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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☒ Amended return ☐ Application pending	C Name of organization UNITED WAY OF GREATER TOLEDO	D Employer identification number 34-44 27947
	Doing Business As	E Telephone number (419) 248-2424
	Number and street (or P O box if mail is not delivered to street address) 424 JACKSON ST	Room/suite
	G Gross receipts \$ 18,502,874	
	City or town, state or country, and ZIP + 4 TOLEDO, OH 43604	
	F Name and address of principal officer WILLIAM J KITSON III 424 JACKSON ST TOLEDO, OH 43604	H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates 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 UNITEDWAYTOLEDO ORG		
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1918
M State of legal domicile OH		

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO CHANGE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITY																								
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>23</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>23</td></tr><tr><td>5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)</td><td>5</td><td>181</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>8,323</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>7b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	23	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	181	6 Total number of volunteers (estimate if necessary)	6	8,323	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0						
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Expenses	<table><tr><td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>10,675,663</td><td>7,863,699</td></tr><tr><td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>3,821,730</td><td>4,179,775</td></tr><tr><td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>b Total fundraising expenses (Part IX, column (D), line 25) ▶1,522,758</td><td></td><td></td></tr><tr><td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)</td><td>2,020,954</td><td>2,220,934</td></tr><tr><td>18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>16,518,347</td><td>14,264,408</td></tr><tr><td>19 Revenue less expenses Subtract line 18 from line 12</td><td>-2,059,077</td><td>-1,142,324</td></tr></table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,675,663	7,863,699	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,821,730	4,179,775	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,522,758			17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,020,954	2,220,934	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	16,518,347	14,264,408	19 Revenue less expenses Subtract line 18 from line 12	-2,059,077	-1,142,324
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Net Assets or Fund Balances	<table><tr><td></td><td>Beginning of Current Year</td><td>End of Year</td></tr><tr><td>20 Total assets (Part X, line 16)</td><td>34,044,221</td><td>35,202,324</td></tr><tr><td>21 Total liabilities (Part X, line 26)</td><td>16,407,509</td><td>12,841,888</td></tr><tr><td>22 Net assets or fund balances Subtract line 21 from line 20</td><td>17,636,712</td><td>22,360,436</td></tr></table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	34,044,221	35,202,324	21 Total liabilities (Part X, line 26)	16,407,509	12,841,888	22 Net assets or fund balances Subtract line 21 from line 20	17,636,712	22,360,436												
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Part II	Signature Block
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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	2013-01-17 Date			
	JANE MOORE INTERIM PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOHN S HILLS	Preparer's signature JOHN S HILLS	Date 2013-01-16	Check if self-employed ☐	PTIN
	Firm's name ▶ REHMANN ROBSON				Firm's EIN ▶
	Firm's address ▶ 5555 AIRPORT HWY STE 200 TOLEDO, OH 43615				Phone no ▶ (419) 865-8118

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 to any question in this Part III

