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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 04-01-2011 and ending 03-31-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

UNITED WAY OF CENTRAL OHIO

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

360 SOUTH THIRD STREET

Room/suite

City or town, state or country, and ZIP + 4

COLUMBUS, OH 43215

F Name and address of principal officer

JANET E JACKSON

360 SOUTH THIRD STREET

COLUMBUS,OH 43215

D Employer identification number

31-4393712

E Telephone number

(614) 227-2700

G Gross receipts \$ 50,546,027

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.LIVEUNITEDCENTRALOHIO.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1951

M State of legal domicile

OH

| Part I | Summary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|---|--------------|---|--------------|----|---|------------|----|--|------------|----|---|------------|----|--|---------|----|--|------------|----|--|------------|----|---|---|----|---|-----------|-----|---|---|---|---|--|----|--|-----------|----|--|------------|----|---|-----------|
| Activities & Governance | <div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>UNITED WAY OF CENTRAL OHIO WORKS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Revenue | <table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>31</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>31</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</td><td>111</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>7,572</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>0</td></tr></table> | 3 | Number of voting members of the governing body (Part VI, line 1a) | 31 | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 31 | 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 111 | 6 | Total number of volunteers (estimate if necessary) | 7,572 | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0 | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 111 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Total number of volunteers (estimate if necessary) | 7,572 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expenses | <table><tr><th></th><th>Prior Year</th><th>Current Year</th></tr><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>46,725,134</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>0</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>15,431</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>847,929</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>47,588,494</td></tr><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>35,233,428</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>5,352,563</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25) 3,123,257</td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>3,611,890</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>44,197,881</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>3,390,613</td></tr></table> | | Prior Year | Current Year | 8 | Contributions and grants (Part VIII, line 1h) | 46,725,134 | 9 | Program service revenue (Part VIII, line 2g) | 0 | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 15,431 | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 847,929 | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 47,588,494 | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 35,233,428 | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 5,352,563 | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | b | Total fundraising expenses (Part IX, column (D), line 25) 3,123,257 | | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 3,611,890 | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 44,197,881 | 19 | Revenue less expenses Subtract line 18 from line 12 | 3,390,613 |
| | Prior Year | Current Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Contributions and grants (Part VIII, line 1h) | 46,725,134 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Program service revenue (Part VIII, line 2g) | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 15,431 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 847,929 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 5,352,563 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | Total fundraising expenses (Part IX, column (D), line 25) 3,123,257 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 3,611,890 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 44,197,881 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Revenue less expenses Subtract line 18 from line 12 | 3,390,613 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Net Assets or Fund Balances | <table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>38,983,302</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>14,526,332</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>24,456,970</td></tr></table> | | Beginning of Current Year | End of Year | 20 | Total assets (Part X, line 16) | 38,983,302 | 21 | Total liabilities (Part X, line 26) | 14,526,332 | 22 | Net assets or fund balances Subtract line 21 from line 20 | 24,456,970 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Beginning of Current Year | End of Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Total assets (Part X, line 16) | 38,983,302 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Total liabilities (Part X, line 26) | 14,526,332 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 24,456,970 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Part II Signature Block

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

Sign Here

Signature of officer

2012-08-14

Date

CHERYL NELSON CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

ANDREW AREND

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)

P00631697

Firm's name (or yours if self-employed), address, and ZIP + 4

GBQ PARTNERS LLC

230 WEST STREET SUITE 700

COLUMBUS, OH 432152663

EIN 20-2122306

Phone no (614) 221-1120

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

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

UNITED WAY OF CENTRAL OHIO'S MISSION IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY OUR VISION IS TO BUILD A COMMUNITY WHERE EVERYONE HAS THE ASPIRATIONS, RESOURCES AND OPPORTUNITIES TO REACH THEIR POTENTIAL

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 23,383,344 including grants of \$ 21,873,489) (Revenue \$)

UNITED WAY OF CENTRAL OHIO IS WORKING TO IMPROVE LIVES AND STRENGTHEN OUR COMMUNITY BY FOCUSING ON THE BUILDING BLOCKS OF A BETTER LIFE A QUALITY EDUCATION THAT LEADS TO A PRODUCTIVE CAREER, ENOUGH INCOME TO SUPPORT A FAMILY THROUGH RETIREMENT, GOOD HEALTH, AND A SAFE PLACE TO LIVE AS ONE OF THE LARGEST UNITED WAYS IN THE COUNTRY, WE BRING TOGETHER MORE THAN 80,000 DONORS, ADVOCATES AND VOLUNTEERS TO ACHIEVE OUR COMMUNITY’S TRANSFORMATIONAL BOLD GOALS IN EDUCATION, INCOME, HEALTH AND HOME WORKING TOGETHER, OUR COMMUNITY WILL WORK TOWARD THE ACCOMPLISHMENT OF THESE GOALS BY 2020 THROUGH UNITED WAY, DONORS, ADVOCATES AND VOLUNTEERS INVEST IN EFFECTIVE STRATEGIES THAT ADDRESS OUR COMMUNITY'S MOST CRITICAL ISSUES AND ACHIEVE MEANINGFUL AND LASTING RESULTS COMMUNITY OBJECTIVE YOUNG CHILDREN ENTER KINDERGARTEN READY TO SUCCEED CONDITIONS IN 2011, 34 2% OF CHILDREN ENTERING KINDERGARTEN IN COLUMBUS CITY SCHOOLS SCORED IN THE LOWEST OF THREE ASSESSMENT CATEGORIES ON THE KINDERGARTEN READINESS ASSESSMENT-LITERACY (KRA-L), INDICATING THE NEED FOR INTENSIVE ASSISTANCE WITH LITERACY SKILLS RESULTS UNITED WAY’S FINANCIAL SUPPORT OF EARLY LEARNING PROGRAMS PROVIDED MORE THAN 1,400 CHILDREN WITH HIGH QUALITY CARE AND EDUCATION THAT PREPARES THEM FOR SUCCESS IN KINDERGARTEN COMMUNITY OBJECTIVE YOUTH GRADUATE FROM HIGH SCHOOL PREPARED TO SUCCEEDCONDITIONS IN 2009-10, THE GRADUATION RATE FROM COLUMBUS CITY SCHOOL WAS 77 6%, LOWER THAN THE STATE GRADUATION RATE FOR PUBLIC SCHOOLS OF 84 3% RESULTS UNITED WAY FUNDED YOUTH PROGRAMS HELPED OVER 25,000 CHILDREN AND YOUTH DEVELOP THE SOCIAL SKILLS AND LIFE SKILLS THEY NEED TO ACHIEVE THEIR POTENTIAL COMMUNITY OBJECTIVE PEOPLE ACHIEVE FINANCIAL STABILITYCONDITIONS THE UNEMPLOYMENT RATE IN FRANKLIN COUNTY IS 7 6%, AND, WHILE THIS IS AN IMPROVEMENT OVER PREVIOUS YEARS, IT STILL MEANS THAT 46,000 FRANKLIN COUNTY RESIDENTS ARE WITHOUT A JOB DESPITE THEIR EFFORTS TO FIND WORK RESULTS IN 2011, 909 UNEMPLOYED AND UNDER-EMPLOYED CENTRAL OHIOANS SECURED OR MAINTAINED EMPLOYMENT AS A RESULT OF UNITED WAYS SUPPORT FOR JOB TRAINING, COACHING, AND PLACEMENT SERVICES COMMUNITY OBJECTIVE PEOPLE IN CRISIS HAVE ACCESS TO EMERGENCY FOOD, SHELTER AND FINANCIAL ASSISTANCECONDITIONS ROUGHLY 1,800 CHILDREN WERE SERVED BY THE EMERGENCY SHELTER SYSTEM LAST YEAR, WITH 62% OF THEIR FAMILIES ACCESSING SHELTER FOR THE FIRST TIME RESULTS IN 2011, UNITED WAY’S SUPPORT FOR HOMELESSNESS PREVENTION ALLOWED 123 FAMILIES TO SUCCESSFULLY STABILIZE THEIR HOUSING AND AVOID THE TRAUMA OF A NIGHT WITHOUT SHELTER COMMUNITY OBJECTIVE PEOPLE OVERCOME BARRIERS TO ACCESSING HEALTH AND WELLNESS SERVICESCONDITIONS NEARLY 80,000 (11%) ADULTS IN FRANKLIN COUNTY ARE WITHOUT A REGULAR SOURCE OF CARE SUCH AS A MEDICAL OFFICE OR A CLINICRESULTS IN 2011, UNITED WAY HELPED NEARLY 24,000 INDIVIDUALS GET ASSISTANCE IN ADDRESSING BARRIERS THEY EXPERIENCED IN ACCESSING HEALTH CARE UNITED WAY RESOURCES ALSO PROVIDED OVER 38,000 TRIPS TO HEALTH CARE SERVICES AND MEDICAL APPOINTMENTS COMMUNITY OBJECTIVE PEOPLE MAINTAIN HEALTHY NUTRITION AND PHYSICAL FITNESSCONDITIONS OVER 245,00 (29%) FRANKLIN COUNTY ADULTS AND MORE THAN 25,000 (22%) CHILDREN ARE CONSIDERED OBESE RESULTS IN 2011, UNITED WAY HELPED NEARLY 15,000 INDIVIDUALS RECOGNIZE AND ENGAGE IN HEALTHY NUTRITION AND PHYSICAL ACTIVITY BEHAVIORS COMMUNITY OBJECTIVE THE COMMUNITY IS PREPARED TO RESPOND TO DISASTERS AND EMERGENCIES IN A COORDINATED AND COMPREHENSIVE WAY CONDITIONS ONLY ROUGHLY 185,000 (16%) INDIVIDUALS IN FRANKLIN COUNTY ARE PREPARED OR TRAINED TO RESPOND TO AN INDIVIDUAL EMERGENCY OR COMMUNITY DISASTER RESULTS IN 2011, UNITED WAY HELPED PREPARE OVER 27,000 INDIVIDUALS TO RESPOND IN THE EVENT OF AN EMERGENCY OR DISASTER THROUGH INSTRUCTION IN CPR, FIRST AID, AED, AND OTHER LIFE SAVING SKILLS TRAINING COMMUNITY OBJECTIVE PEOPLE LIVE IN SAFE AND DECENT HOUSINGCONDITIONS AS OF FEBRUARY, 2010 THERE WERE 6117 VACANT STRUCTURES IN COLUMBUS, COMPARED TO 3,957 IN 2006 RESULTS UNITED WAY’S INVESTMENT IN THE HEALTHY NEIGHBORS HEALTHY FAMILIES COLLABORATIVE, THROUGH OUR MEMBER AGENCY,COMMUNITY DEVELOPMENT FOR ALL PEOPLE, IS CREATING SAFE, QUALITY AND AFFORDABLE HOUSING ON COLUMBUS' NEAR SOUTH SIDE IN 2010 AND 2011, UNITED WAY’S INVESTMENT SUPPORTED THE ACQUISITION, REHABILITATION OR REPAIR OF 49 PROPERTIES IN THE AREA COMMUNITY OBJECTIVE PEOPLE LIVE IN SAFE NEIGHBORHOODSCONDITIONS THE FRANKLIN COUNTY JUVENILE COURT REPORTED 10,297 DELINQUENT AND UNRULY YOUTH IN 2000, AND 11,759 IN 2008, AND INCREASE OF 14 2% DURING THIS PERIOD RESULTS IN 2011, TRANSIT ARTS AT CENTRAL COMMUNITY HOUSE, A UNITED WAY MEMBER AGENCY, SERVED ALMOST 300 INDIVIDUALS WHO RECEIVED 5,230 HOURS OF PROGRAMMING NEARLY 86% OF THOSE WHO PARTICIPATED DID NOT ENGAGE IN UNRULY OR DELINQUENT BEHAVIOR FOR ONE YEAR FOLLOWING COMPLETION OF THE PROGRAM

