINTED OFFICIALS IN KENTUCKY, OHIO AND INDIANA AND ON THE FEDERAL LEVEL ON HEALTH, HUMAN SERVICE AND COMMUNITY DEVELOPMENT AND NONPROFIT EFFECTIVENESS AND ACCOUNTABILITY.</p> <p>WE ENCOURAGE OUR AGENCY PARTNERS AND OTHER NONPROFIT ORGANIZATIONS TO ADVOCATE ON BEHALF OF THEIR PROGRAMS AND THE PEOPLE THEY SERVE BECAUSE WE KNOW THEY HAVE DIRECT SERVICE EXPERIENCE AND KNOWLEDGE ON CRITICAL COMMUNITY ISSUES. WE ENCOURAGE NONPROFITS TO DEVELOP RELATIONSHIPS WITH ELECTED AND APPOINTED GOVERNMENT OFFICIALS, AND TO CONSISTENTLY EDUCATE THEM ABOUT THEIR SERVICES, CLIENTS AND COMMUNITIES. WE URGE NONPROFITS TO TAKE A POSITIVE APPROACH TOWARD LOBBYING, STRESSING EDUCATION, INFORMATION AND ISSUE-FOCUSED ADVOCACY.</p> <p>IN 2021, UNITED WAY STAFF WORKED CLOSELY WITH FEDERAL, STATE AND LOCAL GOVERNMENT TO CREATE PARTNERSHIPS FOR THE EFFECTIVE AND EFFICIENT DELIVERY OF HEALTH AND HUMAN SERVICES IN TWO STATES AND EIGHT COUNTY REGIONS. STAFF LOBBIED ELECTED AND APPOINTED OFFICIALS ON THE FOLLOWING ISSUES:</p> <p>*AT THE FEDERAL LEVEL, WE SUPPORTED EDUCATION, WORKFORCE, HEALTH AND HUMAN SERVICES FUNDING, THE EARNED INCOME TAX CREDIT, THE CHARITABLE DEDUCTION AND APPROPRIATE ACCOUNTABILITY STANDARDS FOR NONPROFIT ORGANIZATIONS.</p> <p>*IN OHIO AND KENTUCKY, WE WORKED WITH THE STATE ADMINISTRATIONS AND KEY LEGISLATORS TO PROVIDE THEM WITH INFORMATION AND GUIDANCE ON SOCIAL WELFARE POLICY, HEALTH AND HUMAN SERVICES, PUBLIC EDUCATION, CHILD HEALTH AND EARLY CARE AND EDUCATION, AND STATE EARNED INCOME TAX CREDITS.</p> <p>*ON A LOCAL LEVEL, WE WORKED WITH COUNTY AND CITY GOVERNMENTS TO CREATE PUBLIC-PRIVATE PARTNERSHIPS FOR THE EFFICIENT, EFFECTIVE DELIVERY OF HEALTH AND HUMAN SERVICES.</p> <p>THROUGH SERVICE CONTRACTS, WE SPENT:</p> <p>*\$34,100 TO TOP SHELF LOBBY LLC TO ADVOCATE FOR VARIOUS HEALTH, FINANCIAL STABILITY AND HUMAN SERVICES IN KENTUCKY. OF THAT AMOUNT, NO MORE THAN \$17,050 WAS SPENT ON DIRECT LOBBYING.</p> <p>*\$40,000 TO MARGARET HULBERT TO ADVOCATE FOR VARIOUS HEALTH, FINANCIAL STABILITY AND HUMAN SERVICES IN OHIO. OF THAT AMOUNT NO MORE THAN \$4,000 WAS SPENT ON DIRECT LOBBYING AND NONE WAS SPENT ON GRASSROOTS LOBBYING.</p> <p>WE MADE THE FOLLOWING ALLOCATIONS TO NONPROFIT ORGANIZATIONS FOR EDUCATION, ADVOCACY OR LOBBYING ABOUT PUBLIC SECTOR POLICIES OR FUNDING:</p> <p>*\$26,000 TO LEARNING GROVE TO ADVOCATE ON BEHALF OF EARLY CARE AND EDUCATION IN KENTUCKY. OF THAT AMOUNT NO MORE THAN \$7,800 WAS SPENT ON DIRECT LOBBYING, AND NO MORE THAN \$1,560 WAS SPENT ON GRASSROOTS LOBBYING.</p> <p>*\$58,250 TO SUPPORT GROUNDWORK (FISCAL AGENT COMMUNITY INITIATIVES) TO ADVOCATE ON BEHALF OF EARLY CARE AND EDUCATION IN OHIO AND ON THE FEDERAL LEVEL. OF THAT AMOUNT NO MORE THAN \$8,738 WAS SPENT ON DIRECT LOBBYING AND \$0 WAS SPENT ON GRASSROOTS LOBBYING.</p> <p>*\$27,000 TO SUPPORT OHIO JUSTICE AND POLICY CENTER TO ADVOCATE ON BEHALF OF FINANCIAL STABILITY AND EQUITY AND JUSTICE ISSUES IN OHIO. OF THAT AMOUNT NO MORE THAN \$813 WAS SPENT ON DIRECT LOBBYING AND NO MORE THAN \$213 WAS SPENT ON GRASSROOTS LOBBYING.</p> <p>*\$20,000 TO POLICY MATTERS OHIO TO PROVIDE RESEARCH, EDUCATION AND ADVOCACY ON BEHALF OF THE EARNED INCOME TAX CREDIT IN OHIO. OF THAT AMOUNT NO MORE THAN \$50 WAS SPENT ON DIRECT LOBBYING AND \$0 WAS SPENT ON GRASSROOTS LOBBYING.</p> <p>*\$46,500 TO PRICHARD COMMITTEE TO ADVOCATE ON BEHALF OF EARLY CARE AND EDUCATION IN KENTUCKY. OF THAT AMOUNT NO MORE THAN \$11,160 WAS SPENT ON DIRECT LOBBYING AND NO MORE THAN \$2,790 WAS SPENT ON GRASSROOTS LOBBYING.</p>

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

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

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

**Part V Endowment Funds.**

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

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

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

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

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

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

	Yes	No
<b>(i)</b> Unrelated organizations	✓	
<b>(ii)</b> Related organizations	✓	
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	✓	

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		403,742		403,742
<b>b</b> Buildings		14,177,572	4,124,386	10,053,186
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		2,036,907	1,695,585	341,322
<b>e</b> Other		376,835	368,710	8,125
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,806,375



**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 43,822,055.

**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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 32,285,037.

**Part XIII Supplemental Information.**

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

SEE STATEMENT

Series of horizontal dashed lines for providing supplemental information.

**Part XIII**

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a)</b> Description	<b>(b)</b> Amount
	MARKET VALUE CHANGE IN BENEFICIAL INTEREST	79,895
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a)</b> Description	<b>(b)</b> Amount
	DESIGNATED BY CONTRIBUTORS	7,502,936
	COST OF GOODS SOLD INVENTORY	- 12,240
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	<b>(a)</b> Description	<b>(b)</b> Amount
	AMOUNTS DESIGNATED BY CONTRIBUTORS	7,502,936
	COST OF GOODS SOLD INVENTORY	- 12,240

**Part XIII**

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

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

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ 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.

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER CINCINNATI

Employer identification number

31-0537502

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>GOLF OUTING</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events _____ (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	32,450			32,450
	<b>2</b> Less: Contributions . . . . .	19,800			19,800
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	12,650	0	0	12,650
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .				0
	<b>6</b> Rent/facility costs . . . . .	14,520			14,520
	<b>7</b> Food and beverages . . . . .	402			402
	<b>8</b> Entertainment . . . . .				0
	<b>9</b> Other direct expenses . . . . .	2,080			2,080
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				17,002
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				(4,352)	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b>	The organization’s facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization’s gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If “Yes,” enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If “Yes,” enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF GREATER CINCINNATI

Employer identification number

31-0537502

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> 4C FOR CHILDREN 2100 SHERMAN AVE, CINCI, OH 45212	31-0823634	501(C)(3)	454,800				PROGRAM OPERATING COST
<b>(2)</b> 4C FOR CHILDREN 2100 SHERMAN AVE, CINCINNATI, OH 45212	31-0823634	501(C)(3)	2,000				DONOR DESIGNATED GENERAL
<b>(3)</b> CCHMC 3333 BURNETT AVE, CINCINNATI, OH 45229-3039	31-0833936	501(C)(3)	90,014				PROGRAM OPERATING COST
<b>(4)</b> ABILITIES FIRST 4710 TIMBER TRAIL DR, MIDDLETOWN, OH 45044	31-0620685	501(C)(3)	72,154				PROGRAM OPERATING COST
<b>(5)</b> ADAMS BROWN COUNTIES ECONOMIC OPP 406 WEST PLUM ST, GEORGETOWN, OH 45121	31-0710683	501(C)(3)	23,218				PROGRAM OPERATING COST
<b>(6)</b> ADDICTION SERVICES COUNCIL 2828 VERNON PLACE, CINCINNATI, OH 45219	31-6059934	501(C)(3)	44,293				PROGRAM OPERATING COST
<b>(7)</b> ADOPT A CLASS 2153 WEST 8TH ST, CINCINNATI, OH 45204	20-2587299	501(C)(3)	17,200				PROGRAM OPERATING COST
<b>(8)</b> AGRICADEMY 8711 READING ROAD, CINCINNATI, OH 45215	82-1971350	501(C)(3)	31,275				PROGRAM OPERATING COST
<b>(9)</b> AMERICAN CANCER SOCIETY 5555 FRANTZ ROAD, DUBLIN, OH 43017	13-1788491	501(C)(3)	98,587				PROGRAM OPERATING COST
<b>(10)</b> ARTSWAVE 20 W. CENTRAL PKWY, CINCINNATI, OH 45202	31-0537138	501(C)(3)	20,000				DONOR DESIGNATED GENERAL
<b>(11)</b> (SEE STATEMENT)	31-0537138	501(C)(3)	148				DONOR DESIGNATED GENERAL
<b>(12)</b> (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 222

**3** Enter total number of other organizations listed in the line 1 table ▶ 8

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

Cat. No. 50055P

Schedule I (Form 990) 2021



**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
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

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

(SEE STATEMENT)