☐

☒

1

Briefly describe the organization’s mission

TO CHANGE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITY

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 exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 7,137,072 including grants of \$ 5,834,648) (Revenue \$ 0)
	UNITED WAY OF GREATER TOLEDO (UWGT) IS MOBILIZING THE COMMUNITY AROUND EDUCATION, INCOME, AND HEALTH THERE IS A SENSE OF URGENCY IN OUR COMMUNITY AROUND THE NEED TO IMPROVE EDUCATION, SO UNITED WAY’S CHALLENGE IS TO TRANSFORM THAT SENSE OF URGENCY AND CONCERN INTO ACTION WHILE ALSO WRAPPING INCOME AND HEALTH SUPPORTS AROUND THE ISSUE WHILE UWGT DOES NEED FINANCIAL RESOURCES TO INVEST IN OUR TRADITIONAL PARTNER PROGRAMS, THERE IS NOT ENOUGH MONEY TO SOLVE ALL THE PROBLEMS SO WE ALSO ASK THE COMMUNITY FOR VOLUNTEER TIME AND VOICE GIVING, ADVOCATING, AND VOLUNTEERING IS WHAT IT MEANS TO LIVE UNITED IN TERMS OF GUIDING COMMUNITY INVESTMENTS, UNITED WAY OF GREATER TOLEDO ENGAGED VOLUNTEERS, COMMUNITY PARTNERS, AND KEY STAKEHOLDERS IN CREATING A DYNAMIC AND INTERACTIVE PLAN, THE UNITED WAY AGENDA FOR CHANGE, TO ACHIEVE MEASURABLE COMMUNITY CHANGE IN PRIORITY AREAS OF EDUCATION, INCOME, HEALTH, ESSENTIAL SERVICES AND OUTREACH THE PLAN INCLUDES FOUR TYPES OF STRATEGIES NECESSARY TO OUR SUCCESS SYSTEMIC CHANGE, ADVOCACY, VOLUNTEERISM AND PROGRAM INVESTMENT UWGT PROGRAM INVESTMENT DECISIONS ARE MADE ANNUALLY WITH A FOCUS ON SERVICES TARGETED TO INDIVIDUALS AND FAMILIES IN LUCAS, WOOD, AND OTTAWA COUNTIES WITH HOUSEHOLD INCOMES OF LESS THAN 300 PERCENT OF THE FEDERAL POVERTY LEVEL OR TO PEOPLE WITH SPECIAL NEEDS WHERE SERVICES ARE NOT TYPICALLY AVAILABLE EDUCATION THE RATE OF DEVELOPMENT FROM CONCEPTION TO KINDERGARTEN IS FASTER THAN DURING ANY OTHER PERIOD OF THE LIFESPAN DURING THIS SHORT PERIOD, CHILDREN DEVELOP THE CAPACITY TO COMMUNICATE, THINK, EXPRESS AND UNDERSTAND EMOTIONS, MAKE FRIENDS, REGULATE THEIR BEHAVIOR, AND DISTINGUISH BETWEEN RIGHT AND WRONG A CHILD’S EARLIEST EXPERIENCES MATTER BECAUSE THE FIRST YEARS OF LIFE FORM THE FOUNDATION FOR THE REST OF THE CHILD’S LIFE ENSURING THAT CHILDREN HAVE THE SKILLS AND EXPERIENCES NEEDED TO BE PREPARED FOR SUCCESS IN KINDERGARTEN IS A MAJOR INDICATOR OF THEIR FUTURE EDUCATIONAL SUCCESS THAT’S WHY UNITED WAY OF GREATER TOLEDO DIRECTS RESOURCES TOWARD EARLY LEARNING FOR CHILDREN AGES 0-5 AS A RESULT OF OUR PARTNERED EFFORTS WITH LOCAL ORGANIZATIONS TO MOBILIZE SYSTEMS AND RESOURCES TO SUPPORT THE SUCCESS OF YOUNG CHILDREN, SPECIFIC NEIGHBORHOODS IN OUR COMMUNITY HAVE SEEN AN INCREASE IN LITERACY LEVELS OF INCOMING KINDERGARTEN STUDENTS ALSO, 80 PERCENT OF CHILDREN AGES 3-5 WHO HAD PARENTS PARTICIPATING IN PARENT EDUCATION GROUPS OR IN HOME-BASED INTERACTIVE SESSIONS MET DEVELOPMENTAL MILESTONES NECESSARY TO BE READY TO ENTER KINDERGARTEN FURTHERMORE, IN TODAY’S COMPETITIVE GLOBAL ECONOMY, EFFECTIVE EDUCATION IS MORE IMPORTANT THAN EVER BEFORE THE NUMBER ONE PREDICTOR OF YOUTH SUCCESS IN LIFE IS GRADUATING FROM HIGH SCHOOL ACCORDING TO THE AMERICA’S PROMISE ALLIANCE, MORE THAN 25 PERCENT OF U S STUDENTS DO NOT FINISH HIGH SCHOOL THE FIGURE IS NEARLY TWICE THAT FOR AFRICAN-AMERICAN AND LATINO STUDENTS IN ADDITION, 60 PERCENT OF 10-TO-21 YEAR OLDS NATIONALLY SAY THEIR SCHOOLS SHOULD GIVE THEM MORE PREPARATION FOR THE REAL WORLD TO BUILD THE CAPACITY NECESSARY TO ADVANCE OUR EDUCATION WORK, WE HAVE PARTNERED WITH NATIONAL ORGANIZATIONS SUCH AS THE AMERICA’S PROMISE ALLIANCE AND THE CHILDREN’S AID SOCIETY THROUGH THESE PARTNERSHIPS WE UNDERSTAND THAT ALONG WITH A QUALITY EDUCATION, CHILDREN NEED OTHER SUPPORTS IN ORDER TO BE SUCCESSFUL IN SCHOOL, WORK, AND LIFE - CARING ADULTS, SAFE PLACES, AND OPPORTUNITIES TO SERVE OTHERS FROM AFTERSCHOOL ENRICHMENT AND TUTORING PROGRAMS, TO ALTERNATE SCHOOL SUSPENSION AND MENTORING PROGRAMS, WE KNOW THAT MORE YOUNG PEOPLE HAVE OPPORTUNITIES AND ENVIRONMENTS NEEDED TO LIVE SUCCESSFUL AND HEALTHY LIVES INCOME THE COMMUNITY AND FAMILY ISSUES THAT STEM FROM ECONOMIC AND FINANCIAL PRESSURES ARE BECOMING INCREASINGLY COMPLEX AND MORE DIFFICULT TO ADDRESS WAGES HAVE NOT KEPT PACE WITH THE RISING COST OF HOUSING, HEALTH CARE AND EDUCATION, AND SKILL LEVELS HAVE NOT STAYED IN ALIGNMENT WITH CHANGING INDUSTRY NEEDS UNITED WAY OF GREATER TOLEDO WORKS TO STRENGTHEN COMMUNITIES BY IDENTIFYING AND TACKLING THE UNDERLYING CAUSES OF THE FINANCIAL HARDSHIPS FACING TODAY’S FAMILIES BY ALIGNING CROSS-SECTOR PARTNERS TO GIVE LOWER-INCOME INDIVIDUALS AND FAMILIES THE TOOLS AND SKILLS NECESSARY TO MAXIMIZE THEIR INCOME, BUILD SAVINGS, AND GAIN ASSETS, WE ARE HELPING THESE FAMILIES ACHIEVE FINANCIAL INDEPENDENCE ACCORDING TO THE U S DEPARTMENT OF LABOR BUREAU AND STATISTICS, THE UNEMPLOYMENT RATES IN THE TOLEDO METROPOLITAN AREA HAVE GENERALLY REMAINED HIGHER THAN THOSE FOR THE STATE OF OHIO OR THE UNITED STATES IN RESPONSE, UWGT IS MAKING SIGNIFICANT CHANGES IN THE AREA OF INCOME BY FOCUSING RESOURCES ON MAKING FAMILIES AND INDIVIDUALS FINANCIALLY STABLE THIS YEAR, A FINANCIAL STABILITY COLLABORATIVE WAS FORMED IN AN EFFORT TO BRING TOGETHER FRAGMENTED COMMUNITY RESOURCES, REDUCE THE DUPLICATION OF SERVICES, AND CREATE ONE SOLID PROCESS FOR FINANCIAL EDUCATION THIS COLLABORATIVE HAS TWO FREE OF CHARGE OPPORTUNITIES FINANCIAL EDUCATION THROUGH A LEARNING ACADEMY AND CLIENT ADVOCACY THIS FINANCIAL EDUCATION PROGRAM INCORPORATES THREE PHASES (1) BUILDING A FOUNDATION FOR BASIC BUDGETING, (2) OVERCOMING FINANCIAL SETBACKS BY MANAGING CURRENT RESOURCES, (3) PLANNING FOR THE FUTURE BY INVESTING FOR TOMORROW THROUGH HIGHER EDUCATION OR A NEW CAREER PROFESSIONALS FROM BANKS, NONPROFITS, BUSINESSES, AND PUBLIC UTILITIES ARE JUST A FEW OF THE PEOPLE WHO LEAD THE DISCUSSIONS AND OPPORTUNITIES THROUGH CLIENT ADVOCACY, PARTICIPANTS ARE ASSIGNED TO AN ADVOCATE WHO GUIDES THEM THROUGH IDENTIFYING THEIR NEEDS, ENCOURAGING THEM TO SET AND ACHIEVE GOALS, CONNECTING THEM TO APPROPRIATE EDUCATION, AND ESTABLISHING LINKAGES TO SOURCES OF SUPPORT RIGHT IN THEIR OWN COMMUNITIES AN ESTIMATED 40,000 HOUSEHOLDS IN TOLEDO ARE "UNBANKED" OR "UNDERBANKED" AND SPEND AN AVERAGE OF \$829 PER YEAR PER FAMILY IN FEES TO CASH PAYCHECKS UWGT INVESTS IN A BANK ON PROGRAM TO INCREASE ACCESS FOR FOLKS WHO ARE "UNBANKED" OR "UNDERBANKED" TO MAINSTREAM FINANCIAL SERVICES AND EDUCATION FOR LOW TO MODERATE INCOME FAMILIES AND INDIVIDUALS THE PROGRAM PAIRS FINANCIAL INSTITUTIONS, CITY/COUNTY OFFICIALS AND COMMUNITY GROUPS TO WORK WITH FAMILIES TO BUILD MONEY MANAGEMENT SKILLS AND WEALTH WHILE GROWING TOLEDO’S ECONOMY RESULTS OF THIS WORK INCLUDE 71 FAMILIES (91%) INCREASED THEIR RESOURCES THROUGH DEBT REDUCTION OR INCOME OR BENEFIT INCREASES 39 FAMILIES (72%) STAYING AT A SHELTER UP TO 60 DAYS LEFT THE SHELTER FOR PERMANENT OR TRANSITIONAL HOUSING 83 (74%) OF INDIVIDUALS ATTENDING FINANCIAL STABILITY CLASSES STATE THAT THEY HAVE USEFUL INFORMATION THAT THEY CAN USE IN THE NEXT 30 DAYS TO IMPROVE THEIR FINANCIAL SITUATION HEALTH WHILE UWGT BELIEVES EDUCATION IS ESSENTIAL TO FINDING A JOB WHICH PROVIDES INCOME TO SUPPORT A FAMILY, WE ALSO KNOW IF AN INDIVIDUAL DOES NOT HAVE HIS OR HER HEALTH, NOTHING ELSE MATTERS THOUSANDS OF CHILDREN UNDER AGE SIX ARE VULNERABLE TO POOR SOCIAL AND EMOTIONAL OUTCOMES MORE THAN 200,000 ARE VICTIMS OF CHILD ABUSE OR NEGLECT, AND THEIR EXPOSURE TO VIOLENCE HAS A DIRECT IMPACT ON BRAIN DEVELOPMENT, WITH SOCIAL AND EMOTIONAL CONSEQUENCES UWGT USES BEST PRACTICES TO SUPPORT A CONTINUUM OF SERVICES, BEGINNING WITH PROMOTION OF SOCIAL AND EMOTIONAL WELLNESS AND PREVENTION OF SOCIAL AND EMOTIONAL HEALTH PROBLEMS, EXTENDING THROUGH EARLY INTERVENTION AND TREATMENT UWGT INVESTS IN SCHOOL-WIDE, CLIMATE-CHANGE INITIATIVES TO BOOST ACADEMIC ACHIEVEMENT, REMOVE BARRIERS TO LEARNING, AND INCREASE RECRUITMENT AND RETENTION SCHOOLS RECEIVE INTENSIVE PROFESSIONAL DEVELOPMENT, COACHING, AND CONSULTATION THROUGHOUT THE SCHOOL YEAR ON STRATEGIES AND STRUCTURES FOR CREATING CARING LEARNING CONNECTIONS BETWEEN STUDENTS, TEACHERS, PARENTS, AND THEIR ENTIRE SCHOOL COMMUNITY IN ADDITION, TEACHERS PREVENT RISKY BEHAVIORS BY TEACHING AND PRACTICING SOCIAL AND EMOTIONAL SKILLS THROUGH THESE TYPES OF INVESTMENTS THE COMMUNITY HAS SEEN RESULTS SUCH AS 74 PERCENT OF CENTRAL CITY KIDS IN GRADES 1-12 IMPROVING AT LEAST ONE GRADE LEVEL IN MATH AND/OR READING ADDITIONALLY, UWGT HAS MADE SUBSTANTIAL INVESTMENTS TO ADDRESS THE SERIOUSLY INADEQUATE CAPACITY FOR ADDRESSING CHILDREN’S HEALTH NEEDS UWGT HAS INVESTED IN IMPROVING ACCESS TO HEALTH AND FITNESS SERVICES AND IN EDUCATION TO PREVENT CHILD ABUSE AS A RESULT, 374 (75%) OF CHILDREN ATTENDING FREE OR LOW-COST SWIM LESSONS IMPROVED THEIR SKILLS AND KNOWLEDGE 6,421 CHILDREN AND TEENS RECEIVED FREE OR LOW-COST DENTAL CARE 47 (100%) SERIOUSLY ILL CHILDREN KEPT AT LEAST 90% OF THEIR PHYSICIAN, SUB-SPECIALTY, AND OTHER SERVICE APPOINTMENTS AFTER DISCHARGE FROM THE HOSPITAL 8,710 CHILDREN AGES 3 TO 9 RECEIVED PERSONAL SAFETY EDUCATION TO PREVENT OR REDUCE THE TRAUMA RELATED TO CHILD ABUSE IN EDUCATION, INCOME, AND HEALTH, UWGT ALSO USES ADVOCACY EFFORTS AND VOLUNTEER MANPOWER TO HELP FURTHER ADVANCE THE COMMON GOOD IN OUR COMMUNITY