4b

(Code) (Expenses \$ 5,299,949 including grants of \$) (Revenue \$)

SPECIAL INITIATIVE PROGRAM SERVICESSTART SMART START SMART COLLABORATES WITH MORE THAN 50 LOCAL HUMAN SERVICE ORGANIZATIONS AND 120 EARLY LEARNING PROGRAMS TO IMPROVE QUALITY OF EARLY CARE AND EDUCATION, EXPAND TRAINING, PROVIDE INFORMATION AND ADVOCATE FOR PUBLIC POLICY AND FUNDING THE MISSION OF START SMART IS TO INCREASE CHILDRENS READINESS FOR KINDERGARTEN AND SUCCESS IN LIFE START SMART ACCOMPLISHMENTS FOR THE YEAR INCLUDE -SUCCESSFULLY RECRUITING 22 NEW EARLY CARE AND LEARNING PROGRAMS TO IMPROVE THE QUALITY OF THEIR PROGRAMS AND 20 PROGRAMS APPLYING FOR ACCREDITATION OR STEP UP TO QUALITY -GRANTING 145 SCHOLARSHIPS TO EARLY CHILDHOOD PROFESSIONALS FOR ONGOING EDUCATION AND PROVIDING WORKSHOP TRAINING FOR CENTER DIRECTORS -SUBSIDIZED 103 EARLY LEARNING SPACES IN QUALITY SETTINGS IN HIGH-NEED NEIGHBORHOODS -PROVIDING 127 FREE PARENT EDUCATION WORKSHOPS AND EARLY CARE AND LEARNING MATERIALS TO PARENTS AND CAREGIVERS ABOUT BORN LEARNING, A COMPONENT OF START SMART IMPACTING OVER 1,700 CHILDREN -OVER 6,000 SETS OF MATERIALS DISTRIBUTED IN THE COMMUNITY NEIGHBORHOOD PARTNERSHIP CENTER THE NEIGHBORHOOD PARTNERSHIP CENTER (NPC) WAS ESTABLISHED TO ADDRESS CRITICAL NEEDS IN NEIGHBORHOOD DEVELOPMENT FOR INDIVIDUALS AND GROUPS SERVING GRASS ROOTS, CIVIC, FAITH-BASED AND SMALL NON-PROFITS THE GOAL OF THE NPC IS TO PROVIDE CURRENT AND INNOVATIVE TRAINING IN LEADERSHIP, ORGANIZATIONAL AND TECHNICAL ASSISTANCE, COLLABORATION AND COMMUNITY ENGAGEMENT AS A PART OF THAT EFFORT, THE NEIGHBORHOOD TRAINING ACADEMY PROVIDED A SERIES OF CAPACITY BUILDING TRAININGS IN 2011, IMPACTING OVER 300 CENTRAL OHIO RESIDENTS THE NPC ALSO OFFERS AWARDS TO GRASS-ROOTS ORGANIZATIONS IN SUPPORT OF RESIDENT-DRIVEN, NEIGHBORHOOD IMPROVEMENT PROJECTS EARNED INCOME TAX CREDIT (EITC) COALITION THE FRANKLIN COUNTY EITC COALITION, LED BY UNITED WAY OF CENTRAL OHIO, IS A PUBLIC-PRIVATE PARTNERSHIP OF OVER 30 CENTRAL OHIO ORGANIZATIONS THE COALITION'S MISSION IS TO PROVIDE CENTRAL OHIOANS WITH INFORMATION ABOUT, AND ACCESS TO, HIGH QUALITY, FREE TAX SERVICES AND FINANCIAL RESOURCES TO SUPPORT LOW AND MODERATE INCOME INDIVIDUALS ACHIEVE FINANCIAL STABILITY FOR TAX YEAR 2011, THE COALITION SERVED 4,347 TAXPAYERS, HELPING THEM CLAIM FEDERAL AND STATE REFUNDS OF MORE THAN \$5 4 MILLION THE ESTIMATED SAVINGS FOR THESE TAXPAYERS ON FEES THEY WOULD HAVE PAID FOR RETURN PREPARATION OR RAPID REFUND LOANS WAS APPROXIMATELY \$1,086,000 PROJECT DIVERSITY PROJECT DIVERSITY IS AN ANNUAL PROGRAM DESIGNED TO DEVELOP LEADERS WITHIN MINORITY COMMUNITIES FOR SERVICE ON NON-PROFIT BOARDS IN CENTRAL OHIO SINCE 2008, OVER 65% OF THE GRADUATES HAVE SERVED ON A NOT-FOR-PROFIT BOARD PRIDE LEADERSHIP PRIDE LEADERSHIP IS AN ANNUAL PROGRAM DESIGNED TO DEVELOP LEADERS WITHIN THE LGBT COMMUNITY FOR SERVICE ON NON-PROFIT BOARDS IN CENTRAL OHIO SINCE 2008, OVER 65% OF THE GRADUATES HAVE SERVED ON A NOT-FOR-PROFIT BOARD UNITED WAY OF CENTRAL OHIO'S 19TH ANNUAL COMMUNITY CARE DAY MOBILIZED NEARLY 3,200 VOLUNTEERS FROM MORE THAN 150 LOCAL COMPANIES AND GOVERNMENT AGENCIES TO ACCOMPLISH 180 PROJECTS AT LOCAL NONPROFIT AGENCIES AND SCHOOLS COMMUNITY CARE DAY IS THE LARGEST SINGLE VOLUNTEERING EVENT IN CENTRAL OHIO SIEMER INSTITUTE FOR FAMILY STABILITY THE MISSION OF SIEMER INSTITUTE FOR FAMILY STABILITY (SIFS) IS TO REDUCE STUDENT MOBILITY THROUGH STABILIZING A FAMILY’S FINANCIAL SITUATION, IN TURN, PREVENTING HOMELESSNESS SIFS IS CURRENTLY IN EIGHTEEN COMMUNITIES WITH PLANS OF EXPANDING TO FIFTY COMMUNITIES THROUGHOUT THE NATION OVER THE NEXT FEW YEARS SIFS IS MANAGED AT THE LOCAL LEVEL THROUGH THE UNITED WAY SYSTEM AND NATIONALLY AT UNITED WAY OF CENTRAL OHIO SIFS REPRESENTS THE FIRST TIME ANY LOCAL UNITED WAY ORGANIZATION HAS LED AN INITIATIVE ON A NATIONAL LEVEL COLUMBUS KIDS COLUMBUS KIDS IS AN INNOVATIVE NEW INITIATIVE AND THE FIRST OF ITS KIND IN THE COUNTRY THAT PARTNERS WITH SOCIAL SERVICE ORGANIZATIONS TO ENSURE CHILDREN ARE READY TO LEARN IN SCHOOL THE UNITED WAY OF CENTRAL OHIO INITIATIVE IS DESIGNED TO IDENTIFY, SCREEN, REFER FOR INTERVENTION AND TRACK ALL 2-1/2 TO 4-YEAR-OLD CHILDREN WITHIN THE COLUMBUS CITY SCHOOL DISTRICT - AN ESTIMATED 16,700 CHILDREN COLUMBUS KIDS REACHES OUT TO PARENTS AND FAMILIES OF PRESCHOOL-AGED CHILDREN, AND PROVIDES FREE LEARNING CHECKUPS THAT ARE DESIGNED TO FLAG POTENTIAL DELAYS IN COMMUNICATION, PROBLEM-SOLVING OR SOCIAL/EMOTIONAL DEVELOPMENT IT SCREENS CHILDREN EVERY SIX MONTHS TO DETERMINE IF THEY ARE DEVELOPING AT AGE LEVEL AND REFERS CHILDREN WHO ARE NOT DEVELOPING AT AGE LEVEL FOR FURTHER ASSESSMENT OR OTHER SERVICES THE INITIATIVE ALSO TRACKS REFERRALS TO DETERMINE IF THERE ARE ENOUGH SPACES AT HIGH QUALITY EARLY LEARNING CENTERS AND OTHER INTERVENTION SERVICES TO MEET THE NEED TO DATE, COLUMBUS KIDS HAS SCREENED MORE THAN 5,000 CHILDREN

4c

(Code) (Expenses \$ 15,269,355 including grants of \$ 15,269,355) (Revenue \$ 1,172,200)