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## Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) BAWAC, INC. 7970 KENTUCKY DR, FLORENCE, KY 41042	61-0844925	501(C)(3)	41,435				PROGRAM OPERATING COST
(13) BEECH ACRES PARENTING CENTER 6881 BEECHMONT AVE, CINCINNATI, OH 45230	31-0536663	501(C)(3)	82,870				PROGRAM OPERATING COST
(14) BETHANY HOUSE SERVICES, INC. 1841 FAIRMOUNT AVE, CINCINNATI, OH 45214	31-1101401	501(C)(3)	62,153				PROGRAM OPERATING COST
(15) BIG BROTHERS BIG SISTERS OF BUTLER COUNTY 1755 S ERIE BLVD, SUITE D, HAMILTON, OH 45011	31-0846147	501(C)(3)	36,434				PROGRAM OPERATING COST
(16) BIG BROTHERS BIG SISTERS OF GREATER CINCINNATI 2400 READING RD, CINCINNATI, OH 45202	31-0577668	501(C)(3)	234,323				PROGRAM OPERATING COST
(17) BIG BROTHERS BIG SISTERS OF GREATER CINCINNATI 2400 READING RD, CINCINNATI, OH 45202	31-0577668	501(C)(3)	2,000				PROGRAM OPERATING COST
(18) BLUE SKYY THERAPEUTIC SERVICES 6820 TARAWA DRIVE, CINCINNATI, OH 45224	85-1012556	501(C)(3)	25,000				PROGRAM OPERATING COST
(19) BOYS & GIRLS CLUBS OF GREATER CINCINNATI 600 DALTON AVE, CINCINNATI, OH 45203	31-0536965	501(C)(3)	525,798				PROGRAM OPERATING COST
(20) BOYS & GIRLS CLUBS OF GREATER CINCINNATI 600 DALTON AVE, CINCINNATI, OH 45203	31-0536965	501(C)(3)	2,000				DONOR DESIGNATED GENERAL
(21) BOYS SCOUTS OF AMERICA DAN BEARD COUNCIL 10078 READING RD, CINCINNATI, OH 45241	31-0536651	501(C)(3)	319,337				PROGRAM OPERATING COST
(22) BOYS SCOUTS OF AMERICA DAN BEARD COUNCIL 10078 READING RD, CINCINNATI, OH 45241	31-0536651	501(C)(3)	5,000				DONOR DESIGNATED GENERAL
(23) BREAKTHROUGH CINCINNATI 6905 GIVEN RD, CINCINNATI, OH 45243	31-1357625	501(C)(3)	20,003				PROGRAM OPERATING COST
(24) BREASTFEEDING OUTREACH FOR OUR BEAUTIFUL SISTERS PO BOX 31383, CINCINNATI, OH 45231	47-4052943	501(C)(3)	12,500				PROGRAM OPERATING COST
(25) BRIGHTON CENTER, INC. PO BOX 325, NEWPORT, KY 41072	61-0673886	501(C)(3)	1,151,936				PROGRAM OPERATING COST
(26) BROWN COUNTY EDUCATIONAL SERVICE CENTER 9231-B HAMER RD, GEORGETOWN, OH 45121	31-1081006	SCHOOL DISTRICT	10,000				PROGRAM OPERATING COST
(27) BROWN COUNTY HELPING HANDS PO BOX 191, GEORGETOWN, OH 45121	31-6084499	501(C)(3)	16,431				PROGRAM OPERATING COST

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(28) BROWN COUNTY SENIOR CITIZENS COUNCIL 505 NORTH MAIN ST, GEORGETOWN, OH 45121	51-0166580	501(C)(3)	51,437				PROGRAM OPERATING COST
(29) BUTLER COUNTY UNITED WAY 323 N THIRD ST, HAMILTON, OH 45011	31-0734490	501(C)(3)	702,281				PROGRAM OPERATING COST
(30) BUTLER COUNTY UNITED WAY 323 N THIRD ST, HAMILTON, OH 45011	31-0734490	501(C)(3)	279,785				DONOR DESIGNATED GENERAL
(31) CANCER FAMILY CARE, INC. 4790 RED BANK EXPRESSWAY, SUITE 128, CINCINNATI, OH 45227	31-0805286	501(C)(3)	157,882				PROGRAM OPERATING COST
(32) CARACOLE, INC. 4138 HAMILTON AVE, CINCINNATI, OH 45223	31-1210524	501(C)(3)	59,295				PROGRAM OPERATING COST
(33) CATHOLIC CHARITIES DIOCESE OF COVINGTON 3629 CHURCH ST, COVINGTON, KY 41015	61-0461728	501(C)(3)	149,310				PROGRAM OPERATING COST
(34) CATHOLIC CHARITIES SOUTHWESTERN OHIO 7162 READING RD, SUITE 600, CINCINNATI, OH 45237	31-0536968	501(C)(3)	420,782				PROGRAM OPERATING COST
(35) CENTER FOR ADDICTIONS TREATMENT 834 EZZARD CHARLES DR, CINCINNATI, OH 45214-2525	31-0792742	501(C)(3)	69,297				PROGRAM OPERATING COST
(36) CENTER FOR EMPLOYMENT OPPORTUNITIES 50 BROADWAY, SUITE 1604, NEW YORK, NY 10004	13-3843322	501(C)(3)	49,294				PROGRAM OPERATING COST
(37) CENTER FOR GREAT NEIGHBORHOODS OF COVINGTON 321 W MLK BLVD/12TH ST, COVINGTON, KY 41011	61-0733046	501(C)(3)	108,589				PROGRAM OPERATING COST
(38) CENTRAL CLINIC 311 ALBERT SABIN WAY, CINCINNATI, OH 45229	31-1411744	501(C)(3)	407,922				PROGRAM OPERATING COST
(39) CENTRAL CONNECTIONS 3907 CENTRAL AVENUE, MIDDLETOWN, OH 45044	31-1026085	501(C)(3)	76,441				PROGRAM OPERATING COST
(40) CERTAIN TEED GYPSUM 5145 MARY INGLES HIGHWAY, SILVER GROVE, KY 41085	90-1000613	501(C)(3)	21,818				PROGRAM OPERATING COST
(41) CHILD ADVOCACY CENTER GREATER CIN 12211 RULLMAN DRIVE, DILLSBORO, IN 47018	41-2275163	501(C)(3)	12,000				PROGRAM OPERATING COST
(42) CHILD FOCUS, INC. 551-B CINCINNATI-BATAVIA PIKE, CINCINNATI, OH 45244	31-0952668	501(C)(3)	285,760				PROGRAM OPERATING COST
(43) CHILDREN'S HOME OF CINCINNATI 5050 MADISON RD, CINCINNATI, OH 45227-1440	31-0536969	501(C)(3)	895,679				PROGRAM OPERATING COST

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(44) CHILDREN'S HOME OF CINCINNATI 5050 MADISON RD, CINCINNATI, OH 45227-1440	31-0536969	501(C)(3)	12,000				PROGRAM OPERATING COST
(45) CHILDREN'S LAW CENTER 1002 RUSSELL ST, COVINGTON, KY 41011	61-1167352	501(C)(3)	12,859				PROGRAM OPERATING COST
(46) CHIPS WORKFORCE ALLIANCE 3189 PRINCETON ROAD, SUITE 260, HAMILTON, OH 45011	86-1964097	501(C)(3)	25,000				PROGRAM OPERATING COST
(47) CHURCHES ACTIVE IN NORTHSIDE CAIN 4230 HAMILTON AVE, CINCINNATI, OH 45223	31-1341556	501(C)(3)	17,860				PROGRAM OPERATING COST
(48) CINCINNATI AREA SENIOR SERVICES, INC. 644 LINN ST., SUITE 304, CINCINNATI, OH 45203	31-0825754	501(C)(3)	197,174				PROGRAM OPERATING COST
(49) CINCINNATI AREA SENIOR SERVICES, INC. 644 LINN ST., SUITE 304, CINCINNATI, OH 45203	31-0825754	501(C)(3)	1,299				COMMUNITY COLLABORATION
(50) CINCINNATI ARTS & TECHNOLOGY CENTER 700 W PETE ROSE WAY, CINCINNATI, OH 45203	20-0105431	501(C)(3)	37,149				PROGRAM OPERATING COST
(51) CINCINNATI ARTS & TECHNOLOGY CENTER 700 W PETE ROSE WAY, CINCINNATI, OH 45203	20-0105431	501(C)(3)	10,000				DONOR DESIGNATED GENERAL
(52) CINCINNATI ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED 2045 GILBERT AVENUE, CINCINNATI, OH 45202	31-0538511	501(C)(3)	161,454				PROGRAM OPERATING COST
(53) CINCINNATI ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED 2045 GILBERT AVENUE, CINCINNATI, OH 45202	31-0538511	501(C)(3)	984				COMMUNITY COLLABORATION
(54) CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE, CINCINNATI, OH 45229-3039	31-0833936	501(C)(3)	49,294				PROGRAM OPERATING COST
(55) CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE, CINCINNATI, OH 45229-3039	31-0833936	501(C)(3)	6,171				COMMUNITY COLLABORATION
(56) CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE, CINCINNATI, OH 45229-3039	31-0833936	501(C)(3)	10,000				DONOR DESIGNATED GENERAL
(57) CINCINNATI MUSIC ACCELERATOR 33 E. 13TH STREET, UNIT 101, CINCINNATI, OH 45202	82-1422268	501(C)(3)	12,500				PROGRAM OPERATING COST
(58) CINCINNATI PARENT EMPOWERMENT 801 DEBRA LANE, LOVELAND, OH 45140	82-2461424	501(C)(3)	12,500				PROGRAM OPERATING COST