4b	(Code) (Expenses \$ 2,481,981 including grants of \$ 2,029,051) (Revenue \$ 0)
	DONOR DESIGNATIONS - THROUGH THE CAMPAIGN PLEDGING PROCESS, DONORS ARE GIVEN THE OPPORTUNITY TO DIRECT ALL OR PART OF THEIR CONTRIBUTION TO ANOTHER QUALIFIED AGENCY AS PLEDGES ARE COLLECTED THESE DESIGNATIONS ARE PAID QUARTERLY

4c	(Code) (Expenses \$ 609,437 including grants of \$ 0) (Revenue \$ 0)
	UNITED WAY 2-1-1 IS A FREE, CONFIDENTIAL AND ANONYMOUS, NON-EMERGENCY INFORMATION AND REFERRAL SERVICE THAT CONNECTS LUCAS, WOOD, OTTAWA, ERIE, AND HANCOCK COUNTY RESIDENTS TO THE HEALTH AND HUMAN SERVICES THEY NEED THE SERVICE IS AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK AS WELL AS DURING DISASTERS UNITED WAY 2-1-1 PROVIDES CALLERS AND WEB VISITORS WITH DETAILED INFORMATION ON COMMUNITY RESOURCES FOR HELP AND ASSISTANCE IN A RANGE OF AREAS INCLUDING JOB TRAINING OPPORTUNITIES, FINANCIAL OR LEGAL COUNSELING, SECTION 8/HOUSING/SHELTER, FORECLOSURE INFORMATION, HEALTH SERVICES, FOOD ASSISTANCE, SUBSTANCE ABUSE, EDUCATION AND TRAINING, CHILD OR ELDERLY CARE, AND HOLIDAY ASSISTANCE

4d	Other program services (Describe in Schedule O) See also Additional Data for Description
	(Expenses \$ 1,942,166 including grants of \$) (Revenue \$)

4e	Total program service expenses➤\$ 12,170,656
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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Yes	
11	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Parts II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Parts III and IV.		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).		

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	17
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	181
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	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)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	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?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

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

Section B. Policies

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
15c	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	OH
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	KATHLEEN A DOTY 424 JACKSON ST TOLEDO, OH 43604 (419) 248-2424