UNITED WAY OF CENTRAL OHIO ALLOWS DONORS TO DESIGNATE GIFTS TO OTHER UNITED WAYS OR SPECIFIC AGENCIES THERE WERE APPROXIMATELY 52,900 DONOR DESIGNATIONS TO 3,230 AGENCIES AND OTHER UNITED WAYS IN THE 2011 CAMPAIGN

(Code) (Expenses \$ 196,504 including grants of \$ 41,487) (Revenue \$)

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

4d

Other program services (Describe in Schedule O)



















(Expenses \$ 196,504 including grants of \$ 41,487) (Revenue \$)

4e

Total program service expenses➤\$ 44,149,152

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)? <i>If "Yes," complete Schedule A.</i>  | 1 | Yes |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  | 2 | Yes |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>  | 3 | 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? <i>If "Yes," complete Schedule C, Part II.</i>  | 4 | Yes |
| 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? <i>If "Yes," complete Schedule C, Part III.</i>  | 5 | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>  | 6 | 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? <i>If "Yes," complete Schedule D, Part II.</i>  | 7 | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>  | 8 | 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? <i>If "Yes," complete Schedule D, Part IV.</i>  | 9 | Yes |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>  | 10 | 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? <i>If "Yes," complete Schedule D, Part VI.</i>  | 11a | 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? <i>If "Yes," complete Schedule D, Part VII.</i>  | 11b | 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? <i>If "Yes," complete Schedule D, Part VIII.</i>  | 11c | 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? <i>If "Yes," complete Schedule D, Part IX.</i>  | 11d | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>  | 11e | 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)? <i>If "Yes," complete Schedule D, Part X.</i>  | 11f | Yes |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>  | 12a | Yes |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>  | 12b | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | 13 | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> | 14b | 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 ? <i>If "Yes," complete Schedule F, Part II and IV.</i> | 15 | 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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i> | 16 | 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? <i>If "Yes," complete Schedule G, Part I.</i> | 17 | 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? <i>If "Yes," complete Schedule G, Part II.</i> | 18 | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> | 19 | No |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> | 20a | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements | 20b | |

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 | Yes | |
| 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 | Yes | |
| 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 questions 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 | Yes | |
| 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 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 | | No |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | | No |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | 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 <input type="checkbox"/> | | | | | | |
| | | Yes | No | | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . | 1a | 29 | | | |
| 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 | Yes | | | |
| 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 | 111 | | | |
| 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 | | | | |
| 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 or securities 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 | | | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | |
| 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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state. | 13a | | | | |
| b | Enter the aggregate 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 aggregate 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 | Did the organization have members or stockholders? | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | No |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 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 | Did the organization have local chapters, branches, or affiliates? | | No |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | Yes | |
| 11b | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | Yes | |
| 12b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | Yes | |
| 15b | Other officers or key employees of the organization | Yes | |
| | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | No |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

| | | |
|----|---|---|
| 17 | List the States with which a copy of this Form 990 is required to be filed | OH |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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. | CHERYL NELSON 360 SOUTH THIRD STREET COLUMBUS, OH 43215 (614) 227-2700 |

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

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

Form **990** (2011)

Part VII

| | | | | |
|-----------|--|-----------|---|---------|
| 1b | Sub-Total | | | |
| c | Total from continuation sheets to Part VII, Section A | | | |
| d | Total (add lines 1b and 1c) | 1,213,231 | 0 | 218,224 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

| | | 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> | 3 Yes | |
| 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> | 4 Yes | |
| 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> | 5 | 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| UPIC SOLUTIONS 2400 READING ROAD CINCINNATI, OH 45202 | TECHNOLOGY & PROCESSING | 401,736 |
| | | |
| | | |
| | | |
| | | |

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

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 | 107,587 | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | 2,019,279 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 47,213,753 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ 383,645 | | | | | | |
| | h | Total. Add lines 1a-1f | | | | | | 49,340,619 |
| 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) | | 33,208 | | | 33,208 |
| 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) | | | | | | |
| 8a | | Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| b | | Less direct expenses | b | | | | | |
| c | | Net income or (loss) from fundraising events . . | | | | | | |
| 9a | | Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| b | | Less direct expenses | b | | | | | |
| c | | Net income or (loss) from gaming activities . . | | | | | | |
| 10a | | Gross sales of inventory, less returns and allowances | a | | | | | |
| b | | Less cost of goods sold . . . | b | | | | | |
| c | | Net income or (loss) from sales of inventory . . | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a | | DONOR DESIGNATION PROC | 900099 | 1,172,200 | 1,172,200 | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | | 1,172,200 | | | | |
| 12 | Total revenue. See Instructions | | | 50,546,027 | 1,172,200 | 0 | 33,208 | |

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)

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 37,142,844 | 37,142,844 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 41,487 | 41,487 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,431,456 | 335,411 | 777,329 | 318,716 |
| 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 | 3,575,481 | 1,474,691 | 752,383 | 1,348,407 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 155,048 | 100,366 | | 54,682 |
| 9 | Other employee benefits | 694,358 | 234,537 | 242,098 | 217,723 |
| 10 | Payroll taxes | 359,046 | 125,690 | 116,214 | 117,142 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 8,602 | | 8,602 | |
| c | Accounting | 38,250 | | 27,000 | 11,250 |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 508,375 | 226,350 | 232,029 | 49,996 |
| 12 | Advertising and promotion | 163,723 | 12,038 | 9,898 | 141,787 |
| 13 | Office expenses | 602,052 | 150,092 | 103,805 | 348,155 |
| 14 | Information technology | 413,710 | 128,931 | 154,664 | 130,115 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 152,925 | 58,930 | 47,424 | 46,571 |
| 17 | Travel | 124,569 | 41,357 | 43,010 | 40,202 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 9,043 | | 9,043 | |
| 21 | Payments to affiliates | 414,727 | 164,792 | 129,087 | 120,848 |
| 22 | Depreciation, depletion, and amortization | 209,886 | 83,398 | 65,329 | 61,159 |
| 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 | PROGRAM CONTRACTED AGEN | 3,731,645 | 3,731,645 | | |
| b | SPECIAL EVENTS | 168,896 | 78,235 | 374 | 90,287 |
| c | MISCELLANEOUS | 62,837 | 18,358 | 18,262 | 26,217 |
| d | | | | | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 50,008,960 | 44,149,152 | 2,736,551 | 3,123,257 |
| 26 | Joint costs. Check here <input type="checkbox"/> 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 | | | 142,125 | 1 | 58,285 |
| | 2 | Savings and temporary cash investments | | | 8,384,591 | 2 | 10,556,288 |
| | 3 | Pledges and grants receivable, net | | | 26,982,627 | 3 | 26,348,088 |
| | 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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. | 10a | 3,737,192 | | | |
| | b | Less: accumulated depreciation | 10b | 1,817,540 | 2,062,367 | 10c | 1,919,652 |
| | 11 | Investments—publicly traded securities | | | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 1,411,592 | 15 | 1,664,961 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 38,983,302 | 16 | 40,547,274 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 1,136,803 | 17 | 1,498,292 |
| | 18 | Grants payable | | | 12,929,980 | 18 | 13,619,183 |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 190,931 | 21 | 158,622 |
| | 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 | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 153,658 | 24 | 98,726 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | | 114,960 | 25 | 178,414 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 14,526,332 | 26 | 15,553,237 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | | 9,279,971 | 27 | 10,672,916 |
| | 28 | Temporarily restricted net assets | | | 15,176,999 | 28 | 14,321,121 |
| | 29 | Permanently restricted net assets | | | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 | | | 24,456,970 | 33 | 24,994,037 |
| 34 | Total liabilities and net assets/fund balances | | | 38,983,302 | 34 | 40,547,274 | |

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 | 50,546,027 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 50,008,960 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 537,067 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 24,456,970 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 0 |
| 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 | 24,994,037 |

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? | | No |
| 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 | | |

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

2011

Open to Public
Inspection

| | |
|--|--|
| Name of the organization UNITED WAY OF CENTRAL OHIO | Employer identification number 31-4393712 |
|--|--|

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **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 Se**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 IRC 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 56,178,533 | 49,932,063 | 42,064,508 | 46,725,134 | 49,340,771 | 244,241,009 |
| 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 | 56,178,533 | 49,932,063 | 42,064,508 | 46,725,134 | 49,340,771 | 244,241,009 |
| 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) | | | | | | 30,000,438 |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | 214,240,571 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 56,178,533 | 49,932,063 | 42,064,508 | 46,725,134 | 49,340,771 | 244,241,009 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 191,068 | -91,855 | 137,058 | 15,431 | 33,208 | 284,910 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | 30,174 | 804,175 | 813,095 | 847,928 | 1,172,200 | 3,667,572 |
| 11 Total support (Add lines 7 through 10) | | | | | | 248,193,491 |

12 Gross receipts from related activities, etc (See instructions)

12

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

Section C. Computation of Public Support Percentage

| | | |
|---|----|----------|
| 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | 86 320 % |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 | 90 500 % |

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IRC 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 501(c)(3) organization, check this box and stop here | | | | | | |

| Section C. Computation of Public Support Percentage | | | |
|---|----|--|--|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | | |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | | |

| Section D. Computation of Investment Income Percentage | | | |
|--|----|--|--|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) | 17 | | |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | | |
| 19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

| |
|------------------------------|
| Facts And Circumstances Test |
| |

| Explanation |
|-------------|
| |
| |
| |
| |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

| | |
|--|--|
| Name of the organization UNITED WAY OF CENTRAL OHIO | Employer identification number 31-4393712 |
|--|--|

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

| | | |
|---|--|------|
| 1 | Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV | |
| 2 | Political expenditures | ▶ \$ |
| 3 | Volunteer hours | |