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(59) CINCINNATI UNION BETHEL 2401 READING RD, CINCINNATI, OH 45202	31-0536655	501(C)(3)	65,010				PROGRAM OPERATING COST
(60) CINCINNATI USA REGIONAL CHAMBER PO BOX 630511, CINCINNATI, OH 45263-0511	31-0239310	501(C)(3)	100,000				PROGRAM OPERATING COST
(61) CINCINNATI USA REGIONAL CHAMBER PO BOX 630511, CINCINNATI, OH 45263-0511	31-0239310	501(C)(3)	215,000				DONOR DESIGNATED GENERAL
(62) CINCINNATI WORKS 708 WALNUT ST, SUITE 200, CINCINNATI, OH 45202	31-1656186	501(C)(3)	280,399				PROGRAM OPERATING COST
(63) CINCINNATI WORKS 708 WALNUT ST, SUITE 200, CINCINNATI, OH 45202	31-1656186	501(C)(3)	12,000				DONOR DESIGNATED GENERAL
(64) CINCINNATI YOUTH COLLABORATIVE 301 OAK ST, CINCINNATI, OH 45219-2508	31-1204406	501(C)(3)	52,866				PROGRAM OPERATING COST
(65) CINCINNATI YOUTH COLLABORATIVE 301 OAK ST, CINCINNATI, OH 45219-2508	31-1204406	501(C)(3)	2,000				DONOR DESIGNATED GENERAL
(66) CINCINNATI-HAMILTON COUNTY COMMUNITY ACTION AGENCY 1740 LANGDON FARM RD, CINCINNATI, OH 45237-3817	31-6053035	501(C)(3)	54,649				PROGRAM OPERATING COST
(67) CINCYSMILES FOUNDATION 635 WEST 7TH ST, SUITE 405, CINCINNATI, OH 45203-1513	31-0537044	501(C)(3)	22,451				PROGRAM OPERATING COST
(68) CLEARINGHOUSE PO BOX 478, AURORA, IN 47001	31-1158133	501(C)(3)	10,000				PROGRAM OPERATING COST
(69) CLERMONT COUNTY COMMUNITY SERVICES, INC. 3003 HOSPITAL DR, BATAVIA, OH 45103	31-1111703	501(C)(3)	117,162				PROGRAM OPERATING COST
(70) CLERMONT SENIOR SERVICES, INC. 2085 JAMES E SAULS SR, BATAVIA, OH 45103	31-0832354	501(C)(3)	98,587				PROGRAM OPERATING COST
(71) COMMUNITY BUILDING INSTITUTE MIDDLETOWN, INC. 800 LAFAYETTE AVE, MIDDLETOWN, OH 45044	46-5205808	501(C)(3)	151,453				PROGRAM OPERATING COST
(72) COMMUNITY INITIATIVES (GROUNDWORK) 172 EAST STATE ST, SUITE 400, COLUMBUS, OH 43215	94-3255070	501(C)(3)	58,250				PROGRAM OPERATING COST
(73) CINCINNATI UNION COOPERATIVE INITIATIVE 215 EAST 14TH STREET, CINCINNATI, OH 45223	45-3914880	501(C)(3)	25,000				PROGRAM OPERATING COST
(74) CORNERSTONE RENTER EQUITY 1641 VINE STREET, CINCINNATI, OH 45202	31-1170803	501(C)(3)	7,500				PROGRAM OPERATING COST
(75) CORPORATION FOR OHIO APPALACHIAN DEVELOPMENT (COAD) PO BOX 787, ATHENS, OH 45764	31-0811788	501(C)(3)	19,289				PROGRAM OPERATING COST
(76) COVINGTON INDEPENDENT SCHOOLS 25 E. 7TH STREET, COVINGTON, KY 41011	61-6001265	SCHOOL DISTRICT	18,250				PROGRAM OPERATING COST

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(77) COVINGTON PARTNERS PO BOX 0426, COVINGTON, KY 41012	20-1515753	501(C)(3)	65,725				PROGRAM OPERATING COST
(78) CROSSROAD HEALTH CENTER 5 EAST LIBERTY ST, CINCINNATI, OH 45202	31-1321054	501(C)(3)	85,728				PROGRAM OPERATING COST
(79) CWFF CHILD DEVELOPMENT CENTER 430 FOREST AVENUE, CINCINNATI, OH 45229	31-0901096	501(C)(3)	49,294				PROGRAM OPERATING COST
(80) DAD INITIATIVE, INC 260 NORTHLAND BLVD, STE 117, SPRINGDALE, OH 45246	90-1131034	501(C)(3)	32,862				PROGRAM OPERATING COST
(81) DCCH CENTER FOR CHILDREN AND FAMILIES 75 ORPHANAGE RD, FT MITCHELL, KY 41017	61-0463943	501(C)(3)	102,866				PROGRAM OPERATING COST
(82) HIGHPOINT HEALTH (DEARBORN COUNTY HOSPITAL HOME HEALTH CARE AND HOSPICE) 600 WILSON CREEK ROAD, LAWRENCEBURG, IN 47032	35-6006595	501(C)(3)	10,000				PROGRAM OPERATING COST
(83) DEARBORN COUNTY RETIRED SENIOR VOLUNTEER PROGRAM (RSVP) PO BOX 4194, LAWRENCEBURG, IN 47025	35-1185161	501(C)(3)	5,831				PROGRAM OPERATING COST
(84) DEVONSHIRE SMITH DIVERSITY AND EDUCATION SOLUTIONS 3048 WORTHINGTON AVENUE, CINCINNATI, OH 45211	27-3419472	501(C)(3)	27,500				PROGRAM OPERATING COST
(85) DIASPORICSOUL 520 HOWELL AVENUE, CINCINNATI, OH 45220	246-45-0059	501(C)(3)	12,375				PROGRAM OPERATING COST
(86) EASLEY BLESSED FOUNDATION 289 B NORTHLAND BLVD., CINCINNATI, OH 45246	84-4694699	501(C)(3)	31,275				PROGRAM OPERATING COST
(87) EAST WESTWOOD IMPROVEMENT ASSOCIATION 3358 MCHENRY AVENUE, CINCINNATI, OH 45225	31-1299543	501(C)(3)	25,000				PROGRAM OPERATING COST
(88) EASTER SEALS TRISTATE 2901 GILBERT AVE, CINCINNATI, OH 45206	31-0873433	501(C)(3)	234,674				PROGRAM OPERATING COST
(89) EKKLESIA DEVELOPMENT 1920 TENNESSEE AVENUE, CINCINNATI, OH 45237	31-1755065	501(C)(3)	7,500				PROGRAM OPERATING COST
(90) ELEMENTZ CULTURAL ART CENTER 1640 RACE ST, CINCINNATI, OH 45202	04-3698700	501(C)(3)	10,000				PROGRAM OPERATING COST
(91) ELEMENTZ CULTURAL ART CENTER 1640 RACE ST, CINCINNATI, OH 45202	04-3698700	501(C)(3)	5,000				COMMUNITY COLLABORATION
(92) ENVISION CHILDREN 580 WALNUT STREET, SUITE 100, CINCINNATI, OH 45202	80-0184362	501(C)(3)	12,500				PROGRAM OPERATING COST
(93) ENVISION PARTNERSHIPS 2935 HAMILTON MASON RD, HAMILTON, OH 45011	31-0784671	501(C)(3)	27,862				PROGRAM OPERATING COST

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(94) ERLANGER-ELSMERE SCHOOL DISTRICT 500 GRAVES AVE, ERLANGER, KY 41018		SCHOOL DISTRICT	15,400				PROGRAM OPERATING COST
(95) FILLING THE GAP PO BOX 24101, CINCINNATI, OH 45224	85-1856290	501(C)(3)	25,000				PROGRAM OPERATING COST
(96) EVERY CHILD SUCCEEDS 3333 BURNET AVENUE, CINCINNATI, OH 45229-3026	31-1628467	501(C)(3)	1,577,395				PROGRAM OPERATING COST
(97) EVERY CHILD SUCCEEDS 3333 BURNET AVENUE, CINCINNATI, OH 45229-3026	31-1628467	501(C)(3)	10,000				DONOR DESIGNATED GENERAL
(98) FAMILIESFORWARD 2400 READING RD, SUITE 126, CINCINNATI, OH 45202-1470	31-0536684	501(C)(3)	333,263				PROGRAM OPERATING COST
(99) FAMILIESFORWARD 2400 READING RD, SUITE 126, CINCINNATI, OH 45202-1470	31-0536684	501(C)(3)	4,500				COMMUNITY COLLABORATION
(100) FAMILIESFORWARD 2400 READING RD, SUITE 126, CINCINNATI, OH 45202-1470	31-0536684	501(C)(3)	6,000				DONOR DESIGNATED GENERAL
(101) UPTOGETHER (FAMILY INDEPENDENCE INITIATIVE) 663 13TH STREET, SUITE 200, OAKLAND, CA 94612	02-0784790	501(C)(3)	65,725				PROGRAM OPERATING COST
(102) FAMILY NURTURING CENTER 8275 EWING BLVD, FLORENCE, KY 41042	31-1011326	501(C)(3)	91,443				PROGRAM OPERATING COST
(103) FAMILY SERVICE OF MIDDLETOWN 1311 COLUMBIA AVE, MIDDLETOWN, OH 45042	31-1023843	501(C)(3)	67,868				PROGRAM OPERATING COST
(104) FLYWHEEL CO ENTERPRISES 1311 VINE STREET, CINCINNATI, OH 45202	46-0889572	501(C)(3)	10,000				PROGRAM OPERATING COST
(105) FOREVER KINGS, INC. PO BOX 37198, CINCINNATI, OH 45222	84-2848713	501(C)(3)	25,000				PROGRAM OPERATING COST
(106) FREESTORE FOODBANK 1141 CENTRAL PARKWAY, CINCINNATI, OH 45202	23-7122205	501(C)(3)	283,258				PROGRAM OPERATING COST
(107) FREESTORE FOODBANK 1141 CENTRAL PARKWAY, CINCINNATI, OH 45202	23-7122205	501(C)(3)	52,000				DONOR DESIGNATED GENERAL
(108) GAMEPLAN 741 STOUT AVENUE, CINCINNATI, OH 45215	27-0776556	501(C)(3)	10,000				PROGRAM OPERATING COST
(109) GATEWAY TO GRACE FOUNDATION 700 WESSEL DRIVE #181336, FAIRFIELD, OH 45014	27-2309311	501(C)(3)	12,500				PROGRAM OPERATING COST
(110) GIRL SCOUTS OF KENTUCKY'S WILDERNESS ROAD COUNCIL 2277 EXECUTIVE DR, LEXINGTON, KY 40505	61-0608104	501(C)(3)	17,146				PROGRAM OPERATING COST
(111) GIRL SCOUTS OF WESTERN OHIO 4930 CORNELL RD, CINCINNATI, OH 45242	31-0679091	501(C)(3)	252,183				PROGRAM OPERATING COST