Part VII

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

Check if Schedule O contains a response to any question 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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 (describe hours for related organizations in Schedule O)	(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			
(1) JIM WALROD TRUSTEE	1 00	X						0	0	0
(2) CAROL CAMPBELL TRUSTEE	1 00	X						0	0	0
(3) KATTIE BOND TRUSTEE	1 00	X						0	0	0
(4) LAWRENCE M FRIEDMAN TRUSTEE	1 00	X						0	0	0
(5) DR ROBERT C HELMER TRUSTEE	1 00	X						0	0	0
(6) LINDA EWING TRUSTEE	1 00	X						0	0	0
(7) CYNTHIA M DANA TRUSTEE	1 00	X						0	0	0
(8) SARA JANE DEHOFF TRUSTEE	1 00	X						0	0	0
(9) DUANE W HAAS TRUSTEE	1 00	X						0	0	0
(10) THOMAS J MANAHAN TRUSTEE	1 00	X						0	0	0
(11) MARY M FOOTE TRUSTEE	1 00	X						0	0	0
(12) ARTURO POLIZZI TRUSTEE	1 00	X						0	0	0
(13) STEPHEN P MALIA TRUSTEE	1 00	X						0	0	0
(14) BRIAN BROWN TRUSTEE	1 00	X						0	0	0
(15) JANI MILLER CHAIR OF THE BOARD	1 00	X						0	0	0
(16) JILL KEGLER TRUSTEE	1 00	X						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 (describe hours for related organizations in Schedule O)	(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			
(17) H TERENCE SMITH TRUSTEE	1 00	X						0	0	0
(18) JEREMY GUTIERREZ TRUSTEE	1 00	X						0	0	0
(19) BALDEMAR VELASQUEZ TRUSTEE	1 00	X						0	0	0
(20) THOMAS L WAGGONER VICE CHAIR OF BOARD	1 00	X						0	0	0
(21) RAYMOND WOOD TRUSTEE	1 00	X						0	0	0
(22) JOHN LEWIS TRUSTEE	1 00	X						0	0	0
(23) JON B MICK AUDIT/FINANCE CHAIR	1 00	X						0	0	0
(24) WILLIAM J KITSON III PRESIDENT & SECRETARY	40 00			X				140,226	0	6,646
(25) KATHLEEN DOTY COO	40 00			X				97,227	0	4,861
(26) JANE MOORE EXECUTIVE VICE PRESIDENT	40 00			X				99,425	0	4,971
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								336,878	0	16,478

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	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>		No
5	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>		No

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		
(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0		

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	205,147			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	11,481,240			
	e	Government grants (contributions)	1e	759,666			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	264,606			
	g	Noncash contributions included in lines 1a-1f \$		99,925			
	h	Total. Add lines 1a-1f		12,710,659			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		397,821		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			-41,747		-41,747
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
b		Less direct expenses					
c		Net income or (loss) from fundraising events			38,098		38,098
9a		Gross income from gaming activities See Part IV, line 19					
b		Less direct expenses					
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances					
b		Less cost of goods sold					
c		Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code					
11a	MISCELLANEOUS	900099	17,253			17,253	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		17,253				
12	Total revenue. See Instructions		13,122,084	0	0	411,425	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	7,863,699	7,863,699		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	363,896	222,004	118,218	23,674
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,949,962	1,997,712	157,091	795,159
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	270,112	198,474	14,406	57,232
9	Other employee benefits	286,785	190,594	25,374	70,817
10	Payroll taxes	309,020	207,592	23,243	78,185
a	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	297,571	183,858	13,897	99,816
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	25,697	19,273	2,056	4,368
17	Travel	48,558	31,144	2,818	14,596
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	156,999	125,485	7,884	23,630
20	Interest	109,475	68,129	14,007	27,339
21	Payments to affiliates	142,726	95,755	13,145	33,826
22	Depreciation, depletion, and amortization	310,176	232,632	24,814	52,730
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROFESSIONAL SERVICES	568,971	363,520	83,731	121,720
b	MISCELLANEOUS	140,520	108,839	9,556	22,125
c	TELEPHONE	100,123	80,984	4,418	14,721
d	SUPPLIES	97,295	63,961	2,948	30,386
e	UTILITIES	60,310	45,233	4,824	10,253
f	All other expenses	162,513	71,768	48,564	42,181
25	Total functional expenses. Add lines 1 through 24f	14,264,408	12,170,656	570,994	1,522,758
26	Joint costs. Check here ☒ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,020	1	1,020
	2	Savings and temporary cash investments			2,007,337	2	1,456,287
	3	Pledges and grants receivable, net			5,931,714	3	6,501,318
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net			15,140	7	3,747
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			90,131	9	94,537
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	8,275,716			
	b	Less: accumulated depreciation	10b	860,687	7,185,648	10c	7,415,029
	11	Investments—publicly traded securities			17,483,536	11	18,095,548
	12	Investments—other securities. See Part IV, line 11			93,502	12	131,028
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,236,193	15	1,503,810
16	Total assets. Add lines 1 through 15 (must equal line 34)			34,044,221	16	35,202,324	
Liabilities	17	Accounts payable and accrued expenses			454,510	17	411,114
	18	Grants payable				18	
	19	Deferred revenue			22,163	19	35,298
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			5,818,873	23	4,757,661
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			10,111,963	25	7,637,815
	26	Total liabilities. Add lines 17 through 25			16,407,509	26	12,841,888
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			13,143,120	27	16,681,172
	28	Temporarily restricted net assets			2,371,816	28	3,289,871
	29	Permanently restricted net assets			2,121,776	29	2,389,393
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			17,636,712	33	22,360,436
34	Total liabilities and net assets/fund balances			34,044,221	34	35,202,324	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,122,084
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,264,408
3	Revenue less expenses Subtract line 2 from line 1	3	-1,142,324
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,636,712
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,866,048
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	22,360,436

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization UNITED WAY OF GREATER TOLEDO	Employer identification number 34-4427947
--	--

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 11, 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)
- 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 organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	12,199,186	14,163,906	13,097,449	14,312,847	12,710,659	66,484,047
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12,199,186	14,163,906	13,097,449	14,312,847	12,710,659	66,484,047
5 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)						
6 Public Support. Subtract line 5 from line 4						66,484,047

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	12,199,186	14,163,906	13,097,449	14,312,847	12,710,659	66,484,047
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,179,022	1,463,038	693,281	411,964	397,821	4,145,126
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	103,454	97,669	22,129	79,272	17,253	319,777
11 Total support (Add lines 7 through 10)						70,948,950
12 Gross receipts from related activities, etc. (See instructions.)					12	1,269,788
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	93 710 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	92 620 %
16a	33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization 		
b	33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization 		
17a	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 		
b	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 		
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2010. 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—2009. 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

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER TOLEDO

Employer identification number

34-4427947

Part I

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

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

1b

If the organization elected, as permitted under SFAS 116, 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)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	917,724	864,501	1,002,837	
b	Contributions				
c	Investment earnings or losses	131,481	53,223	-138,336	
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance	1,049,205	917,724	864,501	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶ 0 %

3a

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

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		378,229		378,229
b Buildings		7,127,923	652,105	6,475,818
c Leasehold improvements				
d Equipment		769,564	208,582	560,982
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				7,415,029

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,122,084
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,264,408
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,142,324
4	Net unrealized gains (losses) on investments	4	4,173,304
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	1,692,744
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	5,866,048
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,723,724

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	15,266,337
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	4,173,304
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	4,173,304
3	Subtract line 2e from line 1	3	11,093,033
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2,029,051
c	Add lines 4a and 4b	4c	2,029,051
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	13,122,084

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	12,235,357
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	12,235,357
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2,029,051
c	Add lines 4a and 4b	4c	2,029,051
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	14,264,408