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

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

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

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

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

Part II-A

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing Organization's Totals | (b) Affiliated Group Totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | 20,215 | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 60,646 | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 80,861 | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 49,928,099 | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 50,008,960 | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount Enter the amount from the following table in both columns | 1,000,000 | | | | | | | | | | | | | |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000 | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a If zero or less, enter -0- | 0 | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c If zero or less, enter -0- | 0 | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|-----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| 2a Lobbying non-taxable amount | | 1,000,000 | 1,000,000 | 1,000,000 | 3,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 4,500,000 |
| c Total lobbying expenditures | | 76,813 | 76,321 | 80,861 | 233,995 |
| d Grassroots non-taxable amount | | 250,000 | 250,000 | 250,000 | 750,000 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,125,000 |
| f Grassroots lobbying expenditures | | 30,725 | 22,896 | 20,215 | 73,836 |

Part II-B

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

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

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization
UNITED WAY OF CENTRAL OHIO

Employer identification number
31-4393712

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |

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 |
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06 |

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

b

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) 2011

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 |
|---|--------|
| <div><div>c</div><div>Beginning balance</div></div> | |
| <div><div>d</div><div>Additions during the year</div></div> | |
| <div><div>e</div><div>Distributions during the year</div></div> | |
| <div><div>f</div><div>Ending balance</div></div> | |

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 |
|--|-----------------|---------------|-------------------|---------------------|--------------------|
| <div><div>1a</div><div>Beginning of year balance</div></div> | 777,810 | 725,477 | 524,874 | 543,971 | |
| <div><div>b</div><div>Contributions</div></div> | 70,360 | 44,700 | 72,272 | 117,497 | |
| <div><div>c</div><div>Investment earnings or losses</div></div> | 29,477 | 7,633 | 128,331 | -136,594 | |
| <div><div>d</div><div>Grants or scholarships</div></div> | | | | | |
| <div><div>e</div><div>Other expenditures for facilities and programs</div></div> | | | | | |
| <div><div>f</div><div>Administrative expenses</div></div> | | | | | |
| <div><div>g</div><div>End of year balance</div></div> | 877,647 | 777,810 | 725,477 | 524,874 | |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 %

b

Permanent endowment ▶ 0 %

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

(ii)

related organizations

b

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

| | Yes | No |
|---|-----|----|
| <div><div>3a(i)</div><div>Yes</div></div> | | |
| <div><div>3a(ii)</div><div>No</div></div> | | |
| <div><div>3b</div><div></div></div> | | |

4

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

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

| Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| <div><div>1a</div><div>Land</div></div> | | 266,846 | | 266,846 |
| <div><div>b</div><div>Buildings</div></div> | | 2,006,195 | 1,098,622 | 907,573 |
| <div><div>c</div><div>Leasehold improvements</div></div> | | 356,806 | 175,579 | 181,227 |
| <div><div>d</div><div>Equipment</div></div> | | 996,789 | 497,286 | 499,503 |
| <div><div>e</div><div>Other</div></div> | | 110,556 | 46,053 | 64,503 |
| <div><div>Total.</div><div>Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶</div></div> | | | | 1,919,652 |

| Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements | | | |
|---|---|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 50,546,027 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 50,008,960 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 537,067 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 537,067 |

| Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return | | | |
|--|--|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 30,780,163 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | |
| 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 | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 30,780,163 |
| 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 | 19,765,864 |
| c | Add lines 4a and 4b | 4c | 19,765,864 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 50,546,027 |

| Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return | | | |
|---|---|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 30,243,096 |
| 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 | 30,243,096 |
| 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 | 19,765,864 |
| c | Add lines 4a and 4b | 4c | 19,765,864 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 50,008,960 |

Part XIVSupplemental 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 HOW ORGANIZATION REPORTS CONSERVATION EASEMENTS | PART II, LINE 9 | PART IV LINE 2 (ESCROW FUNDS) - UNITED WAY MAINTAINS A SEGREGATED ESCROW ACCOUNT FOR SELF-FUNDED UNEMPLOYMENT CLAIMS FOR SEVERAL MEMBER AGENCIES. UNEMPLOYMENT CLAIMS ARE PAID TO OHIO DEPARTMENT OF JOBS AND FAMILY SERVICES FOR UNITED WAY AND PARTICIPATING AGENCIES FROM ESCROW ACCOUNT. PART V (ENDOWMENT FUNDS) - UNITED WAY MAINTAINS A BOARD DESIGNATED QUASI-ENDOWMENT FUND WHICH IS HELD AND MANAGED BY THE COLUMBUS FOUNDATION. THE INTENDED USE OF THE ENDOWMENT FUND IS FOR THE PRINCIPAL TO BE MAINTAINED IN PERPETUITY AND THE INTEREST IS USED TO OFFSET INTERNAL OPERATING COSTS FOR THE PLANNED GIVING AND LEADERSHIP GIVING DEPARTMENTS. |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X | UNITED WAY PERFORMS AN ANNUAL ASSESSMENT FOR ANY UNCERTAINTY IN INCOME TAX POSITIONS WHICH INCLUDE AN ANALYSIS OF WHETHER THERE ARE ANY TAX POSITIONS TAKEN WITH REGARD TO UNRELATED BUSINESS INCOME, RELATED DEDUCTIONS APPLIED, OR OTHER ACTIVITIES THAT MAY JEOPARDIZE THEIR TAX EXEMPT STATUS AND THUS WOULD MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION. AS OF MARCH 31, 2012, TAX FILING PERIODS FOR THE YEARS ENDED 2008 AND PRIOR ARE CLOSED. MANAGEMENT HAS NOT BEEN NOTIFIED THAT THIER TAX RETURNS FOR YEARS 2009 AND SUBSEQUENT ARE CURRENTLY UNDER EXAMINATION. NO TAX LIABILITY ACCRUAL WAS RECORDED RELATED TO MATERIAL UNCERTAIN POSITIONS TAKEN AS MANAGEMENT BELIEVES THERE ARE NONE. |
| | | PART XII - RECONCILIATION OF REVENUE TO AUDIT, OTHER DONOR DESIGNATIONS (NET OF INTERNAL INITIATIVE PROGRAM DESIGNATIONS) PART XIII - RECONCILIATION OF EXPENSES TO AUDIT, OTHER DONOR DESIGNATIONS (NET OF INTERNAL INITIATIVE PROGRAM DESIGNATIONS) |

Additional Data

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

Form 990, Special Condition Description:

| |
|-------------------------------|
| Special Condition Description |
|-------------------------------|

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

| |
|--|
| 4d. Other program services |
| (Code) (Expenses \$ 196,504 including grants of \$ 41,487) (Revenue \$) THE UNITED WAY OF CENTRAL OHIO IS AN ONGOING PARTNER WITH ORGANIZED LABOR, WORKING TO INSURE THAT UNION MEMBERS AND THEIR FAMILIES HAVE ACCESS TO A WIDE RANGE OF VITAL COMMUNITY SERVICES OUR SERVICES COVER A BROAD VARIETY OF NEEDS INCLUDING FOOD PROVISION, ASSISTING FAMILIES IN CRISIS, PROVIDING SUPPORT DURING LAYOFFS AND PLANT CLOSINGS, PROVIDING FOOD AND HOLIDAY ASSISTANCE AND MANY MORE THE AFL-CIO COMMUNITY SERVICE LABOR STAFF PROVIDES A WIDE VARIETY OF TRAINING AND EDUCATIONAL OPPORTUNITIES FOR LOCAL UNIONS AND THEIR MEMBERS |

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

| (A) Name and Title | (B) Average hours per week | (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 | | | |
| JOSEPH A ALUTTO TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| CHRISTIE ANGEL TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| KEITH BELL TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| BRANDON DUPLER TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM EBBING TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| DARRELL GAMMELL TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL GONSIOROWSKI BOARD CHAIR | 4 00 | X | | X | | | | 0 | 0 | 0 |
| THOMAS GRIESDORN TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| TOM GROTE TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| JOSEPH HAMROCK TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MICHELLE HERITAGE TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARCUS HITT TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| KELVIN JONES TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| LINDA KASS TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| MIKE LEX TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| CRAIG MARSHALL TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| JORDAN A MILLER JR TREASURER | 2 00 | X | | X | | | | 0 | 0 | 0 |
| TIMOTHY MILLER TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| KATHLEEN MURPHY TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| GREGORY OVERMYER SECRETARY | 2 00 | X | | X | | | | 0 | 0 | 0 |
| DAVID PARAGAS CHAIR ELECT | 2 00 | X | | X | | | | 0 | 0 | 0 |
| KEN PETERS TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| ANN PIZZUTI PAST CHAIR | 1 00 | X | | X | | | | 0 | 0 | 0 |
| MARTYN R REDGRAVE TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| ROBERT P RESTREPO JR TRUSTEE,CAMPAIGN CHAIR | 4 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week | (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 | | | |
| JON RICKER TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| DENISE M ROBINSON TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| MARK THOMPSON TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| AUDREY G TUCKERMAN TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| CLAUS P VON ZYCHLIN TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| ANTHONY C WHITE TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| JANET E JACKSON PRESIDENT AND CEO | 53 00 | | | X | | | | 258,147 | 0 | 94,025 |
| RICHARD CARRICK SR VP OF COMM IMPACT | 42 00 | | | X | | | | 184,055 | 0 | 32,341 |
| DEANNA STEWART SR VP OF INST ADVANCEMENT | 49 00 | | | X | | | | 192,501 | 0 | 22,160 |
| CHERYL NELSON VP OF FINANCE AND CFO | 46 00 | | | X | | | | 123,082 | 0 | 26,366 |
| CHERYL ROLLER VP OF MARKETING | 50 00 | | | X | | | | 119,521 | 0 | 9,094 |
| TERI TSAMOUS VP OF HUMAN RESOURCES | 44 00 | | | X | | | | 83,112 | 0 | 19,329 |
| TODD DIEFFENDERFER CHIEF ALIGNMENT OFFICER | 43 00 | | | X | | | | 44,654 | 0 | 0 |
| DENISE REHG SR AVP OF COMM ENGAGEMENT | 49 00 | | | | | X | | 100,123 | 0 | 3,931 |
| DOMINIQUE JONES FORMER VP OF COMM ENGAGEMENT | 40 00 | | | | | | X | 108,036 | 0 | 10,978 |

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF CENTRAL OHIO

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

2011

Open to Public
Inspection

Employer identification number
31-4393712

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

| (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 | | | | | | | |
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2