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(112) GOOD SAMARITAN FOUNDATION 375 DIXMYTH AVENUE, CINCINNATI, OH 45220	31-1206047	501(C)(3)	12,500				PROGRAM OPERATING COST
(113) GOURD-GEOUS SACRED VESSELS 647 FOREST AVENUE, CINCINNATI, OH 45229	83-1285505	501(C)(3)	12,500				PROGRAM OPERATING COST
(114) GRAD CINCINNATI, INC. 301 OAK ST, CINCINNATI, OH 45219	31-1816376	501(C)(3)	73,223				PROGRAM OPERATING COST
(115) GREAT MIAMI VALLEY YMCA 105 NORTH SECOND ST, HAMILTON, OH 45011	31-0536719	501(C)(3)	22,861				PROGRAM OPERATING COST
(116) GREAT OAKS HEALTH PROFESSIONS ACADEMY 1916 CENTRAL PARKWAY, CINCINNATI, OH 45214	31-0793117	SCHOOL DISTRICT	55,723				PROGRAM OPERATING COST
(117) GREATER CINCINNATI BEHAVIORAL HEALTH SERVICES 1501 MADISON RD, CINCINNATI, OH 45206	31-0802647	501(C)(3)	664,392				PROGRAM OPERATING COST
(118) GREATER CINCINNATI FOUNDATION 790 E PETE ROSE WAY, SUITE 120, CINCINNATI, OH 45202	31-0669700	501(C)(3)	50,000				PROGRAM OPERATING COST
(119) GREATER CINCINNATI MICROENTERPRISE INITIATIVE 1740 LANGDON FARM RD, SUITE 378, CINCINNATI, OH 45237	31-1595820	501(C)(3)	31,434				PROGRAM OPERATING COST
(120) GREEN LIGHT 50 MILK STREET, 16TH FLOOR, BOSTON, MA 02109	20-0407083	501(C)(3)	25,000				PROGRAM OPERATING COST
(121) GUIDING LIGHT MENTORING 4141 HAMILTON AVENUE, SUITE 1, CINCINNATI, OH 45223	47-1683576	501(C)(3)	29,500				PROGRAM OPERATING COST
(122) HEALTH CARE ACCESS NOW 7162 READING RD, CINCINNATI, OH 45237	26-4042151	501(C)(3)	42,864				PROGRAM OPERATING COST
(123) HEALTH CAREERS COLLABORATIVE OF GREATER CINCINNATI 615 ELSINORE PL, SUITE 500, CINCINNATI, OH 45202	31-1449807	501(C)(3)	42,864				PROGRAM OPERATING COST
(124) HEALTHPOINT FAMILY CARE, INC. 1401 MADISON AVE, COVINGTON, KY 41011	61-0729915	501(C)(3)	42,864				PROGRAM OPERATING COST
(125) HEALTHY HOMES BLOCK BY BLOCK 2918 PRICE AVE., CINCINNATI, OH 45204	82-1424590	501(C)(3)	32,862				PROGRAM OPERATING COST
(126) HEARING SPEECH & DEAF CENTER OF GREATER CINCINNATI 2825 BURNET AVE, CINCINNATI, OH 45219	31-0536654	501(C)(3)	65,725				PROGRAM OPERATING COST
(127) HEART HOUSE, INC. 6815 US 50, AURORA, IN 47001	35-2036398	501(C)(3)	10,000				PROGRAM OPERATING COST
(128) HIGH ACHIEVERS AIM HIGH 7942 GLEN ORCHARD DRIVE, CINCINNATI, OH 45237	81-4155643	501(C)(3)	32,275				PROGRAM OPERATING COST
(129) HODGE-EDU 6116 W. FORDHAM, CINCINNATI, OH 45213	84-2947061	501(C)(3)	7,000				PROGRAM OPERATING COST



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(130) HOLLY HILL CHILD AND FAMILY SOLUTIONS 9599 SUMMER HILL ROAD, CALIFORNIA, KY 41007	61-0461729	501(C)(3)	32,862				PROGRAM OPERATING COST
(131) HOPE HOUSE RESCUE MISSION, INC 34 SOUTH MAIN STREET, MIDDLETOWN, OH 45044	31-1254976	501(C)(3)	24,290				PROGRAM OPERATING COST
(132) HOUSE OF HOPE FELLOWSHIP 1829 ELM STREET, CINCINNATI, OH 45202	61-1657582	501(C)(3)	7,500				PROGRAM OPERATING COST
(133) HOUSING OPPORTUNITIES MADE EQUAL (HOME) 2400 READING RD, SUITE 109, CINCINNATI, OH 45202-1477	31-6062015	501(C)(3)	52,866				PROGRAM OPERATING COST
(134) 55 NORTH (HYDE PARK CENTER FOR OLDER ADULTS) 3975 ERIE AVENUE, CINCINNATI, OH 45208	31-0857401	501(C)(3)	35,006				PROGRAM OPERATING COST
(135) ICAN HEALTH LLC 5868 ALDER CT. , LIBERTY TWP, OH 45044	84-4218245	501(C)(3)	13,945				PROGRAM OPERATING COST
(136) INTERFAITH HOSPITALITY NETWORK OF GREATER CINCINNATI, INC 990 NASSAU ST, CINCINNATI, OH 45206	31-1335474	501(C)(3)	34,291				PROGRAM OPERATING COST
(137) ISLAMIC EDUCATIONAL COUNCIL 8092 PLANTATION DR, WEST CHESTER, OH 45069	31-1398745	501(C)(3)	32,500				PROGRAM OPERATING COST
(138) JAMAA HEALTH PO BOX 317678, CINCINNATI, OH 45231	84-4865894	501(C)(3)	10,000				PROGRAM OPERATING COST
(139) JERRIEL BAPTIST CHURCH 1018 WESLEY AVENUE, CINCINNATI, OH 45203	31-0744973	501(C)(3)	7,000				PROGRAM OPERATING COST
(140) JEWISH FAMILY SERVICE OF THE CINCINNATI AREA 8487 RIDGE RD, CINCINNATI, OH 45236	31-0744786	501(C)(3)	197,174				PROGRAM OPERATING COST
(141) JEWISH FEDERATION OF CINCINNATI 8499 RIDGE RD, CINCINNATI, OH 45236	31-0537174	501(C)(3)	75,000				PROGRAM OPERATING COST
(142) JEWISH FEDERATION OF CINCINNATI 8499 RIDGE RD, CINCINNATI, OH 45236	31-0537174	501(C)(3)	60,000				DONOR DESIGNATED GENERAL
(143) JURISDICTION WIDE RESIDENT ADVISORY BOARD 1811 LOSANTIVILLE AVENUE, SUITE 201, CINCINNATI, OH 45237	20-4351820	501(C)(3)	12,500				PROGRAM OPERATING COST
(144) KENNEDY HEIGHTS MONTESSORI CENTER 6620 MONTGOMERY ROAD, UNIT 1, CINCINNATI, OH 45213	31-0724420	501(C)(3)	12,859				PROGRAM OPERATING COST
(145) KENTON COUNTY SCHOOL DISTRICT 1055 EATON DRIVE, FT. WRIGHT, KY 41017	61-6001301	SCHOOL DISTRICT	16,500				PROGRAM OPERATING COST
(146) LADIES OF LEADERSHIP 4439 READING ROAD, SUITE 201C, CINCINNATI, OH 45229	82-3489540	501(C)(3)	29,138				PROGRAM OPERATING COST
(147) LAUNDRY LOVE PO BOX 68084, CINCINNATI, OH 45206	83-0827697	501(C)(3)	12,500				PROGRAM OPERATING COST

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(148) LAWRENCEBURG COMMUNITY SCHOOLS 400 TIGER BLVD, LAWRENCEBURG, IN 47025	35-1147459	SCHOOL DISTRICT	9,150				PROGRAM OPERATING COST
(149) LEARNING GROVE 333 MADISON AVE, 2ND FLOOR, COVINGTON, KY 41011	31-0910787	501(C)(3)	1,077,597				PROGRAM OPERATING COST
(150) LEARNING GROVE 333 MADISON AVE, 2ND FLOOR, COVINGTON, KY 41011	31-0910787	501(C)(3)	2,000				DONOR DESIGNATED GENERAL
(151) LEGAL AID OF THE BLUEGRASS 104 EAST SEVENTH ST, COVINGTON, KY 41011	61-0668572	501(C)(3)	149,310				PROGRAM OPERATING COST
(152) LEGAL AID SOCIETY OF GREATER CINCINNATI 215 E NINTH ST, SUITE 200, CINCINNATI, OH 45202	31-0536673	501(C)(3)	296,476				PROGRAM OPERATING COST
(153) LIFE LEARNING CENTER 20 WEST 18TH ST, COVINGTON, KY 41011	20-3454261	501(C)(3)	184,000				PROGRAM OPERATING COST
(154) LIFE LEARNING CENTER 20 WEST 18TH ST, COVINGTON, KY 41011	20-3454261	501(C)(3)	251,000				DONOR DESIGNATED GENERAL
(155) LIFESPAN 1900 FAIRGROVE AVENUE, HAMILTON, OH 45011	31-0536660	501(C)(3)	8,128				PROGRAM OPERATING COST
(156) LIFETIME RESOURCES, INC. 13091 BENEDICT DR, DILLSBORO, IN 47018	35-2076514	501(C)(3)	16,431				PROGRAM OPERATING COST
(157) LIGHTHOUSE YOUTH SERVICES 401 EAST MCMILLIAN ST, CINCINNATI, OH 45206	23-7046229	501(C)(3)	170,742				PROGRAM OPERATING COST
(158) LIGHTHOUSE YOUTH SERVICES 401 EAST MCMILLIAN ST, CINCINNATI, OH 45206	23-7046229	501(C)(3)	2,000				DONOR DESIGNATED GENERAL
(159) LINCOLN HEIGHTS OUTREACH 9913 WAYNE AVENUE, LINCOLN HEIGHTS, OH 45215	46-0674309	501(C)(3)	34,500				PROGRAM OPERATING COST
(160) LISC 28 LIBERTY STREET, 34TH FLOOR, NEW YORK, NY 10005	13-3030229	501(C)(3)	798,080				PROGRAM OPERATING COST
(161) LISC 28 LIBERTY STREET, 34TH FLOOR, NEW YORK, NY 10005	13-3030229	501(C)(3)	63,000				DONOR DESIGNATED GENERAL
(162) LUDLOW INDEPENDENT SCHOOL 525 ELM STREET, LUDLOW, KY 41016	61-6001318	SCHOOL DISTRICT	5,125				PROGRAM OPERATING COST
(163) MADISONVILLE MISSION MINISTRIES 5717 PRENTICE STREET, CINCINNATI, OH 45227	31-1806837	501(C)(3)	48,488				PROGRAM OPERATING COST
(164) MADISONVILLE EDUCATION AND ASSISTANCE CENTER (MEAC) 4600 ERIE AVE, CINCINNATI, OH 45227	31-1218223	501(C)(3)	45,722				PROGRAM OPERATING COST
(165) MAYERSON JCC 8485 RIDGE RD, CINCINNATI, OH 45236	31-0536986	501(C)(3)	49,294				PROGRAM OPERATING COST