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THESE ENDOWMENT ACCOUNTS WERE ESTABLISHED TO PROPERLY ACCOUNT FOR DONOR RESTRICTED GIFTS. THE CORPUS OF THE GIFT IS HELD IN PERPETUITY AND AUTHORIZED PROCEEDS ARE USED FOR DONOR SPECIFIED/DESIGNATED PURPOSES, SUCH AS DECREASED HOMELESSNESS, SERVICES BENEFITING CHILDREN, AND OTHER PROGRAMS IDENTIFIED BY OUR VOLUNTEERS THROUGH ANNUAL GRANT DECISIONS.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS ALSO EXEMPT FROM STATE AND LOCAL INCOME TAXES UNDER THE LAWS OF THE STATE OF OHIO FOR NONPROFIT ORGANIZATIONS. ACCORDINGLY, NO PROVISION FOR FEDERAL, STATE, OR LOCAL INCOME TAXES HAS BEEN RECORDED. THE ORGANIZATION HAS EVALUATED UNCERTAIN INCOME TAX POSITIONS AND BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS OF SIGNIFICANCE THAT ARE REQUIRED TO BE RECORDED OR DISCLOSED.
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS 2,029,051
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS 2,029,051

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GEM BEACH (event type)	GOLF OUTING (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	47,932	21,550	69,482
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	47,932	21,550	69,482
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages	23,669	7,715	31,384
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			31,384
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			38,098

Part III Gaming.

Complete if the organization answered "Yes" to 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	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate 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 operate 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 operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
UNITED WAY OF GREATER TOLEDO

Employer identification number
34-4427947

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

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

2

Enter total number of section 501(c)(3) and government organizations ▶

3

Enter total number of other organizations ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 UNITED WAY OF GREATER TOLEDO'S PROGRAM MONITORING PROCESS INCLUDES WRITTEN REPORTS OF PROGRAM OUTPUTS, PROGRAM EFFICACY MEASUREMENT REPORTS, DEMOGRAPHIC CHARACTERISTICS OF CLIENTS SERVED, AND FINANCIAL REPORTING ON PROGRAM REVENUE AND EXPENSES ALL REPORTS ARE ENTERED BY AGENCIES THROUGH A WEB-BASED REPORTING SYSTEM GROUPS OF COMMUNITY VOLUNTEERS REVIEW THE WRITTEN REPORTS, REGULARLY VISIT PROGRAMS IN ACTION AND VIEW PROGRAM DOCUMENTATION THE INFORMATION OBTAINED IS USED TO EVALUATE HOW EACH PROGRAM IS FUNCTIONING ACCORDING TO THE PROGRAM PLAN SUBMITTED BY THE AGENCY THE VOLUNTEER GROUPS MAY ELECT TO ADJUST, HOLD, OR END FUNDING TO A PROJECT BASED ON UNSATISFACTORY REPORTS OR SITE VISITS

Software ID:
Software Version:
EIN: 34-4427947
Name: UNITED WAY OF GREATER TOLEDO

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE ABILITY CENTER OF GREATER TOLEDO	34-4428597		46,982				EDUCATIONAL ADVOCACY SERVICES
ADELANTE INC	34-1826214		54,341				GANAS ASP/LEAMOS JUNTOS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AURORA PROJECT INC	34-1517827		89,363				FINANCIAL STABILITY COLLABORATIVE
BIG BROTHERS & BIG SISTERS NWO	34-1396251		125,623				ONE-TO-ONE MENTORING, POSITIVE CONNECTIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BOYS & GIRLS CLUBS OF TOLEDO	34-4427933		532,110				BUILDING COMPETENCIES, LEADERSHIP DEVELOPMENT, RESIDENT CAMPING
COCOON SHELTER	20-1011222		33,849				EMERGENCY SAFE HOUSING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CATHOLIC CHARITIES DIOCESE OF TOLEDO	34-4428254		121,232				FAMILY EMERGENCY GUIDANCE, LA POSADA
CATHOLIC CLUB	34-4428936		190,086				CC-PARENTED EDUCATION AND SUPPORT, CLUB RECREATION, CLUB CARE 0 TO 5