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

238

3

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

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 |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| (1) INDIVIDUAL EMERGENCY FUND | 158 | 41,487 | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
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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 |
|------------|------------------|---|
| | | GRANTS AND ALLOCATIONS TO MEMBER AGENCIES - ALLOCATIONS THE PROVISION OF HIGH QUALITY, HUMAN SERVICE PROGRAMS BY MEMBER AGENCIES IS A KEY MEANS THROUGH WHICH THE UNITED WAY SYSTEM ACHIEVES MEANINGFUL AND MEASURABLE IMPACT IN OUR FOUR AREAS OF CRITICAL COMMUNITY NEED (EDUCATION, INCOME, HEALTH AND HOME) UNITED WAY RECOGNIZES THAT NON-PROFIT AGENCIES NEED TO BE WELL-MANAGED AND EFFECTIVELY GOVERNED IN ORDER TO APPROPRIATELY RESPOND TO CRITICAL COMMUNITY NEEDS AND TO IMPROVE THE QUALITY OF LIFE IN CENTRAL OHIO MEMBER AGENCIES RECEIVING PROGRAM FUNDING FROM UNITED WAY UNDERGO INTENSIVE STAFF AND VOLUNTEER PRE-SCREENING BEFORE BEING AWARDED FUNDING SUCH SCREENING INCLUDES, BUT IS NOT LIMITED TO - AN APPLICATION PROCESS THAT INCLUDES EXPLANATION OF THE PROPOSED USE AND RESULTS FROM USE OF THE FUNDING IN SUPPORT OF THE SPECIFIC TARGETED COMMUNITY OBJECTIVE - REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND GOVERNANCE, OPERATIONAL AND FISCAL POLICIES - VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT - VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION MEMBER AGENCIES ARE REQUIRED TO PROVIDE UNITED WAY WITH REGULAR PROGRESS REPORTS THAT SHOW HOW THE FUNDING HAS BEEN UTILIZED TO DATE AND THE RESULTS ACHIEVED DESIGNATION PAYMENTS TO DONOR DESIGNATED AGENCIES - ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UNITED WAY UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING SUCH SCREENING INCLUDES VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT AND VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION COMMUNITY SERVICES INDIVIDUAL EMERGENCY FUND GRANTS - UNITED WAY OF CENTRAL OHIO MAINTAINS A SMALL FUND OF APPROXIMATELY \$50,000 PER YEAR TO PROVIDE EMERGENCY ASSISTANCE TO INDIVIDUALS IN SHORT-TERM CRISIS SITUATIONS THE AVERAGE AMOUNTS OF ASSISTANCE PROVIDED PER INDIVIDUAL IS APPROXIMATELY \$500 WHEN COMMUNITY SERVICES STAFF ARE CONTACTED REGARDING AN INDIVIDUAL IN NEED, THE FIRST ACTION TAKEN IS TO ASSESS THE SITUATION AND MAKE REFERRALS TO APPROPRIATE AGENCIES OR SERVICES THAT CAN RESPOND DIRECTLY DIRECT SERVICE IS OFTEN PROVIDED BY MAKING FOOD REFERRALS AND/OR PROVIDING DIRECTION FOR HELP WITH OBTAINING HOUSING IF ALL REFERRAL SOURCES ARE EXHAUSTED AND ASSISTANCE IS STILL NEEDED, THE EMERGENCY FUND IS UTILIZED TO PROVIDE APPROPRIATE FINANCIAL ASSISTANCE FOR THE FOLLOWING TYPES OF SITUATIONS AVOIDING EVICTION, AVOIDING UTILITY SHUT OFF, SHORT TERM MEDICAL AID (RENTAL OF MEDICAL EQUIPMENT OR PURCHASE OF PRESCRIPTION MEDICATION) INFORMATION IS RECORDED TO MAINTAIN A DATA BASE OF ASSISTANCE REQUESTED AND ACTION TAKEN ALL SITUATIONS ARE VERIFIED AND ANY FINANCIAL ASSISTANCE IS SENT DIRECTLY TO THE SERVICE PROVIDER (LANDLORD, UTILITY COMPANY, ETC) RATHER THAN CLIENT |

Software ID:

Software Version:

EIN: 31-4393712

Name: UNITED WAY OF CENTRAL OHIO

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ALVIS HOUSE1991 BRYDEN ROAD COLUMBUS,OH 43205 | 31-0743167 | 501 (C) (3) | 369,010 | | | | PROGRAM OPERATING COST |
| AMERICAN RED CROSS995 EAST BROAD STREET COLUMBUS,OH 43205 | 31-0642918 | 501 (C) (3) | 1,594,667 | | | | PROGRAM OPERATING COST |
| AMETHYST455 EAST MOUND STREET COLUMBUS,OH 43215 | 31-1092242 | 501 (C) (3) | 170,869 | | | | PROGRAM OPERATING COST |
| ARTHRITIS FOUNDATION 3740 RIDGE MILL DRIVE HILLIARD,OH 430269231 | 31-4419290 | 501 (C) (3) | 35,565 | | | | PROGRAM OPERATING COST |
| ASIAN AMERICAN COMMUNITY SERVICES 4100 NORTH HIGH STREET 301 COLUMBUS,OH 43214 | 31-0898833 | 501 (C) (3) | 36,558 | | | | PROGRAM OPERATING COST |
| BIG BROTHERSBIG SISTERS 1855 EAST DUBLIN-GRANVILLE ROAD 1ST FLOOR COLUMBUS,OH 43229 | 31-4379429 | 501 (C) (3) | 365,579 | | | | PROGRAM OPERATING COST |
| BOY SCOUTS OF AMERICA SIMON KENTON COUNCIL 1901 EAST DUBLIN-GRANVILLE ROAD COLUMBUS,OH 43229 | 31-4388520 | 501 (C) (3) | 388,428 | | | | PROGRAM OPERATING COST |
| BOYS AND GIRLS CLUB (INCLUDING SALESIANS) 115 SOUTH GIFT STREET COLUMBUS,OH 43215 | 31-4387575 | 501 (C) (3) | 228,487 | | | | PROGRAM OPERATING COST |
| BREATHING ASSOCIATION 1520 OLD HENDERSON ROAD COLUMBUS,OH 43220 | 31-4387540 | 501 (C) (3) | 141,662 | | | | PROGRAM OPERATING COST |
| BUCKEYE RANCH5665 HOOVER ROAD GROVE CITY,OH 43123 | 31-0642111 | 501 (C) (3) | 63,977 | | | | PROGRAM OPERATING COST |
| CATHOLIC SOCIAL SERVICES197 EAST GAY STREET COLUMBUS,OH 43215 | 31-4379437 | 501 (C) (3) | 193,146 | | | | PROGRAM OPERATING COST |
| CENTRAL COMMUNITY HOUSE1150 EAST MAIN STREET COLUMBUS,OH 43205 | 31-4379438 | 501 (C) (3) | 596,641 | | | | PROGRAM OPERATING COST |
| CENTRAL OHIO DIABETES ASSOCIATION1100 DENNISON AVENUE COLUMBUS,OH 43201 | 31-6054100 | 501 (C) (3) | 196,499 | | | | PROGRAM OPERATING COST |
| CENTRAL OHIO POISON CENTER700 CHILDRENS DRIVE COLUMBUS,OH 43205 | 31-4379441 | 501 (C) (3) | 56,249 | | | | PROGRAM OPERATING COST |
| CENTRAL OHIO TRAUMA SYSTEM431 EAST BROAD STREET COLUMBUS,OH 43215 | 31-1592734 | 501 (C) (3) | 78,599 | | | | PROGRAM OPERATING COST |
| CHILDREN'S HUNGER ALLIANCE370 SOUTH FIFTH STREET COLUMBUS,OH 43215 | 23-7303509 | 501 (C) (3) | 268,915 | | | | PROGRAM OPERATING COST |
| CHOICESP O BOX 06157 COLUMBUS,OH 43206 | 31-0910779 | 501 (C) (3) | 132,769 | | | | PROGRAM OPERATING COST |
| CITY YEAR COLUMBUS37 NORTH 3RD STREET COLUMBUS,OH 43215 | 22-2882549 | 501 (C) (3) | 63,976 | | | | PROGRAM OPERATING COST |
| CLINTONVILLEBEECHWOLD COMMUNITY RESOURCE CENTER14 WEST LAKEVIEW AVENUE COLUMBUS,OH 43202 | 31-0834578 | 501 (C) (3) | 200,882 | | | | PROGRAM OPERATING COST |
| COLUMBUS AIDS TASK FORCE1751 EAST LONG STREET COLUMBUS,OH 43203 | 31-1126780 | 501 (C) (3) | 178,220 | | | | PROGRAM OPERATING COST |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| COLUMBUS EARLY LEARNING CENTERS40 NORTH GRUBB STREET COLUMBUS,OH 43215 | 31-4379619 | 501 (C) (3) | 731,158 | | | | PROGRAM OPERATING COST |
| COLUMBUS LANDMARKS FOUNDATION61 JEFFERSON AVENUE COLUMBUS,OH 43215 | 31-0914612 | 501 (C) (3) | 31,988 | | | | PROGRAM OPERATING COST |
| COLUMBUS LITERACY COUNCIL195 NORTH GRANT COLUMBUS,OH 43215 | 23-7433168 | 501 (C) (3) | 156,285 | | | | PROGRAM OPERATING COST |
| COLUMBUS SPEECH AND HEARING CENTER510 EAST NORTH BROADWAY COLUMBUS,OH 43214 | 31-4379449 | 501 (C) (3) | 317,140 | | | | PROGRAM OPERATING COST |
| COLUMBUS URBAN LEAGUE788 MOUNT VERNON AVENUE COLUMBUS,OH 432031408 | 31-4379453 | 501 (C) (3) | 271,443 | | | | PROGRAM OPERATING COST |
| COMMUNITIES IN SCHOOLS510 EAST NORTH BROADWAY COLUMBUS,OH 43214 | 31-1390077 | 501 (C) (3) | 184,528 | | | | PROGRAM OPERATING COST |
| COMMUNITY CRIME PATROL248 EAST 11TH AVENUE COLUMBUS,OH 43201 | 31-1308004 | 501 (C) (3) | 82,256 | | | | PROGRAM OPERATING COST |
| COMMUNITY DEVELOPMENT FOR ALL PEOPLE946 PARSONS AVENUE COLUMBUS,OH 43206 | 51-0476886 | 501 (C) (3) | 381,724 | | | | PROGRAM OPERATING COST |
| COMMUNITY MEDIATION SERVICES67 JEFFERSON AVENUE COLUMBUS,OH 43215 | 31-1252085 | 501 (C) (3) | 45,104 | | | | PROGRAM OPERATING COST |
| COMMUNITY PROPERTIES IMPACT CORPORATION910 EAST BROAD STREET COLUMBUS,OH 43205 | 31-1707264 | 501 (C) (3) | 127,725 | | | | PROGRAM OPERATING COST |
| COMMUNITY SHELTER BOARD111 WEST LIBERTY STREET SUITE 150 COLUMBUS,OH 43215 | 31-1181284 | 501 (C) (3) | 887,544 | | | | PROGRAM OPERATING COST |
| CONSUMER CREDIT COUNSELING OF THE MIDWEST4500 EAST BROAD STREET COLUMBUS,OH 43213 | 31-0731111 | 501 (C) (3) | 95,965 | | | | PROGRAM OPERATING COST |
| COVA3770 NORTH HIGH STREET COLUMBUS,OH 43214 | 31-1048452 | 501 (C) (3) | 63,977 | | | | PROGRAM OPERATING COST |
| DIRECTIONS FOR YOUTH AND FAMILIES1515 INDIANOLA AVENUE COLUMBUS,OH 43201 | 31-4407642 | 501 (C) (3) | 1,067,034 | | | | PROGRAM OPERATING COST |
| DRUG-FREE ACTION ALLIANCE6185 HUNTLEY ROAD SUITE P COLUMBUS,OH 43229 | 34-1584277 | 501 (C) (3) | 54,837 | | | | PROGRAM OPERATING COST |
| ECONOMIC & COMMUNITY DEVELOPMENT INSTITUTE475 EAST MOUND STREET COLUMBUS,OH 43215 | 31-1145544 | 501 (C) (3) | 100,534 | | | | PROGRAM OPERATING COST |
| EDUCATION COUNCIL FOUNDATION1929 KENNY ROAD SUITE 300 COLUMBUS,OH 43210 | 31-1364422 | 501 (C) (3) | 53,559 | | | | PROGRAM OPERATING COST |
| ENTERPRISEWORKS1055 NORTH HIGH STREET COLUMBUS,OH 43201 | 31-1583878 | 501 (C) (3) | 45,698 | | | | PROGRAM OPERATING COST |
| FRANKLINTON DEVELOPMENT ASSOCIATION924 WEST BROAD STREET COLUMBUS,OH 43222 | 31-1380384 | 501 (C) (3) | 27,095 | | | | PROGRAM OPERATING COST |
| GIRL SCOUTS SEAL OF OHIO COUNCIL1700 WATERMARK DRIVE COLUMBUS,OH 432151097 | 31-4379475 | 501 (C) (3) | 110,588 | | | | PROGRAM OPERATING COST |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| GLADDEN COMMUNITY HOUSE 183 HAWKES AVENUE COLUMBUS, OH 43223 | 31-4379476 | 501 (C) (3) | 624,637 | | | | PROGRAM OPERATING COST |
| GODMAN GUILD ASSOCIATION303 EAST SIXTH AVENUE COLUMBUS, OH 43201 | 31-4379478 | 501 (C) (3) | 747,611 | | | | PROGRAM OPERATING COST |
| GOODWILL COLUMBUS1331 EDGEHILL ROAD COLUMBUS, OH 43212 | 31-4379448 | 501 (C) (3) | 406,612 | | | | PROGRAM OPERATING COST |
| HABITAT FOR HUMANITY GREATER COLUMBUS3140 WESTERVILLE ROAD COLUMBUS, OH 43224 | 31-1217994 | 501 (C) (3) | 68,546 | | | | PROGRAM OPERATING COST |
| HANDS ON CENTRAL OHIO195 NORTH GRANT COLUMBUS, OH 43215 | 31-1084722 | 501 (C) (3) | 217,763 | | | | PROGRAM OPERATING COST |
| HOMES ON THE HILL 12 SOUTH TERRACE AVENUE COLUMBUS, OH 43204 | 31-1349995 | 501 (C) (3) | 45,698 | | | | PROGRAM OPERATING COST |
| HUCKLEBERRY HOUSE1421 HAMLET STREET COLUMBUS, OH 43201 | 31-0795573 | 501 (C) (3) | 224,756 | | | | PROGRAM OPERATING COST |
| JASHBURN JR YOUTH CENTER85 CLAREDON AVENUE COLUMBUS, OH 43223 | 23-7166044 | 501 (C) (3) | 109,674 | | | | PROGRAM OPERATING COST |
| JEWISH FAMILY SERVICES1070 COLLEGE AVENUE COLUMBUS, OH 43209 | 31-4379497 | 501 (C) (3) | 319,882 | | | | PROGRAM OPERATING COST |
| KALEIDOSCOPEP O BOX 8104 COLUMBUS, OH 43201 | 34-1411495 | 501 (C) (3) | 59,407 | | | | PROGRAM OPERATING COST |
| LEADERSPARK5086 OLENTANGY RIVER ROAD COLUMBUS, OH 43214 | 31-1649949 | 501 (C) (3) | 57,580 | | | | PROGRAM OPERATING COST |
| LEGAL AID SOCIETY OF COLUMBUS1108 CITY PARK AVENUE COLUMBUS, OH 43206 | 31-4416407 | 501 (C) (3) | 73,116 | | | | PROGRAM OPERATING COST |
| LEO YASSENOFF JEWISH COMMUNITY CENTER1125 COLLEGE AVENUE COLUMBUS, OH 43209 | 31-4379496 | 501 (C) (3) | 45,058 | | | | PROGRAM OPERATING COST |
| LIFECARE ALLIANCE 1699 WEST MOUND STREET COLUMBUS, OH 43223 | 31-4379494 | 501 (C) (3) | 622,857 | | | | PROGRAM OPERATING COST |
| LUTHERAN SOCIAL SERVICES750 EAST BROAD STREET COLUMBUS, OH 43205 | 31-4412586 | 501 (C) (3) | 149,657 | | | | PROGRAM OPERATING COST |
| MARYHAVEN1791 ALUM CREEK DRIVE COLUMBUS, OH 43207 | 31-0732345 | 501 (C) (3) | 233,058 | | | | PROGRAM OPERATING COST |
| MENTAL HEALTH ASSOCIATION OF FRANKLIN COUNTY 538 EAST TOWN STREET SUITE D COLUMBUS, OH 43215 | 31-4412697 | 501 (C) (3) | 84,998 | | | | PROGRAM OPERATING COST |
| MID-OHIO REGIONAL PLANNING COMMISSION111 LIBERTY STREET SUITE 100 COLUMBUS, OH 43215 | 31-1009675 | 501 (C) (3) | 182,790 | | | | PROGRAM OPERATING COST |
| NEIGHBORHOOD DESIGN CENTER 1902 NORTH HIGH STREET COLUMBUS, OH 43201 | 34-1049478 | 501 (C) (3) | 47,984 | | | | PROGRAM OPERATING COST |
| NEIGHBORHOOD HOUSE1000 ATCHESON STREET COLUMBUS, OH 43203 | 31-4379518 | 501 (C) (3) | 274,185 | | | | PROGRAM OPERATING COST |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--------------------------------------|
| PHYSICIAN'S FREE CLINICVOLUNTARY CARE NETWORK431 EAST BROAD STREET COLUMBUS,OH 43215 | 31-1373719 | 501 (C) (3) | 155,371 | | | | PROGRAM OPERATING COST |
| REBUILDING TOGETHER-COLUMBUSP O BOX 1347 GROVE CITY,OH 431231347 | 31-1317238 | 501 (C) (3) | 71,974 | | | | PROGRAM OPERATING COST |
| ROSEMONT CENTER 2440 DAWNLIGHT AVENUE COLUMBUS,OH 43211 | 31-1715200 | 501 (C) (3) | 187,359 | | | | PROGRAM OPERATING COST |
| SALVATION ARMY966 EAST MAIN STREET COLUMBUS,OH 43205 | 13-5562351 | 501 (C) (3) | 696,277 | | | | PROGRAM OPERATING COST |
| SENIOR INDEPENDENCE (OHIO PRESBYTERIAN RETIREMENT SERVICES)5796 KARL ROAD COLUMBUS,OH 43229 | 34-4429863 | 501 (C) (3) | 77,686 | | | | PROGRAM OPERATING COST |
| SOUTH SIDE LEARNING AND DEVELOPMENT CENTER255 REEB AVENUE COLUMBUS,OH 43207 | 31-4379811 | 501 (C) (3) | 388,428 | | | | PROGRAM OPERATING COST |
| SOUTH SIDE SETTLEMENT HOUSE 310 INNIS AVENUE COLUMBUS,OH 43207 | 31-4380068 | 501 (C) (3) | 70,680 | | | | PROGRAM OPERATING COST |
| ST STEPHEN'S COMMUNITY HOUSE 1500 EAST 17TH AVENUE COLUMBUS,OH 43219 | 31-4379568 | 501 (C) (3) | 388,428 | | | | PROGRAM OPERATING COST |
| ST VINCENT FAMILY CENTERS1490 EAST MAIN STREET COLUMBUS,OH 43205 | 31-4379572 | 501 (C) (3) | 204,107 | | | | PROGRAM OPERATING COST |
| STRATEGIES AGAINST VIOLENCE EVERYWHERE (SAVE) 92 JEFFERSON AVENUE COLUMBUS,OH 43215 | 31-1429024 | 501 (C) (3) | 41,128 | | | | PROGRAM OPERATING COST |
| US TOGETHER2021 EAST DUBLIN GRANVILLE ROAD SUITE 190 COLUMBUS,OH 43229 | 83-0395108 | 501 (C) (3) | 87,053 | | | | PROGRAM OPERATING COST |
| VISION & VOCATIONAL SERVICES1393 NORTH HIGH STREET COLUMBUS,OH 43201 | 31-4380043 | 501 (C) (3) | 119,735 | | | | PROGRAM OPERATING COST |
| YMCA40 WEST LONG STREET 2ND FLOOR COLUMBUS,OH 43215 | 31-4379594 | 501 (C) (3) | 1,437,643 | | | | PROGRAM OPERATING COST |
| YWCA65 SOUTH FOURTH STREET COLUMBUS,OH 43215 | 31-4379597 | 501 (C) (3) | 211,671 | | | | PROGRAM OPERATING COST |
| IMPACT COUNCIL AND INITIATIVE DESIGNATIONS | | 501 (C) (3) | 2,566,146 | | | | PROGRAM OPERATING COST |
| A KID AGAIN6863 OAK CREEK DR COLUMBUS,OH 43229 | 31-1440073 | 501 (C) (3) | 17,816 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| A SPECIAL WISH FOUNDATION (COLUMBUS)1250 MEMORY LANE COLUMBUS,OH 43209 | 31-1055537 | 501 (C) (3) | 53,492 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| ALZHEIMER'S ASSOC OF CENTRAL OHIO 3380 TREMONT RD COLUMBUS COLUMBUS,OH 43221 | 31-0996236 | 501 (C) (3) | 45,730 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| AMERICAN CANCER SOCIETY - FRANKLIN CO555 FRANTZ RD DUBLIN,OH 43017 | 34-0726080 | 501 (C) (3) | 74,132 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| AMERICAN DIABETES ASSOCIATIONPO BOX 1834 MERRIFIELD,VA 22116 | 13-1623888 | 501 (C) (3) | 6,724 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |