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(166) ME&SHE DOULA SERVICES LLC 7374 READING ROAD, SUITE 113, CINCINNATI, OH 45237	84-3637145	501(C)(3)	12,500				PROGRAM OPERATING COST
(167) MENTAL HEALTH AMERICA OF NORTHERN KENTUCKY & SOUTHWEST OHIO 912 SCOTT ST, COVINGTON, KY 41011	61-0712473	501(C)(3)	62,867				PROGRAM OPERATING COST
(168) MENTORS PO BOX 14975, CINCINNATI, OH 45250	84-3276269	501(C)(3)	12,500				PROGRAM OPERATING COST
(169) MERCY NEIGHBORHOOD MINISTRIES 1602 MADISON RD, CINCINNATI, OH 45206	31-1430847	501(C)(3)	47,500				PROGRAM OPERATING COST
(170) MILLER'S KARATE STUDIOS 3711 WASHINGTON AVENUE, CINCINNATI, OH 45229	87-3023427	501(C)(3)	12,000				PROGRAM OPERATING COST
(171) MIRROR MOVEMENT 223 PARKWAY AVENUE, CINCINNATI, OH 45216	61-1547869	501(C)(3)	5,000				PROGRAM OPERATING COST
(172) MIRROR MOVEMENT 223 PARKWAY AVENUE, CINCINNATI, OH 45216	61-1547869	501(C)(3)	2,500				COMMUNITY COLLABORATION
(173) MORTAR CINCINNATI 1329 VINE STREET, CINCINNATI, OH 45202	47-2431620	501(C)(3)	49,294				PROGRAM OPERATING COST
(174) MT. CALVARY EARLY CHURCH OF GOD 205 EHMAN AVENUE, CINCINNATI, OH 45220	31-1356276	501(C)(3)	7,500				PROGRAM OPERATING COST
(175) MY KIDZ 8375 THISTLE LANE, LIBERTY TWP, OH 45044	85-0664544	501(C)(3)	15,000				PROGRAM OPERATING COST
(176) NEW HOPE SERVICES, INC. 725 WALL ST, JEFFERSONVILLE, IN 47130	35-1022158	501(C)(3)	26,685				PROGRAM OPERATING COST
(177) NEW HORIZONS REHABILITATION, INC. 237 SIX PINE RANCH RD, BATESVILLE, IN 47006	35-1169221	501(C)(3)	30,000				PROGRAM OPERATING COST
(178) NEW PERCEPTIONS, INC. 1 SPERTI DR, EDGEWOOD, KY 41017	61-0705047	501(C)(3)	131,450				PROGRAM OPERATING COST
(179) NEW PROSPECT BAPTISH CHURCH 1580 SUMMIT ROAD, CINCINNATI, OH 45237	31-0676519	501(C)(3)	28,000				PROGRAM OPERATING COST
(180) NORTHERN KENTUCKY AREA DEVELOPMENT DISTRICT (NKADD) 22 SPIRAL DRIVE, FLORENCE, KY 41075	61-0719369	501(C)(3)	106,500				PROGRAM OPERATING COST
(181) NORTHERN KENTUCKY COMMUNITY ACTION COMMISSION 717 MADISON AVE., COVINGTON, KY 41011	61-0667805	501(C)(3)	65,725				PROGRAM OPERATING COST
(182) NORTHERN KENTUCKY COMMUNITY ACTION COMMISSION 717 MADISON AVE., COVINGTON, KY 41011	61-0667805	501(C)(3)	3,798				COMMUNITY COLLABORATION
(183) NORTHERN KENTUCKY EDUCATION COUNCIL 7310 TURFWAY RD, SUITE 115, FLORENCE, KY 41042	20-3105862	501(C)(3)	32,862				PROGRAM OPERATING COST

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(184) OHIO JUSTICE & POLICY 215 EAST NINTH ST, SUITE 601, CINCINNATI, OH 45202	31-1319172	501(C)(3)	27,000				PROGRAM OPERATING COST
(185) OHIO VOICE PO BOX 428, COLUMBUS, OH 43216	82-3381404	501(C)(3)	12,500				PROGRAM OPERATING COST
(186) ONE COMMUNITY ONE FAMILY 920 COUNTY LINE ROAD, SUITE C, BATESVILLE, IN 47006	46-4339778	501(C)(3)	12,859				PROGRAM OPERATING COST
(187) OPTION PLUS SOCIAL SERVICE PANTRY 5120 GLOBE AVENUE, CINCINNATI, OH 45212	85-3117219	501(C)(3)	15,000				PROGRAM OPERATING COST
(188) OUR TRIBE 4496 MOGUL LANE, LIBERTY TWP, OH 45011	38-1964320	501(C)(3)	12,500				PROGRAM OPERATING COST
(189) PEOPLE WORKING COOPERATIVELY 4612 PADDOCK RD, CINCINNATI, OH 45229	31-0859104	501(C)(3)	77,870				PROGRAM OPERATING COST
(190) PEOPLE WORKING COOPERATIVELY 4612 PADDOCK RD, CINCINNATI, OH 45229	31-0859104	501(C)(3)	2,000				DONOR DESIGNATED GENERAL
(191) PEOPLE'S CHURCH 220 WILLIAM HOWARD TAFT, CINCINNATI, OH 45219	31-0543275	501(C)(3)	17,500				PROGRAM OPERATING COST
(192) PER SCHOLAS 804 E 138TH ST, FL 2, BRONX, NY 10454	04-3252955	501(C)(3)	41,435				PROGRAM OPERATING COST
(193) POLICY MATTERS 3631 PERKINS AVE, SUITE 4C- EAST, CLEVELAND, OH 44114	34-1921881	501(C)(3)	20,000				PROGRAM OPERATING COST
(194) POWER INSPIRES PROGRESS 727 EZZARD CHARLES DR, CINCINNATI, OH 45203	31-1367071	501(C)(3)	28,576				PROGRAM OPERATING COST
(195) PRICHARD COMMITTEE 271 WEST SHORT ST, SUITE 202, LEXINGTON, KY 40507	61-1026214	501(C)(3)	46,500				PROGRAM OPERATING COST
(196) PRO SENIORS, INC 7162 READING RD, SUITE 1150, CINCINNATI, OH 45237	31-0887471	501(C)(3)	75,726				PROGRAM OPERATING COST
(197) PROKIDS 2605 BURNET AVE, CINCINNATI, OH 45219	31-1020021	501(C)(3)	72,154				PROGRAM OPERATING COST
(198) QKIDZ 1524 LINN STREET, CINCINNATI, OH 45203	81-4606313	501(C)(3)	27,638				PROGRAM OPERATING COST
(199) QUEEN CITY FOUNDATION PO BOX 3145, CINCINNATI, OH 45201	23-7011445	501(C)(3)	22,000				PROGRAM OPERATING COST
(200) THE CENTRAL & SOUTHERN OHIO REGION OF THE AMERICAN RED CROSS PO BOX 73857, CHICAGO, IL 60673	53-0196605	501(C)(3)	3,006,800				COMMUNITY COLLABORATION
(201) REDWOOD 71 ORPHANAGE RD, FT MITCHELL, KY 41017	61-6013702	501(C)(3)	318,622				PROGRAM OPERATING COST
(202) RISING SUN COMMUNITY SCHOOL 110 S. HENRIETTA STREET, RISING SUN, IN 47040	35-2014933	SCHOOL DISTRICT	16,000				PROGRAM OPERATING COST

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(203) RIVER VALLEY RESOURCES 100 E. SECOND STREET, SUITE E, MADISON, IN 47250	35-1820770	501(C)(3)	45,000				PROGRAM OPERATING COST
(204) ROCK SOLID FAMILIES 7484 CHRISTINE DRIVE, WEST HARRISON, IN 47060	82-4223408	501(C)(3)	13,800				PROGRAM OPERATING COST
(205) ROSEMARY'S BABIES CO. 3284 NORTH BEND ROAD #313, CINCINNATI, OH 45238	81-3727709	501(C)(3)	20,003				PROGRAM OPERATING COST
(206) SAFE PASSAGE, INC. 125 E. GEORGE ST., BATESVILLE, IN 47006	35-2056072	501(C)(3)	27,500				PROGRAM OPERATING COST
(207) SALVATION ARMY INDIANA DIVISION 6060 CASTLEWAY ARMY, INDIANAPOLIS, IN 46209-1041	36-2167910	501(C)(3)	10,000				PROGRAM OPERATING COST
(208) SALVATION ARMY OF GREATER CINCINNATI PO BOX 238, CINCINNATI, OH 45201-0238	13-5562351	501(C)(3)	216,463				PROGRAM OPERATING COST
(209) SALVATION ARMY OF MIDDLETOWN PO BOX 445, MIDDLETOWN, OH 45042	13-5562351	501(C)(3)	44,293				PROGRAM OPERATING COST
(210) SANTA MARIA COMMUNITY SERVICES 617 STEINER AVE, CINCINNATI, OH 45204	31-0537141	501(C)(3)	878,154				PROGRAM OPERATING COST
(211) SANTA MARIA COMMUNITY SERVICES 617 STEINER AVE, CINCINNATI, OH 45204	31-0537141	501(C)(3)	2,000				DONOR DESIGNATED GENERAL
(212) SAVING GRACE COMMUNITY CHURCH 401 WEST WYOMING AVENUE, LOCKLAND, OH 45215	82-1356384	501(C)(3)	7,500				PROGRAM OPERATING COST
(213) HISTORIC HOOSIER HILLS RC & D (SEI COMMUNITY GARDENS) 1981 INDUSTRIAL PARK ROAD #1, VERSAILLES, IN 47042	23-7438274	501(C)(3)	15,000				PROGRAM OPERATING COST
(214) SIEOC 110 IMPORTING STREET, AURORA, IN 47001	35-1118476	501(C)(3)	23,500				PROGRAM OPERATING COST
(215) SERVING OLDER ADULTS THROUGH CHANGING TIMES 3635 READING ROAD HUB #2, SUITE 400, CINCINNATI, OH 45229	31-1385721	501(C)(3)	12,500				PROGRAM OPERATING COST
(216) SEVEN HILLS NEIGHBORHOOD HOUSES 901 FINDLAY STREET, CINCINNATI, OH 45217	31-0648619	501(C)(3)	49,294				PROGRAM OPERATING COST
(217) SHARED HARVEST FOODBANK 5901 DIXIE HIGHWAY, FAIRFIELD, OH 45014	31-1096571	501(C)(3)	16,431				PROGRAM OPERATING COST
(218) SOJOURNER RECOVERY SERVICES 1020 SYMMES ROAD, FAIRFIELD, OH 45014	31-1010029	501(C)(3)	18,574				PROGRAM OPERATING COST
(219) SOUTH DEARBORN COUNTY SCHOOLS 6109 SQUIRE PLACE, AURORA, IN 47001	35-1150150	501(C)(3)	15,000				PROGRAM OPERATING COST
(220) SOUTHEASTERN INDIANA ECONOMIC OPPORTUNITY CORPORATION (SIEOC) PO BOX 240, AURORA, OH 47001	35-1118476	501(C)(3)	12,859				PROGRAM OPERATING COST