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHILDREN'S RESOURCE CENTER	34-1191237		61,580				PARENTING EDUCATION, PRE-SCHOOL SEXUAL ABUSE PREVENTION
WOOD COUNTY EDUCATIONAL SERVICE CENTER	34-6401606		75,790				OUT-OF-SCHOOL STARS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DENTAL CENTER OF NWO	34-4441883		151,929				DENTAL CLINIC, DENTAL RESOURCE CENTER
EAST TOLEDO FAMILY CENTER	34-4429426		193,110				FINANCIAL STABILITY COLLABORATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FAMILY & CHILD ABUSE PREVENTION CENTER	34-1375936		288,538				CHILDREN'S ADVOCACY CENTER, ABUSE PREVENTION
FAMILY HOUSE	34-1556086		46,864				EMERGENCY SHELTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FAMILY SERVICE OF NWO	34-4428488		87,709				HOME CARE OPTIONS
FREDERICK DOUGLASS COMMUNITY ASSOCIATION	34-4429189		84,566				YOUTH DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FRIENDLY CENTER	34-4428217		47,726				FINANCIAL STABILITY COLLABORATIVE
GIRL SCOUTS OF WESTERN OHIO	31-0679091		115,032				EVERY GIRL, EVERYWHERE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GREATER TOLEDO URBAN LEAGUE	34-1803841		27,011				FINANCIAL LITERACY
HARBOR INC	34-4434924		212,749				SUPPORTING EARLY EMOTIONAL DEVELOPMENT, EARLY CHILDHOOD PARTNERSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
KIDNEY FOUNDATION NWO	34-1133682		20,065				OPERATING SUPPORT
LEARNING CLUB OF TOLEDO	34-1721196		65,253				LEARNING CLUB PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LEGAL AID OF WESTERN OHIO	34-1485732		114,141				LEGAL ASSISTANCE
LUTHERAN SOCIAL SERVICES OF NWO	34-4428225		170,267				FINANCIAL STABILITY COLLABORATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MOBILE MEALS OF TOLEDO	34-1019610		62,803				HOME DELIVERED MEALS COLLABORATIVE
NEIGHBORHOOD HEALTH ASSN	23-7272741		103,997				SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
OAK HOUSE INC	31-1501768		43,737				CLUBHOUSE
OTTAWA COUNTY HEALTH CASA	26-1457631		20,694				CASA PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
OTTAWA COUNTY TRANSITIONAL HOUSING	34-1744958		143,843				FAMILY DEVELOPMENT, OCTHI-SUTTON CENTER COLLABORATION
SALVATION ARMY OF NWO	13-5562351		214,977				BASIC NEEDS - SA PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SIGHT CENTER OF NWO	34-4428258		44,671				VISION REHAB & ANCILLARY SERVICES
ST PAUL'S COMMUNITY CENTER	34-1252554		170,313				THE SHELTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TOLEDO DAY NURSERY	34-4465880		285,959				CHILD DEVELOPMENT-LICENSED/KINDER/SUMMER CARE
WOOD COUNTY HEALTH DEPT	34-6401607		78,111				ADULT PRIMARY CARE, HELP ME GROW/PARENTS AND TEACHERS, PERSONAL CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
YMCAJCC OF GREATER TOLEDO	34-4428262		218,455				LUCAS COUNTY FUN BUS, WOOD COUNTY FUN BUS, YM-KIDCENTRIC, YM-KIDS IN MOTION/FAMILIES IN MOTION
YWCA OF NORTHWEST OHIO	34-4428265		299,424				HEALTHY CONNECTIONS-HEARTPLUS-ADULT, YW CHILDCARE CONNECTIONS-PARENT, BATTERED WOMEN'S SHELTER, H O P E CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WGTE-TV 30 PUBLIC MEDIA	34-6554586		9,795				FIRST BOOK
MOM'S HOUSE	34-1710362		36,654				MOM'S HOUSE CHILDCARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
POLLY FOX ACADEMY	90-0080784		50,901				BUILDING ROADS TO THE FUTURE
TOLEDO BOTANICAL GARDENS	34-1350559		39,589				TOLEDO GROWS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
OTTAWA COUNTY FAMILY & CHILDREN FIRST COUNCIL	34-6401025		46,874				FAMILY PRESERVATION PROGRAM
BENTON CARROLL SALEM LOCAL SCHOOL DISTRICT	34-1015664		9,295				ACORN ALLEY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TOLEDOLUCAS COUNTY CARENET	43-1986672		76,300				CONNECTING TO HEALTHCARE
DONOR DESIGNATIONS TO AGENCIES			731,840				VARIOUS AGENCIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NORTHWEST OHIO DEVELOPMENT AGENCY	34-1909045		33,782				IDA
ALZHEIMER'S ASSOCIATION NORTHWEST OHIO	34-1423768		15,251				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICAN CANCER SOCIETY	34-0726080		31,498				OPERATING SUPPORT
AMERICAN HEART ASSOCIATION	13-5613797		11,037				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICAN RED CROSS	53-0196605		754,116				FAMILY EMERGENCY RESPONSE SERVICES
AUTISM SOCIETY OF NORTHWEST OHIO	23-7148438		19,667				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BOY SCOUTS OF AMERICA ERIE SHORES	34-4427945		147,595				SCOUTREACH - GRADES 1-5
CHERRY STREET MISSION	34-1133369		13,108				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COMPASS (A DIVISION OF CCRS)	34-1872838		5,722				OPERATING SUPPORT
DIABETES YOUTH SERVICES	34-1967194		5,810				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HOSPICE OF NORTHWEST OHIO	34-1283188		132,102				OPERATING SUPPORT
JEWISH FAMILY SERVICES	34-4428257		6,900				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
JUNIOR ACHIEVEMENT NWO INC	34-4430363		21,099				OPERATING SUPPORT
LENAWEE UNITED WAY	38-1598949		8,399				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MERCY COLLEGE OF NORTHWEST OHIO	14-1963204		7,182				OPERATING SUPPORT
PATIENT ADVOCACY FUND	34-1908586		33,885				CCV-ACCESS TO PREVENTATIVE CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PROVIDENCE CENTER	34-1829100		80,445				PROGRAM SUPPORT
READ FOR LITERACY INC	34-1516490		55,825				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ST LUKE'S HOSPITAL FOUNDATION INC	34-1292849		5,988				OPERATING SUPPORT
ST VINCENT MERCY MEDICAL CENTER	34-4428250		80,000				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

[illegible]

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE EPILEPSY CENTER OF NW OHIO	34-1768270		7,568				OPERATING SUPPORT
UNITED WAY OF COASTAL GEORGIA	58-0671327		5,000				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNITED WAY OF FULTON COUNTY	31-1574103		29,647				OPERATING SUPPORT
UNITED WAY OF HANCOCK COUNTY	34-6408694		32,223				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNITED WAY OF HENRY COUNTY	34-1359317		13,012				OPERATING SUPPORT
UNITED WAY OF MONROE COUNTY INC	38-1437937		40,966				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIVERSITY OF TOLEDO MEDICAL COLLEGE	34-6555110		25,000				REACH OUT AND READ
THE VICTORY CENTER	34-1767997		8,535				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AIDS RESOURCE CENTER	31-1256541		40,582				PROTECTING OUR YOUTH, EARLY INTERVENTION
ARC OF WOOD COUNTY	23-7122401		5,715				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CITY OF TOLEDO FIRE & RESCUE OPERATIONS	34-6401447		10,000				OPERATING SUPPORT
HEARTBEAT OF TOLEDO	23-7404777		7,818				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HENDERSON COUNTY FAMILY YMCA	56-0671364		7,500				OPERATING SUPPORT
JUVENILE DIABETES RESEARCH FOUNDATION	23-1907729		6,576				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MAKE-A-WISH FOUNDATION OF NORTHWESTERN	34-1471131		11,833				OPERATING SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY	34-0478839		6,938				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NORTHWEST OHIO FELLOWSHIP OF CHRISTIAN	44-0610626		7,800				OPERATING SUPPORT
OTTAWA HILLS PREVENTION ADVISORY	20-1913103		6,470				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PROMEDICA HEALTH SYSTEM FOUNDATION	34-4427949		25,000				HEALTHY GREENS INITIATIVE
SALVATION ARMY OF HENDERSON COUNTY	34-0714378		5,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ST CHARLES MERCY HOSPITAL FOUNDATION	34-1414900		6,711				OPERATING SUPPORT
TOLEDO-LUCAS COUNTY HEALTH DEPARTMENT	34-6400806		103,000				MOBILE VISION SERVICES FOR CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TOLEDO-LUCAS COUNTY HOMELESSNESS BOARD	72-1604255		10,057				OPERATING SUPPORT
UNITED NORTH	20-8567856		55,000				FINANCIAL OPPORTUNITY CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNITED SERVICE ORGANIZATION OF METROPOLITAN WASHINGTON	53-0204665		6,000				OPERATING SUPPORT
UNITED WAY OF ERIE COUNTY INC	34-4443835		5,041				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNITED WAY OF SANDUSKY COUNTY INC	34-4479790		22,074				OPERATING SUPPORT
ALBION-HOMER UNITED WAY	38-1841180		5,894				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ALSAC - ST JUDE CHILDREN'S HOSPITAL	35-1044585		7,564				OPERATING SUPPORT
ASSISTANCE DOGS OF AMERICA INC	31-1186904		9,670				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BEACH HOUSE FAMILY SHELTER INC	34-4428659		6,117				OPERATING SUPPORT
BOWLING GREEN TEEN CENTRAL	34-1713357		10,142				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HEART OF FLORIDA UNITED WAY	59-0808854		9,654				OPERATING SUPPORT
JACKSON COUNTY UNITED WAY - INDIANA	35-1068832		5,242				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MARTIN LUTHER KING KITCHEN FOR THE POOR	34-1053690		6,574				OPERATING SUPPORT
MAUMEE VALLEY SAVE-A-PET	34-1272147		5,811				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
METRO UNITED WAY	61-0444680		7,926				OPERATING SUPPORT
SUSAN G KOMEN FOR THE CURE NORTHWEST OHIO AFFILIATE	75-2845063		9,245				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TIFFIN-SENECA UNITED WAY	34-6401399		6,989				OPERATING SUPPORT
TOLEDO SEAGATE FOOD BANK	51-0252948		7,831				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNITED WAY FOR SOUTHEASTERN MICHIGAN	20-3099071		12,953				OPERATING SUPPORT
UNITED WAY OF CASS COUNTY INC	35-0868950		51,455				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNITED WAY OF CENTRAL OHIO	31-4393712		37,139				OPERATING SUPPORT
UNITED WAY OF CHAMPAIGN COUNTY	37-0662519		9,632				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNITED WAY OF HENDERSON COUNTY (KY)	61-0444700		5,379				OPERATING SUPPORT
WOOD COUNTY HUMANE SOCIETY	34-1119409		8,879				OPERATING SUPPORT