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

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--------------------------------------|
| AMERICAN HEART ASSOCIATIONPO BOX 163549 COLUMBUS,OH 43216 | 13-5613797 | 501 (C) (3) | 27,111 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| AMERICAN RED CROSS NAT'L HEADQUARTERSPO BOX 73857 CHICAGO,IL 60676 | 53-0196605 | 501 (C) (3) | 19,368 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| AMERICA'S CHARITIES14150 NEWBROOK DR CHANTILLY,VA 20151 | 54-1517707 | 501 (C) (3) | 266,207 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| ANIMAL CHARITIES OF AMERICAPO BOX 45756 SAN FRANCISCO,CA 94145 | 94-3193389 | 501 (C) (3) | 161,139 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| ARTHUR G JAMES CANCER HOSPITAL 300 W TENTH AVE STE 519 COLUMBUS,OH 43210 | 31-1301428 | 501 (C) (3) | 16,604 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| BETTER WAY MINISTRIESPO BOX 307315 COLUMBUS,OH 43230 | 31-1173550 | 501 (C) (3) | 5,926 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| BROAD STREET FOOD PANTRY AND COMPASS760 E BROAD ST COLUMBUS,OH 43205 | 31-4380039 | 501 (C) (3) | 21,603 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| BUCYRUS AREA UNITED WAYPO BOX 645 BUCYRUS,OH 44820 | 34-6007275 | 501 (C) (3) | 5,663 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| CANCERCURE OF AMERICAPO BOX 45501 SAN FRANCISCO,CA 94145 | 81-0648432 | 501 (C) (3) | 112,586 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| CANINE COMPANIONS FOR INDEPENDENCE 4989 STATE ROUTE 37E DELAWARE,OH 43015 | 94-2494324 | 501 (C) (3) | 11,098 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| CAPITAL AREA HUMANE SOCIETY 3015 SCIOTO DARBY HILLIARD,OH 43026 | 31-4379492 | 501 (C) (3) | 27,183 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| CASA COURT APPOINTED SPECIAL ADVOCATES373 S HIGH ST 15TH FL COLUMBUS,OH 43215 | 31-1322198 | 501 (C) (3) | 16,004 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| CHILDHOOD LEAGUE CENTER670 S 18TH ST COLUMBUS,OH 43205 | 31-6400177 | 501 (C) (3) | 60,918 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| CHILDREN FIRST - AMERICA'S CHARITIES14150 NEWBROOK DR CHANTILLY,VA 20151 | 30-0186795 | 501 (C) (3) | 19,171 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| CHILDREN'S CHARITIES OF AMERICAPO BOX 45757 SAN FRANCISCO,CA 94145 | 94-3148588 | 501 (C) (3) | 90,820 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| CHILDREN'S MEDICAL CHARITIES OF AMERICAPO BOX 45310 SAN FRANCISCO,CA 94145 | 27-0093393 | 501 (C) (3) | 21,274 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| CHRISTIAN CHARITIES USA 1100 LARKSPUR LANDING CIR LARKSPUR,CA 94939 | 94-3255961 | 501 (C) (3) | 38,388 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| CHRISTIAN SERVICE CHARITIES7620 LITTLE RIVER TURNPIKE SUITE 600 ANNANDALE,VA 22003 | 94-3193374 | 501 (C) (3) | 51,276 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| COLUMBUS ACADEMY4300 CHERRY BOTTOM RD COLUMBUS,OH 43230 | 31-4379445 | 501 (C) (3) | 5,000 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| COLUMBUS FOUNDATION1234 E BROAD ST COLUMBUS,OH 43205 | 31-6044264 | 501 (C) (3) | 21,850 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |

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

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--------------------------------------|
| COLUMBUS MONTESSORI EDUCATION CENTER 979 S JAMES RD COLUMBUS,OH 43227 | 31-1105385 | 501 (C) (3) | 17,572 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| COLUMBUS MUSEUM OF ART480 E BROAD ST COLUMBUS,OH 43215 | 31-4379447 | 501 (C) (3) | 7,749 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| COMMUNITY HEALTH CHARITIES PO BOX 75153 BALTIMORE,MD 21275 | 52-0728032 | 501 (C) (3) | 119,139 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| COMMUNITY HEALTH CHARITIES OF OHIO5050C PINE CREEK WESTERVILLE,OH 23081 | 31-1055345 | 501 (C) (3) | 729,380 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| COMMUNITY SHARES OF MID-OHIO3709 E BROAD ST ST3 490 COLUMBUS,OH 43215 | 31-1363943 | 501 (C) (3) | 415,129 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| CONSERVATION & PRESERVATION CHARITIESPO BOX 45759 SAN FRANCISCO,CA 94145 | 94-3217738 | 501 (C) (3) | 12,023 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| DEAF INITIATIVE 563 S DAWSON AVE COLUMBUS,OH 43229 | 31-1589808 | 501 (C) (3) | 9,100 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| DO UNTO OTHERS PO BOX 45760 SAN FRANCISCO,CA 94145 | 94-3148590 | 501 (C) (3) | 15,487 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| EARTH SHAREDEPT 4011 WASHINGTON,DC 20042 | 52-1601960 | 501 (C) (3) | 22,875 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| EARTH SHARE OF OHIO3528 N HIGH ST STE E COLUMBUS,OH 43214 | 31-1428289 | 501 (C) (3) | 272,494 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| EASTER SEAL SOCIETY3830 TRUEMAN CT HILLARD,OH 43026 | 31-4379471 | 501 (C) (3) | 12,098 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| EPILEPSY FOUNDATION OF CENTRAL OHIO17 S HIGH ST STE 1000 COLUMBUS,OH 43215 | 31-0731310 | 501 (C) (3) | 13,139 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| FAMILY VIOLENCE COALITION AT NATIONWIDE CHILDRENS700 CHILDRENS DR COLUMBUS,OH 43205 | 02-0627166 | 501 (C) (3) | 19,260 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| FORE HOPE1169 DUBLIN RD COLUMBUS,OH 43215 | 34-1613645 | 501 (C) (3) | 10,011 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| GLOBAL IMPACTPO BOX 409616 ATLANTA,GA 30384 | 52-1273585 | 501 (C) (3) | 188,205 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| GOLDEN GIRL INCPO BOX 876 CEREDO,WV 25507 | 31-1087689 | 501 (C) (3) | 6,550 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| GRADY MEMORIAL HOSPITAL FOUNDATION561 WEST CENTRAL AVE DELAWARE,OH 43015 | 23-7446919 | 501 (C) (3) | 8,709 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| GREATER CLEVELAND COMMUNITY SHARES3631 PERKINS 3RD FL CLEVELAND,OH 44113 | 34-1493880 | 501 (C) (3) | 261,995 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| GREATER MARIETTA UNITED WAY307 PUTNAM ST LL MARIETTA,OH 45750 | 31-4389676 | 501 (C) (3) | 5,472 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| GROUNDWORK GROUP1880 MACKENZIE DR STE 207 COLUMBUS,OH 43220 | 59-3805297 | 501 (C) (3) | 5,470 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |