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(221) ST JOSEPH ORPHANAGE 5400 EDALBERT DR, CINCINNATI, OH 45239	31-0537147	501(C)(3)	65,725				PROGRAM OPERATING COST
(222) ST JOSEPH ORPHANAGE 5400 EDALBERT DR, CINCINNATI, OH 45239	31-0537147	501(C)(3)	2,000				DONOR DESIGNATED GENERAL
(223) STARFIRE COUNCIL OF GREATER CINCINNATI 5030 OAKLAWN DR, CINCINNATI, OH 45227	31-1372833	501(C)(3)	49,294				PROGRAM OPERATING COST
(224) STEPPING STONES, INC. 5650 GIVEN RD, CINCINNATI, OH 45243	31-0671799	501(C)(3)	119,305				PROGRAM OPERATING COST
(225) STRATEGIES TO END HOMELESSNESS 2368 VICTORY PARKWAY, SUITE 600, CINCINNATI, OH 45206	20-8286347	501(C)(3)	197,174				PROGRAM OPERATING COST
(226) SUPPORTS TO ENCOURAGE LOW INCOME FAMILIES (SELF) PO BOX 1322, HAMILTON, OH 45012	31-1445223	501(C)(3)	27,147				PROGRAM OPERATING COST
(227) SWEET SISTAH SPLASH 1218 SYCAMORE STREET, CINCINNATI, OH 45202	45-4993074	501(C)(3)	20,000				PROGRAM OPERATING COST
(228) TALBERT HOUSE 2600 VICTORY PARKWAY, CINCINNATI, OH 45206	31-0713350	501(C)(3)	256,824				PROGRAM OPERATING COST
(229) TALBERT HOUSE 2600 VICTORY PARKWAY, CINCINNATI, OH 45206	31-0713350	501(C)(3)	2,000				DONOR DESIGNATED GENERAL
(230) TEEN CHALLENGE CINCINNATI PO BOX 249, MILFORD, OH 45150	23-7303165	501(C)(3)	16,431				PROGRAM OPERATING COST
(231) TENDER MERCIES, INC. PO BOX 14465, CINCINNATI, OH 45250-0465	31-1137270	501(C)(3)	69,297				PROGRAM OPERATING COST
(232) TENDER MERCIES, INC. PO BOX 14465, CINCINNATI, OH 45250-0465	31-1137270	501(C)(3)	2,000				DONOR DESIGNATED GENERAL
(233) THE COMMUNITY BUILDERS 185 DARTMOUTH STREET, BOSTON, MA 02116	04-2324773	501(C)(3)	25,000				PROGRAM OPERATING COST
(234) THE GREEN STORE 309 VINE STREET, APT. 406, CINCINNATI, OH 45202	85-1352313	501(C)(3)	13,500				PROGRAM OPERATING COST
(235) THE HEALTH COLLABORATIVE 615 ELSINORE PL, SUITE 500, CINCINNATI, OH 45202	31-1449807	501(C)(3)	60,000				PROGRAM OPERATING COST
(236) THE HEIGHTS MOVEMENT NP 726 ADAMS STREET, LINCOLN HEIGHTS, OH 45215	85-2171901	501(C)(3)	12,000				PROGRAM OPERATING COST
(237) THEIR VOICE OF GREATER CINCINNATI 1435 VINE STREET, CINCINNATI, OH 45202	82-4799324	501(C)(3)	12,500				PROGRAM OPERATING COST
(238) TREE ESSENTIAL LLC 2162 STRAFFORD AVENUE, APT. 494, CINCINNATI, OH 45219	81-3029650	501(C)(3)	12,500				PROGRAM OPERATING COST
(239) TRIIBE FOUNDATION 1207 VINE STREET, CINCINNATI, OH 45202	84-3496915	501(C)(3)	14,000				PROGRAM OPERATING COST

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(240) URBAN MINORITY ALCOHOLISM & DRUG ABUSE OUTREACH PROGRAM (UMADAOP) 199 WILLIAM HOWARD TAFT, 3RD FLOOR, CINCINNATI, OH 45219	31-1182430	501(C)(3)	49,294				PROGRAM OPERATING COST
(241) BE CONCERNED (UNITED MINISTRIES) 1100 PIKE STREET, COVINGTON, OH 41011	61-1071487	501(C)(3)	10,000				PROGRAM OPERATING COST
(242) URBAN LEAGUE OF GREATER SOUTHWESTERN OHIO 3458 READING ROAD, CINCINNATI, OH 45229	31-0565428	501(C)(3)	484,003				PROGRAM OPERATING COST
(243) URBAN LEAGUE OF GREATER SOUTHWESTERN OHIO 3458 READING ROAD, CINCINNATI, OH 45229	31-0565428	501(C)(3)	1,000				DONOR DESIGNATED GENERAL
(244) UNITED WAY OF WARREN COUNTY 645 OAK STREET, LEBANON, OH 45036	23-7132362	501(C)(3)	41,202				DONOR DESIGNATED GENERAL
(245) UNITED WAY OF CLINTON COUNTY 63 W. MAIN STREET, WILMINGTON, OH 45177	23-7148000	501(C)(3)	8,915				DONOR DESIGNATED GENERAL
(246) VILLAGES AT ROLL HILL COMMUNITY CENTER 3691 PRESIDENT DRIVE, CINCINNATI, OH 45225	27-4676214	501(C)(3)	27,500				PROGRAM OPERATING COST
(247) VOLUNTEERS OF AMERICA MID-STATES 933 GOSS AVENUE, LOUISVILLE, KY 40217	61-0480950	501(C)(3)	62,153				PROGRAM OPERATING COST
(248) WE SHALL OVERCOME FOUNDATION 9903 SANTA MONICA BLVD #259, BEVERLY HILLS, CA 90212	40-0778407	501(C)(3)	25,000				PROGRAM OPERATING COST
(249) WELCOME HOUSE OF NORTHERN KENTUCKY, INC. 205 W. PIKE ST, COVINGTON, KY 41011	61-1020382	501(C)(3)	108,589				PROGRAM OPERATING COST
(250) WESLEY COMMUNITY SERVICES 2091 RADCLIFF DR, CINCINNATI, OH 45204	31-0537097	501(C)(3)	32,862				PROGRAM OPERATING COST
(251) WEST END ART GALLERY PO BOX 141359, CINCINNATI, OH 45250	81-2526024	501(C)(3)	13,200				PROGRAM OPERATING COST
(252) WHITEWATER CROSSING CHRISTIAN CHURCH 5771 OH-128, CLEVELAND, OH 45002	31-0569739	501(C)(3)	27,500				PROGRAM OPERATING COST
(253) WIPROSPER TECHNOLOGIES LIMITED 1311 VINE STREET, CINCINNATI, OH 45202	83-2573353	501(C)(3)	20,000				PROGRAM OPERATING COST
(254) WOMEN HELPING WOMEN 215 E NINTH ST, 7TH FLOOR, CINCINNATI, OH 45202-6109	31-0864991	501(C)(3)	72,154				PROGRAM OPERATING COST
(255) THE ION CENTER FOR VIOLENCE PREVENTION (WOMEN'S CRISIS CENTER) 835 MADISON AVE., COVINGTON, KY 41011	61-0908752	501(C)(3)	164,312				PROGRAM OPERATING COST
(256) WORKING IN NEIGHBORHOODS (WIN) 1814 DREMAN AVE, CINCINNATI, OH 45223	31-0962007	501(C)(3)	49,294				PROGRAM OPERATING COST
(257) WORKING IN NEIGHBORHOODS (WIN) 1814 DREMAN AVE, CINCINNATI, OH 45223	31-0962007	501(C)(3)	2,000				DONOR DESIGNATED GENERAL

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(258) XAVIER UNIVERSITY 3800 VICTORY PARKWAY, CINCINNATI, OH 45207-7770	31-0537516	501(C)(3)	15,000				DONOR DESIGNATED GENERAL
(259) YMCA OF GREATER CINCINNATI 1105 ELM ST, CINCINNATI, OH 45202	31-0537178	501(C)(3)	394,349				PROGRAM OPERATING COST
(260) YMCA OF GREATER CINCINNATI 1105 ELM ST, CINCINNATI, OH 45202	31-0537178	501(C)(3)	2,500				COMMUNITY COLLABORATION
(261) YOUTH AT THE CENTER 2112 KEMPER LN #2, CINCINNATI, OH 45206	47-5658812	501(C)(3)	16,800				DONOR DESIGNATED GENERAL
(262) YOUTH ENCOURAGEMENT SERVICES, INC. 11636 COUNTY FARM RD, AURORA, IN 47001	31-0991515	501(C)(3)	25,000				DONOR DESIGNATED GENERAL
(263) YWCA OF GREATER CINCINNATI 898 WALNUT ST, CINCINNATI, OH 45202	31-0537518	501(C)(3)	402,386				DONOR DESIGNATED GENERAL
(264) YWCA OF HAMILTON, OHIO 244 DAYTON ST, HAMILTON, OH 45011	31-0537167	501(C)(3)	12,859				DONOR DESIGNATED GENERAL
(265) ZION GLOBAL MINISTRIES 9180 CINCINNATI COLUMBUS ROAD, WEST CHESTER, OH 45069	45-0918209	501(C)(3)	37,500				DONOR DESIGNATED GENERAL



Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	UNITED WAY OF GREATER CINCINNATI MAKES ALLOCATION DECISIONS BASED ON IMPACT, ALIGNMENT, ACCOUNTABILITY AND LEARNING. FUNDED PARTNERS REPORT ON IMPACT ANNUALLY, INCLUDING DEMOGRAPHICS SERVED AND RESULTS ACHIEVED. ANNUAL REPORTS ARE REVIEWED BY STAFF AND FOLLOW-UP WITH THE FUNDED PARTNER AS NEEDED. ALLOCATION DECISIONS ARE MADE BASED ON RECOMMENDATIONS FROM A VOLUNTEER LEADERSHIP GROUP AND ARE APPROVED ANNUALLY BY THE BOARD OF DIRECTORS.
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ARTSWAVE 20 W. CENTRAL PARKWAY, SUITE 200, CINCINNATI, OH 45202
SCHEDULE I, PART II, LINE 1(D) - AMOUNT OF CASH GRANT	THE REMAINING DISTRIBUTIONS NOT LISTED IN PART II, INCLUDE DESIGNATIONS AND OTHER ALLOCATIONS FROM 2021 THAT WILL BE PAID IN 2022 BASED ON AMOUNTS COLLECTED AND GRANT AMOUNTS LESS THAN OR EQUAL TO \$5,000.
SCHEDULE I, PART II, LINE 1(H) - PURPOSE OF GRANT OR ASSISTANCE	PURPOSE OF GRANT OR ASSISTANCE DEFINITIONS PER UNITED WAY WORLDWIDE:  *PROGRAM OPERATING COST - A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT OPERATES.  *COMMUNITY COLLABORATION - A RESTRICTED GRANT MADE TO A FUND ASSOCIATED WITH BRINGING ORGANIZATIONS WITHIN THE COMMUNITY TOGETHER FOR THE PURPOSE OF CREATING COLLABORATIVE EFFORTS THAT WILL ADDRESS SPECIFIC COMMUNITY ISSUES.  *DONOR DESIGNATED FOR GENERAL SUPPORT - AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL OPERATING COSTS, COMMUNITY COLLABORATION, AND DONOR DESIGNATED GENERAL SUPPORT.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER CINCINNATI

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Employer identification number

31-0537502

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |                                              |           |                                     |
|----------------------------------------------|-----------|-------------------------------------|
| <b>a</b> The organization? . . . . .         | <b>6a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? . . . . . | <b>6b</b> | <input checked="" type="checkbox"/> |

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MOIRA WEIR PRESIDENT & CEO	(i) 400,209	(ii) 0	(iii) 20,006	8,007	32,384	460,606	0
	(ii) 0	0	0	0	0	0	0	0
2	BRIAN GREGG CHIEF COMMUNICATIONS OFFICER	(i) 154,085	(ii) 0	(iii) 506	6,496	14,818	175,905	0
	(ii) 0	0	0	0	0	0	0	0
3	CHANDRA MATHEWS-SMITH CHIEF COMMUNITY ENGAGEMENT OFFICER	(i) 129,211	(ii) 0	(iii) 469	900	30,009	160,589	0
	(ii) 0	0	0	0	0	0	0	0
4	MIKE BAKER CHIEF IMPACT STRATEGY OFFICER	(i) 145,196	(ii) 0	(iii) 115	5,812	926	152,049	0
	(ii) 0	0	0	0	0	0	0	0
5	RANDY BUSH CHIEF FINANCIAL OFFICER	(i) 134,271	(ii) 0	(iii) 0	2,338	14,831	151,440	0
	(ii) 0	0	0	0	0	0	0	0
6		(i)						
	(ii)							
7		(i)						
	(ii)							
8		(i)						
	(ii)							
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 3 - REVIEW OF COMPENSATION	UWGC USED THE FOLLOWING PROCESS FOR DETERMINING THE COMPENSATION OF OFFICERS, KEY EMPLOYEES AND THE HIGHEST COMPENSATED EMPLOYEES:  THE UWGC CODE OF REGULATIONS STATES THE BOARD IS RESPONSIBLE FOR SUPERVISING ALL ASPECTS OF RUNNING THE BUSINESS, BUT CAN DELEGATE CERTAIN DECISIONS TO THE OFFICERS OF THE ORGANIZATION. THE REVIEW OF COMPENSATION CHANGES AT THE PRESIDENT/CEO LEVEL ARE APPROVED BY THE EXECUTIVE COMMITTEE FORMED FROM THE BOARD WHICH SERVES AS EXECUTIVE COMPENSATION COMMITTEE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

UNITED WAY OF GREATER CINCINNATI

Employer identification number

31-0537502

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	✓	207	960,938	MARKET VALUE
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	✓	1	325,000	MARKET VALUE
26	✓	2	443,200	MARKET VALUE
27				
28				

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

	Yes	No
30a		✓
31	✓	
32a		✓
33		

**Part II**

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

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

**SCHEDULE O  
(Form 990)**

Department of Treasury Internal  
Revenue Service

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

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

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

Employer Identification Number  
**31-0537502**

Return Reference - Identifier	Explanation
FORM 990, HEADER, LINE C - CEO/CFO FINANCIAL STATEMENT CERTIFICATION	MOIRA WEIR, PRESIDENT/CEO AND RANDY BUSH, CHIEF FINANCIAL OFFICER, CERTIFY THAT THEY HAVE REVIEWED THE AUDITED FINANCIAL STATEMENTS AND FINANCIAL INFORMATION REPORTED ON THE IRS FORM 990 OF UNITED WAY OF GREATER CINCINNATI (UWGC). BASED ON THEIR KNOWLEDGE, THE FINANCIAL INFORMATION CONTAINED IN THESE DOCUMENTS DO NOT CONTAIN ANY UNTRUE STATEMENT OF MATERIAL FACT OR OMIT ANY MATERIAL FACTS NECESSARY WHICH WOULD MAKE THE STATEMENTS MISLEADING AND, BASED ON THEIR KNOWLEDGE, FAIRLY PRESENT, IN ALL MATERIAL RESPECTS, THE FINANCIAL CONDITION, RESULTS OF OPERATION AND CASH FLOWS OF UWGC AS OF, AND FOR THE YEAR ENDED DECEMBER 31, 2021.
FORM 990, PART I, LINE 6 - TOTAL NUMBER OF VOLUNTEERS	UWGC VOLUNTEERS INCLUDE BOARD MEMBERS, COMMITTEE MEMBERS, CAMPAIGN AMBASSADORS, EMPLOYEE CAMPAIGN COORDINATORS, DIRECT SERVICE AND EVENT VOLUNTEERS.

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION</p>	<p>COMMUNITY SOLUTIONS  UNITED WAY OF GREATER CINCINNATI BELIEVES ALL FAMILIES IN OUR REGION DESERVE ECONOMIC WELL-BEING, SO WE BUILD LONG-TERM SOLUTIONS AND ALIGN SYSTEMS TO HELP PEOPLE THRIVE. WE WORK CLOSELY WITH COMMUNITIES TO IDENTIFY PATTERNS, UNCOVER THE GREATEST NEED AND CHANGE SYSTEMS SO MORE PEOPLE HAVE ECONOMIC STABILITY. WE UNITE INDIVIDUALS, COMPANIES AND ORGANIZATIONS TO INVEST THEIR TIME, FINANCIAL RESOURCES AND TALENTS AS PART OF OUR MOVEMENT TO BRING ECONOMIC WELL-BEING TO ALL FAMILIES THROUGHOUT THE REGION.</p> <p>IN 2021, UNITED WAY FOCUSED ON CREATING IMPACT THROUGH THREE KEY STRATEGIES:  *OUR INVESTMENTS - WE PROVIDE FINANCIAL RESOURCES AND OTHER SUPPORTS TO PARTNERS TO DRIVE SYSTEMS CHANGE, INNOVATE NEW AND MORE EFFECTIVE SOLUTIONS, AND ACCELERATE COLLABORATION, ALL WHILE DIVERSIFYING ACCESS TO OUR FUNDING.  *OUR INFLUENCES - WE COLLECT AND SHARE KEY DATA AND RESEARCH TO BETTER UNDERSTAND COMMUNITY CONDITIONS AND WHERE AND HOW WE CAN IMPROVE. IN ADDITION, WE BUILD THE WILL TO CREATE SYSTEMS CHANGE, AND WE ADVOCATE FOR POLICIES AND SYSTEMS THAT SUPPORT FAMILIES.  *OUR SERVICES - WE MANAGE PROGRAMS AND SERVICES, PILOT AND TEST NEW APPROACHES, AND LEVERAGE PARTNERSHIPS TO FILL GAPS AND CONNECT FAMILIES TO RESOURCES WITHIN THE BROADER SYSTEMS OF CARE.</p> <p>INVESTMENTS  THE ACCOMPLISHMENTS IN THIS STRATEGY INCLUDE:  *FLEXIBLE PROGRAM FUNDING: UNITED WAY INVESTED \$18.4 MILLION IN FLEXIBLE, GENERAL OPERATIONS GRANTS TO MORE THAN 130 ORGANIZATIONS TO CONTINUE TO MEET COMMUNITY NEEDS AND PROVIDE CRITICAL HUMAN SERVICES ACROSS THE GREATER CINCINNATI REGION. PROGRAMS FUNDED BY UNITED WAY FULFILLED MORE THAN 550,000 NEEDS.  *POLICY PARTNER INVESTMENTS: UNITED WAY INVESTED \$236,000 IN FIVE POLICY PARTNERS TO CONTINUE TO ADVANCE SYSTEMS CHANGE.  *FAITH &amp; COMMUNITY PARTNER GRANTS: UNITED WAY INVESTED MORE THAN \$130,000 IN 33 FAITH-BASED AND COMMUNITY PARTNERS WITH MINI GRANTS TO SUPPORT COMMUNITY SERVICES AND OUTREACH.  *BLACK-LED SOCIAL CHANGE: UNITED WAY INVESTED \$1 MILLION IN 45 BLACK-LED IDEAS, PROGRAMS AND PROJECT THROUGH THE SECOND YEAR OF BLACK EMPOWERMENT WORKS.</p> <p>INFLUENCE  THE ACCOMPLISHMENTS IN THIS STRATEGY INCLUDE:  *IN 2021, UNITED WAY SUPPORTED EFFORTS TO PASS AND SHAPE THE IMPLEMENTATION OF HOUSE BILL 499 - EMPLOYEE CHILD CARE ASSISTANCE PARTNERSHIP. THE BILL ENCOURAGES NONPROFIT AND FOR-PROFIT EMPLOYERS TO OFFER CHILD CARE ASSISTANCE AS A BENEFIT OF EMPLOYMENT BY MATCHING EMPLOYER CONTRIBUTIONS WITH STATE DOLLARS.  *LOCALLY, WE ADVOCATED FOR ARP FUNDING TO FILL THE GAP IN RESOURCES CUT IN 2020 BY THE CITY OF CINCINNATI TO ORGANIZATIONS FUNDED BY THE HUMAN SERVICES FUND, AND WE ADMINISTERED \$1.5 MILLION IN ARP GRANTS.  *UNITED WAY'S VOLUNTEER CONNECTION ENGAGED MORE THAN 2,700 CORPORATE VOLUNTEERS TO HELP DISTRIBUTE 4,200 LITERACY KITS TO FAMILIES WITH YOUNG CHILDREN AND DISTRIBUTED MORE THAN \$400,000 IN DONATED PPE TO 166 PARTNER ORGANIZATIONS.</p> <p>SERVICES  AMONG THE ACCOMPLISHMENTS IN THIS STRATEGY:  *EXPANDED UNITED WAY'S CARE COORDINATION EFFORT TO HELP CONNECT RESIDENTS WITH COVID-19 VACCINE APPOINTMENTS, SUPPORTING MORE THAN 10,000 INDIVIDUALS WITH APPOINTMENT RESOURCES AND REGISTRATION.  *ENROLLED MORE THAN 300 NEW FAMILIES IN PROJECT LIFT, A PUBLIC/PRIVATE PARTNERSHIP THAT HELPS FAMILIES REMOVE BARRIERS TO SECURING SUSTAINABLE INCOME AND ACHIEVING FINANCIAL STABILITY.  *HELPED MANY FAMILIES NAVIGATE COMMUNITY RESOURCES AND SERVICES. UNITED WAY'S 211 HELPLINE SERVED AS A ONE-STOP SHOP FOR RELIEF, FIELDING MORE THAN 80,000 REQUESTS FOR ASSISTANCE  *UNITED WAY'S FREE TAX PREP INITIATIVE, POWERED BY MORE THAN 300 VOLUNTEERS, HELPED NEARLY 7,000 LOW-TO-MODERATE-INCOME FAMILIES FILE TAXES FOR FREE, SAVING TAXPAYERS NEARLY \$2 MILLION IN TAX PREP FEES AND HELPING RESIDENTS ACCESS A TOTAL OF \$10.5 MILLION IN REFUNDS.</p>
<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION</p>	<p>DONOR DESIGNATIONS</p> <p>AS PART OF THE UWGC CAMPAIGN, DONORS MAY DESIGNATE ALL OR A PORTION OF THEIR PLEDGE TO A UWGC INITIATIVE OR IMPACT AREA, A UWGC AGENCY PARTNER, OR ANOTHER UNITED WAY. SOME DONORS ARE ABLE TO DESIGNATE TO ANY 501(C)(3) ORGANIZATION, BASED ON THEIR COMPANY'S GIVING PLATFORM. ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UWGC UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING. SCREENING INCLUDES VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT AND VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION. DESIGNATIONS RECEIVED IN THE FALL CAMPAIGN ARE DISTRIBUTED THE FOLLOWING YEAR BASED UPON AMOUNTS COLLECTED.</p>



Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - DIRECT SERVICES	<p>DIRECT SERVICES ARE SERVICES PROVIDED BY UWGC, SUCH AS UNITED WAY 211 AND UNITED WAY VOLUNTEER CONNECTION.</p> <p>UNITED WAY 211 LINKS PEOPLE TO SERVICES AND VOLUNTEER OPPORTUNITIES. UNITED WAY 211 IS AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK TO PEOPLE IN: HAMILTON, CLERMONT, BROWN, AND BUTLER COUNTIES AND MIDDLETOWN IN OHIO; BOONE, KENTON, CAMPBELL, AND GRANT COUNTIES IN KENTUCKY; AND DEARBORN, JEFFERSON, OHIO, RIPLEY, AND SWITZERLAND COUNTIES IN INDIANA.</p> <p>UNITED WAY VOLUNTEER CONNECTION STRIVES TO INCREASE THE EFFECTIVENESS AND PARTICIPATION OF ALL SEGMENTS OF VOLUNTEER RESOURCES THROUGH RECRUITMENT, TRAINING, EDUCATION, AND RECOGNITION.</p>
FORM 990, PART IV, LINE 28C - CHECKLIST OF REQUIRED SCHEDULES	<p>UWGC BOARD MEMBERS ARE REPRESENTATIVE OF THE COMMUNITY THAT UWGC SERVES. THEREFORE, SEVERAL BOARD MEMBERS HAVE RELATIONSHIPS WITH OTHER ORGANIZATIONS WITH WHICH UWGC DOES BUSINESS. HOWEVER, THESE RELATIONSHIPS ARE APPROPRIATE AS THESE TYPES OF TRANSACTIONS ARE DONE IN THE NORMAL COURSE OF BUSINESS.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>GOVERNING BODY AND MANAGEMENT</p> <p>THE 2021 FORM 990 WAS PREPARED BY THE FINANCE STAFF AND THEN REVIEWED BY THE CONTROLLER AND CHIEF FINANCIAL OFFICER (CFO), THE FINANCE AUDIT AND COMPLIANCE COMMITTEE, AND FORVIS, UWGC'S AUDIT FIRM. THE FORM 990 WAS PROVIDED TO THE BOARD FOR THEIR REVIEW PRIOR TO FILLING THE FORM 990 THROUGH A SECURE PORTAL. QUESTIONS OR COMMENTS FROM BOARD MEMBERS REGARDING THE FORM 990 WERE DIRECTED TO THE CFO.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>POLICIES</p> <p>UWGC STAFF AND VOLUNTEERS ARE REQUIRED TO ACKNOWLEDGE THAT THEY HAVE RECEIVED AND READ THE UWGC CODE OF ETHICS (CODE) AND ITS REQUIREMENTS AND THAT THEY ARE RESPONSIBLE FOR ADHERING TO THE PRINCIPLES AND STANDARDS OF THE CODE. THEY CONFIRM THAT THEY HAVE CONDUCTED THEMSELVES IN ACCORD WITH THE PRINCIPLES AND STANDARDS OF THE CODE.</p> <p>MEMBERS OF THE BOARD, CABINETS AND SOME COMMITTEES AND UWGC STAFF ARE REQUESTED TO ANNUALLY FILE WITH THE CHIEF FINANCIAL OFFICER (CFO) WHO FUNCTIONS AS THE ETHICS OFFICER, A DISCLOSURE OF ALL KNOWN POTENTIAL CONFLICTS OF INTEREST. THE CFO REVIEWS THESE DISCLOSURES, NOTES ANY POTENTIAL CONFLICTS, REQUESTS ADDITIONAL INFORMATION AND/OR DISCUSSES THE POTENTIAL CONFLICT WITH THE INDIVIDUAL, IF NECESSARY.</p> <p>IF A CONFLICT (OR A POTENTIAL CONFLICT) ARISES IN ANY MATTER BEFORE THE BOARD, IF THEY ARE BOARD MEMBERS, OR ANY COMMITTEE UPON WHICH THEY SERVE, STAFF/VOLUNTEERS SHOULD DISCLOSE THIS AND REFRAIN FROM VOTING IN CONNECTION WITH SUCH MATTER. SUCH KNOWN CONFLICTS WOULD INCLUDE BOARD MEMBERSHIP/OFFICER POSITION ON UWGC FUNDED AGENCIES OR OTHER FUNDED PROGRAMS/COLLABORATIONS.</p>
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>POLICIES</p> <p>UWGC USES THE FOLLOWING PROCESS FOR DETERMINING THE COMPENSATION OF OFFICERS, KEY EMPLOYEES AND THE HIGHEST COMPENSATED EMPLOYEES: THE UWGC CODE OF REGULATIONS STATES THE BOARD IS RESPONSIBLE FOR SUPERVISING ALL ASPECTS OF RUNNING THE BUSINESS, BUT CAN DELEGATE CERTAIN DECISIONS TO THE OFFICERS OF THE ORGANIZATION. THE REVIEW OF COMPENSATION CHANGES AT THE PRESIDENT/CEO LEVEL ARE APPROVED BY THE EXECUTIVE COMMITTEE FORMED FROM THE BOARD WHICH SERVES AS EXECUTIVE COMPENSATION COMMITTEE.</p>
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>SEE THE SCHEDULE O DISCLOSURE FOR FORM 990, PART VI, LINE 15A.</p>
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>DISCLOSURE</p> <p>UWGC'S MOST RECENTLY AUDITED FINANCIAL STATEMENTS AND FORM 990S ARE AVAILABLE ON ITS WEBSITE AT WWW.UWGC.ORG. UWGC MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.</p>
FORM 990, PART VII, SECTION A - OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES	<p>UWGC BOARD MEMBERS WHOSE TERM EXPIRED IN AUGUST 2021 OR WHO LEFT THE BOARD FOR VARIOUS REASONS DURING 2021 ARE AS FOLLOWS:</p> <ol style="list-style-type: none"> <li>1.ARCHIE BROWN</li> <li>2.DARRYL HALEY</li> <li>3.EDDIE TYNER</li> <li>4.MARY MILLER</li> <li>5.RONI LUCKENBILL</li> <li>6.SEAN RUGLESS</li> </ol>
FORM 990, PART VII, SECTION A, LINE 1A - STATEMENT OF COMPENSATION	<p>MOIRA WEIR'S AVERAGE HOURS WORKED PER WEEK FOR UWGC FOUNDATION WAS 1 HOUR. RANDY BUSH'S AVERAGE HOURS WORKED PER WEEK FOR UWGC FOUNDATION WAS 1 HOUR. CHARLES WRIGHT'S AVERAGE HOURS WORKED PER WEEK FOR UWGC FOUNDATION WAS 1 HOUR. CHRISTOPHER HEekin'S AVERAGE HOURS WORKED PER WEEK FOR UWGC FOUNDATION WAS 2 HOURS.</p>

Return Reference - Identifier	Explanation	
FORM 990, PART IX, LINE 1 - GRANT EXPENSE	UWGC CHANGED THEIR ALLOCATION CYCLE / GRANT AWARD MAKING CYCLE FROM CALENDAR YEAR TO A FISCAL YEAR (JULY TO JUNE). AS A RESULT, ONLY 6 MONTHS OF EXPENSES WERE AWARDED TO AGENCIES IN DECEMBER 2021 FOR THE PERIOD JANUARY 2022 TO JUNE 2022 TO GET AGENCIES TO THE NEW FUNDING CYCLE START.	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<b>(a)</b> Description	<b>(b)</b> Amount
	MARKET VALUE CHANGE IN BENEFICIAL INTEREST	79,895

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER CINCINNATI

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Employer identification number  
31-0537502

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNITED WAY OF GREATER CINCINNATI FOUNDATION (31-1064812) 2400 READING ROAD, CINCINNATI, OH 45202	HUMAN SERVICE	OH	501(C)(3)	12 TYPE I	UWGC	✓	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Cat. No. 50135Y

Schedule R (Form 990) 2021

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) <u>(SEE STATEMENT)</u>									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
UNITED WAY OF GREATER CINCINNATI FOUNDATION	C	1,502,800	BOOK VALUE
(1) UNITED WAY OF GREATER CINCINNATI FOUNDATION	O	79,999	BOOK VALUE
(2) UNITED WAY OF GREATER CINCINNATI FOUNDATION	L	103,836	BOOK VALUE
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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

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

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST 425 WALNUT STREET, CINCINNATI, OH 45202	GRANT MAKING	IL	N/A	TRUST				✓	