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER TOLEDO

Employer identification number

34-4427947

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) WILLIAM KITSON	PRESIDENT/CEO/SEC OF UWGT SERVES ON THE BOARD OF UWGT & UPIC SOLUTIONS INC				No

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER TOLEDO

Employer identification number
34-4427947

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 oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (ADVERTISING)	X	1	99,925	FAIR MARKET VALUE PER DONEE
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

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

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the 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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization UNITED WAY OF GREATER TOLEDO	Employer identification number 34-4427947
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Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	ESSENTIAL SERVICES AND OUTREACH UWGT UNDERSTANDS THAT UNLESS A PERSON HAS A PLACE TO SLEEP AT NIGHT AND FOOD ON THE TABLE, HE OR SHE WILL NOT BE ABLE TO FOCUS ON OBTAINING EDUCATION, FINANCIAL STABILITY OR HEALTH THAT IS WHY WE CONTINUE TO SUPPORT A FOUNDATION OF BASIC NEEDS TO HELP ENSURE PEOPLE KNOW HOW AND WHERE TO ACCESS RESOURCES, UNITED WAY IS COMMITTED TO PROVIDE OUTREACH TO THE COMMUNITY UWGT'S OUTREACH EFFORTS ARE CARRIED THROUGH OUR FOUR INTERNAL PROGRAMS UNITED WAY 2-1-1, UNITED WAY VOLUNTEER CENTER, UNITED WAY FAMILY INFORMATION NETWORK, AND UNITED WAY LABOR/COMMUNITY SERVICES ADOPT-A-FAMILY, AS WELL AS MULTIPLE ADDITIONAL PROGRAMS AND INITIATIVES SUPPORTED BY GRANTS (I E AMERICORPS, HOMELESSNESS PREVENTION AND RAPID RE-HOUSING PROGRAM, AND THE CENTER FOR NONPROFIT RESOURCES)

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		MEMBERS ARE DEFINED AS ANY INDIVIDUAL DONATING TO THE UNITED WAY OF GREATER TOLEDO

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		MEMBERS VOTE ON THE SLATE OF TRUSTEES PRESENTED AT OUR ANNUAL MEETING

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE 990 IS COMPLETED BY THE INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY UNITED WAY OF GREATER TOLEDO MANAGEMENT THE BOARD TREASURER AND MEMBERS OF THE FINANCE/AUDIT COMMITTEE REVIEW AND ACCEPT THE RETURN UPON ACCEPTANCE, THE FINAL DRAFT IS SENT VIA E-MAIL TO THE ENTIRE BOARD OF TRUSTEES FOR THEIR REVIEW ONE WEEK PRIOR TO THE FILING DUE DATE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	DISCLOSURE REQUIREMENTS ARE INCLUDED WITHIN THE CONFLICT OF INTEREST POLICY WHICH IS DISTRIBUTED ANNUALLY TO THE BOARD AND STAFF WE ACQUIRE SIGNED ACKNOWLEDGEMENT OF POLICY AND MONITOR TO 100% PARTICIPATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	PROGRAM PHILOSOPHY AND OBJECTIVES UNITED WAY OF GREATER TOLEDO'S ("UWGT" OR "THE ORGANIZATION") PRIMARY OBJECTIVE IS TO PROVIDE A REASONABLE AND COMPETITIVE EXECUTIVE TOTAL COMPENSATION OPPORTUNITY CONSISTENT WITH MARKET-BASED COMPENSATION PRACTICES FOR INDIVIDUALS POSSESSING THE EXPERIENCE AND SKILLS NEEDED TO ADVANCE THE MISSION AND IMPROVE THE OVERALL PERFORMANCE OF THE ORGANIZATION UWGT'S EXECUTIVE COMPENSATION PROGRAM IS DESIGNED TO -ENCOURAGE THE ATTRACTION AND RETENTION OF HIGH CALIBER EXECUTIVES -PROVIDE A COMPETITIVE TOTAL COMPENSATION PACKAGE, INCLUDING BENEFITS -STRONGLY SUPPORT AND FURTHER TRANSITION TO A "PAY FOR PERFORMANCE" CULTURE THROUGH THE USE OF INCENTIVES FOR KEY EMPLOYEES -REINFORCE THE GOALS FOR THE ORGANIZATION BY SUPPORTING TEAMWORK AND COLLABORATION -ENSURE PAY IS PERCEIVED TO BE FAIR AND EQUITABLE -BE FLEXIBLE TO REWARD INDIVIDUAL ACCOMPLISHMENTS AS WELL AS ORGANIZATIONAL SUCCESS -ENSURE THE PROGRAM IS EASY TO EXPLAIN, UNDERSTAND AND ADMINISTER -BALANCE THE NEED TO BE COMPETITIVE WITH THE LIMITS OF AVAILABLE FINANCIAL RESOURCES -ENSURE THE PROGRAM COMPLIES WITH STATE AND FEDERAL LEGISLATION EXECUTIVE COMPENSATION PROGRAM PROGRAM ELEMENTS ELEMENTS OF THE EXECUTIVE COMPENSATION PROGRAM INCLUDE BASE SALARY, SHORT TERM INCENTIVES, LONG TERM INCENTIVES, PERQUISITES, BENEFITS, EXECUTIVE SUPPLEMENTAL BENEFITS, SUPPLEMENTAL RETIREMENT PLANS, BONUSES, DEFINED BENEFITS, DEFINED CONTRIBUTION, AND ANY AND ALL BENEFITS USED AS COMPENSATION OR INCENTIVES FOR THE EXECUTIVES PROGRAM MARKET POSITION UNITED WAY OF GREATER TOLEDO COMPARES ITSELF TO OTHER UNITED WAYS AND NON-PROFIT ORGANIZATIONS OF COMPARABLE SIZE AND SCOPE OF IMPACT WHILE UNITED WAY OF GREATER TOLEDO FOCUSES ON OTHER UNITED WAYS AND NONPROFITS TO BENCHMARK PAY, WE ALSO UNDERSTAND THE MARKET FOR EXECUTIVE TALENT MAY BE BROADER THAN THE GROUP OF CHARITIES MARKET INFORMATION FROM ADDITIONAL MARKET SEGMENTS AND PUBLISHED NOT-FOR-PROFIT COMPENSATION SURVEYS, MAY BE USED AS A SUPPLEMENT IN ADDITION, UNITED WAY OF GREATER TOLEDO MAY ALSO COLLECT OTHER PUBLISHED SURVEY DATA, WHEN APPROPRIATE, FOR FOR-PROFIT ORGANIZATIONS FOR SPECIFIC FUNCTIONAL COMPETENCIES SUCH AS FINANCE AND HUMAN RESOURCES TOGETHER THESE MARKET SEGMENTS ARE USED TO FORM A "MARKET COMPOSITE" TO ASSESS THE COMPETITIVENESS OF COMPENSATION IN GENERAL, UNITED WAY OF GREATER TOLEDO POSITIONS TOTAL COMPENSATION, INCLUDING BENEFITS, AT THE MEDIAN OF THE MARKET PROGRAMS ARE DESIGNED TO BE FLEXIBLE SO COMPENSATION CAN BE ABOVE OR BELOW THE MEDIAN BASED ON EXPERIENCE, PERFORMANCE AND BUSINESS NEEDS TO ATTRACT AND RETAIN SPECIFIC TALENT INCENTIVE PLAN COMPENSATION TO REINFORCE A PAY-FOR-PERFORMANCE CULTURE, INCENTIVE COMPENSATION MAY BE OFFERED AWARDS UNDER THE PLAN WILL BE BASED ON SUCCESSFUL ACHIEVEMENT OF PREDETERMINED GOALS AND OBJECTIVES WHICH ALIGN WITH THE MISSION AND VALUES OF UWGT GOVERNANCE AND PROCEDURES UNITED WAY OF GREATER TOLEDO'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE EXECUTIVE COMPENSATION COMMITTEE THE EXECUTIVE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE KEY EXECUTIVES OF THE ORGANIZATION THE COMMITTEE MEETS TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES TO THE BOARD OF TRUSTEES, AS APPROPRIATE THE EXECUTIVE COMPENSATION COMMITTEE COMPLETES AN ANNUAL COMPENSATION REVIEW TO EVALUATE THE ORGANIZATION'S EXECUTIVE COMPENSATION AGAINST THE COMPETITIVE MARKET THE COMMITTEE MAY, AT ITS DISCRETION, COMMISSION AN ANNUAL REVIEW BY AN INDEPENDENT CONSULTING FIRM THE COMPENSATION REVIEW IS CONDUCTED IN THE FALL/WINTER OF EACH YEAR AND IS INTENDED TO ENSURE THE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS FOLLOWING THIS COMPENSATION REVIEW, THE COMMITTEE REVIEWS AND APPROVES, FOR SELECTED KEY EXECUTIVES, BASE SALARIES AND ANNUAL INCENTIVE OPPORTUNITY ADJUSTMENTS, AND OBJECTIVES AND GOALS FOR THE UPCOMING YEAR'S ANNUAL INCENTIVE PLAN THE COMMITTEE REVIEWS AND RECOMMENDS TO THE BOARD, FOR THEIR APPROVAL, SALARY AND INCENTIVE AWARDS FOR THE CEO

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AND THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 4,173,304 PRIOR PERIOD ADJUSTMENTS 1,692,744 TOTAL TO FORM 990, PART XI, LINE 5 5,866,048

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS USED HAS NOT CHANGED

Identifier	Return Reference	Explanation
	EXPLANATION FOR AMENDED RETURN	EFFECTIVE JULY 1, 2011, THE ORGANIZATION CORRECTED ITS ACCOUNTING FOR DONOR PLEDGES DESIGNATED TO INTERNAL PROGRAMS AND THE ACCOUNTING FOR THE NET EXPENSE RECOGNITION RELATED TO THESE INTERNAL PROGRAM INITIATIVES UNDER GAAP, THE EFFECT OF THIS CORRECTION FOR YEARS PRIOR TO 2012 IS RECORDED AS A PRIOR PERIOD ADJUSTMENT ACCORDINGLY, THE NET ASSETS AT JUNE 30, 2011 AND THE CHANGE IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2011 HAVE BEEN RESTATED TO CORRECT THIS ERROR IN THE PRIOR ACCOUNTING FOR THESE PROGRAMS THE EFFECT OF THE RESTATEMENT FOR THE YEAR ENDED JUNE 30, 2011 IS TO INCREASE THE CHANGE IN NET ASSETS BY \$1,034,307 AND IS REFLECTED IN THIS AMENDED RETURN THE EFFECT OF THE RESTATEMENT AT JUNE 30, 2010 WAS AN INCREASE TO NET ASSETS OF \$1,692,744 AND IT IS SHOWN AS A PRIOR PERIOD ADJUSTMENT THE ACCOUNTING CHANGES MENTIONED ABOVE HAVE AFFECTED THE FOLLOWING PARTS OF THE MAIN FORM 990 PART I SUMMARY, PART II BREAKOUT OF PROGRAM SERVICE DOLLAR AMOUNTS, PART VIII LINE 1 AND LINE 11, PART IX LINES 1 AND 24, PART X LINES 15, 27, AND 28, AND PART XI RECONCILIATION OF NET ASSETS THE CHANGES HAVE ALSO AFFECTED SOME OF THE SCHEDULES, INCLUDING SCHEDULE A (2010 COLUMN ONLY), SCHEDULE B, SCHEDULE D PARTS X, XI, XII, AND XIII, AND SCHEDULE I PART II

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER TOLEDO

Employer identification number
34-4427947

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

(a) Name, address, and EIN 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

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 organization	
						Yes	No
(1) UPIC SOLUTIONS INC 2146 CHAMBER CENTER DRIVE FORT MITCHELL, KY 41017 61-1386122	PROVIDES ADMINISTRATIVE SHARED SERVICES TO LOCAL UNITED WAYS	KY	501(C)(3)	509(A)(3)	N/A		No

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) Disproporionate 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	

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

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

Yes

2

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) UPIC SOLUTIONS INC	L	252,198	ACTUAL PAYMENTS MADE FOR SERVICES
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return UNITED WAY OF GREATER TOLEDO	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 34-4427947
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 .	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	310,176

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	310,176
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No						24b If "Yes," is the evidence written? ☐ Yes ☐ No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:
Software Version:
EIN: 34-4427947
Name: UNITED WAY OF GREATER TOLEDO

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	1,942,166	including grants of \$ 0) (Revenue \$ 0)
UNITED WAY AMERICORPS, EITC, UNITED WAY VOLUNTEER CENTER, CENTER FOR NONPROFIT RESOURCES, UNITED WAY FAMILY INFORMATION NETWORK			