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| HABITAT FOR HUMANITY OF OHIO 88 EAST BROAD ST STE 1800 COLUMBUS, OH 43215 | 20-1182119 | 501 (C) (3) | 21,925 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| HANNAH NEIL CENTER FOR CHILDREN301 OBETZ RD COLUMBUS, OH 43207 | 38-1359593 | 501 (C) (3) | 5,643 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| HEALTH & MEDICAL RESEARCH CHARITIES PO BOX 45763 SAN FRANCISCO, CA 94145 | 94-3217739 | 501 (C) (3) | 124,904 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| HEALTH FIRST - AMERICA'S CHARITIES14150 NEWBROOK DR CHANTILLY, VA 20151 | 30-0186796 | 501 (C) (3) | 16,657 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| HEINZERLING FOUNDATION1800 HEINZERLING DR COLUMBUS, OH 43223 | 31-0668084 | 501 (C) (3) | 8,303 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| HOMELESS FAMILIES FOUNDATION651 W BROAD ST COLUMBUS, OH 43215 | 31-1179492 | 501 (C) (3) | 17,815 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| HONOR FLIGHT INC 300 E AUBURN AVE SPRINGFIELD, OH 45505 | 50-2751460 | 501 (C) (3) | 7,338 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| HOSPICE OF HUNTINGTON1101 SIXTH AVE HUNTINGTON, WV 25701 | 31-1040619 | 501 (C) (3) | 8,446 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| HOUSE OF HOPE825 DENNISON AVE COLUMBUS, OH 43215 | 31-4443449 | 501 (C) (3) | 8,191 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| HUMAN SERVICE CHARITIES OF AMERICAPO BOX 45765 SAN FRANCISCO, CA 94145 | 94-3067804 | 501 (C) (3) | 8,426 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| HUMANE SOCIETY OF PARKERSBURG INCPO BOX 392 PARKERSBURG, WV 26102 | 55-0404377 | 501 (C) (3) | 16,724 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| HUNTINGTON CITY MISSIONPO BOX 3 HUNTINGTON, WV 25706 | 55-0356991 | 501 (C) (3) | 9,058 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| I KNOW I CAN3798 E BROAD ST COLUMBUS, OH 43213 | 31-1721455 | 501 (C) (3) | 45,924 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| IMPACT COMMUNITY ACTION700 BRYDEN RD COLUMBUS, OH 43215 | 20-5536173 | 501 (C) (3) | 5,136 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| INDEPENDENT CHARITIES OF AMERICA1000 LARKSPUR LANDING CIRCLE STE 340 LARKSPUR, CA 94939 | 94-3067804 | 501 (C) (3) | 261,870 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| JUNIOR ACHIEVEMENT62 EAST SECOND AVE COLUMBUS, OH 43201 | 31-4385042 | 501 (C) (3) | 11,475 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| JUVENILE DIABETES FOUNDATION MID OHIO CHAPTER950 MICHIGAN AVE COLUMBUS, OH 43215 | 23-1907729 | 501 (C) (3) | 64,822 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| LIMITED BRANDS FOUNDATIONMAST CARES1234 E BROAD ST COLUMBUS, OH 43205 | 31-6044264 | 501 (C) (3) | 24,678 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| MAKE A WISH FOUNDATION OF GREATER OH & KY 2545 FARMERS DR STE 300 COLUMBUS, OH 43235 | 34-1471131 | 501 (C) (3) | 12,316 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| MARBURN ACADEMY 1860 WALDEN DR COLUMBUS, OH 43229 | 31-1011901 | 501 (C) (3) | 11,673 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |

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| MARCH OF DIMES (CENTRAL OHIO)975 EASTWIND DR STE 150 WESTERVILLE,OH 43081 | 13-1846366 | 501 (C) (3) | 6,364 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| MEDICAL RESEARCH CHARITIES CO SUN TRUST TRUST 1000 STEWART AVE GLEN BURNIE,MD 21061 | 94-3148591 | 501 (C) (3) | 18,221 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| MID-OHIO FOODBANK11625 W MOUND ST COLUMBUS,OH 43223 | 31-0865343 | 501 (C) (3) | 125,874 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| MILITARYVETERANSPATRIOTIC SERVICEPO BOX 45766 SAN FRANCISCO,CA 94145 | 94-3193418 | 501 (C) (3) | 70,114 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| NATIONAL BLACK UNITED FEDERATION OF CHARITIES 40 CLINTON ST 5TH FL NEWARK,NJ 07102 | 52-1764913 | 501 (C) (3) | 7,266 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| NATIONWIDE CHILDREN'S HOSPITAL FOUNDATION700 CHILDRENS DR COLUMBUS,OH 43205 | 01-0782751 | 501 (C) (3) | 638,623 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| NAT'L MULTIPLE SCLEROSIS SOCIETY1422 EUCLID AVE STE 333 CLEVELAND,OH 44115 | 31-4401236 | 501 (C) (3) | 26,772 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| NEIGHBOR TO NATION7620 LITTLE RIVER TPKE STE 600 ANNADALE,VA 22003 | 54-1879282 | 501 (C) (3) | 174,334 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| NEW ALBANY COMMUNITY FOUNDATION220 MARKET ST NEW ALBANY,OH 43054 | 31-1409264 | 501 (C) (3) | 14,900 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| OHIO HEALTH FOUNDATION 180 E BROAD ST COLUMBUS,OH 43215 | 23-7446919 | 501 (C) (3) | 370,106 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| OHIO UNITED WAY395 E BROAD ST STE 320 COLUMBUS,OH 43215 | 31-4379529 | 501 (C) (3) | 5,225 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| OLD MAN RIVER703 PIKE ST PARKERSBURG,WV 26101 | 55-0727794 | 501 (C) (3) | 20,381 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| ORRVILLE AREA UNITED WAYPO BOX 214 ORRVILLE,OH 44667 | 34-1017865 | 501 (C) (3) | 5,346 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| OSU CHABAD HOUSE207 E 15TH AVE COLUMBUS,OH 43201 | 31-1427001 | 501 (C) (3) | 28,366 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| PLANNED PARENTHOOD OF CENTRAL OHIO206 E STATE ST COLUMBUS,OH 43215 | 31-4379502 | 501 (C) (3) | 53,071 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| POSTAL EMPLOYEE'S RELIEF FUNDPO BOX 34422 WASHINGTON,DC 20043 | 52-1666010 | 501 (C) (3) | 9,346 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| PREGNANCY DECISIONS HEALTH CENTER665 E DUBLIN-GRANVILLE RD STE 120 COLUMBUS,OH 43229 | 31-1002913 | 501 (C) (3) | 18,913 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| PREVENT BLINDNESS1500 W 3RD AVE STE 200 COLUMBUS,OH 43212 | 36-3667121 | 501 (C) (3) | 10,587 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| RONALD MCDONALD CHARITIES OF THE TRI-STATE1500 17TH ST HUNTINGTON,WV 25701 | 55-0643445 | 501 (C) (3) | 10,016 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| RONALD MCDONALD HOUSE 3925 CHESTNUT ST PHILADELPHIA,PA 19104 | 23-7377505 | 501 (C) (3) | 8,799 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |

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| SARAH MARIE KLEMESRUD FOUNDATION1936 HUTHE RD COLUMBUS,OH 43220 | 31-1336085 | 501 (C) (3) | 7,926 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| SAVE A KITTY FERAL CAT PROGRAMPO BOX 1442 PARKERSBURG,WV 26102 | 20-1356147 | 501 (C) (3) | 5,214 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| SHELBY COUNTY UNITED WAYPO BOX 751 SIDNEY,OH 45365 | 34-4473288 | 501 (C) (3) | 5,690 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| SHRINER'S HOSPITAL FOR CHILDREN3229 BURNET AVE CINCINNATI,OH 45229 | 36-2193608 | 501 (C) (3) | 8,981 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| SOUTHEAST TESTAMENT710 AFFIRMED CT GAHANNA,OH 43230 | 20-2501213 | 501 (C) (3) | 6,687 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| ST VINCENT DEPAUL - HOLY SPIRIT4383 E BROAD ST COLUMBUS,OH 43213 | 26-4375976 | 501 (C) (3) | 11,714 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| ST VINCENT DEPAUL - NEWARK66 GRANVILLE ST NEWARK,OH 43055 | 31-4379546 | 501 (C) (3) | 11,100 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| STONEWALL COLUMBUS1160 N HIGH ST COLUMBUS,OH 43201 | 31-1189481 | 501 (C) (3) | 8,606 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| SUSAN G KOMEN BREAST CANCER FOUNDATION885 GRANDVIEW AVE STE 250 COLUMBUS,OH 43215 | 75-2844651 | 501 (C) (3) | 6,607 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| THE COLUMBUS METROPOLITAN LIBRARY FOUNDATION96 S GRANT ST COLUMBUS,OH 43215 | 31-1692755 | 501 (C) (3) | 8,004 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| THE LEUKEMIA & LYMPHOMA SOCIETY CENTRAL OHIO CHAPT2225 CENTER ST STE 12 COLUMBUS,OH 43219 | 13-5644916 | 501 (C) (3) | 9,694 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| THE OHIO STATE UNIVERSITY FOUNDATION1480 W LANE AVE COLUMBUS,OH 43221 | 31-1145986 | 501 (C) (3) | 12,382 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| THE UNITED FUND OF SHELBY INCPO BOX 224 SHELBY,OH 44875 | 34-1214807 | 501 (C) (3) | 6,165 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| TIFFIN-SENECA UNITED WAY201 S WASHINGTON TIFFIN,OH 44883 | 34-6401399 | 501 (C) (3) | 12,223 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UNCFCOLLEGE FUND 341 S THIRD STREET COLUMBUS,OH 43215 | 13-1624241 | 501 (C) (3) | 114,733 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UNITED APPEAL FOR ATHENS COUNTY469 RICHLAND AVE ATHENS,OH 45701 | 31-4424936 | 501 (C) (3) | 38,779 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UNITED LEUKODYSTROPHY FOUNDATION2304 HIGHLAND DR SYCAMORE,IL 60178 | 35-1557361 | 501 (C) (3) | 9,153 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UNITED NEGRO COLLEGE FUND8260 WILLOWOAK FAIRFAX,VA 22031 | 13-1624241 | 501 (C) (3) | 12,403 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| URBAN CONCERN 1000 BONHAM AVE COLUMBUS,OH 43211 | 31-1327346 | 501 (C) (3) | 27,581 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| USO - WORLD HEADQUARTERS2111 WILSON BLVD STE 120 VIENNA,WV 26105 | 13-1610451 | 501 (C) (3) | 7,800 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--------------------------------------|
| UW OF ASHLAND COUNTY132 W MAIN ST LOWER LEVEL ASHLAND, OH 44805 | 34-6004364 | 501 (C) (3) | 19,007 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF ASHTABULA COUNTY2801 C COURT ASHTABULA, OH 44004 | 34-0846640 | 501 (C) (3) | 7,585 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF CENTRAL WEST VIRGINIA ONE UNITED WAY SQ CHARLESTON, WV 25301 | 55-0402755 | 501 (C) (3) | 7,981 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF CLARK CHAMPAIGN & MADISON COUNTIESPO BOX 59 SPRINGFIELD, OH 45501 | 31-0549095 | 501 (C) (3) | 64,452 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF CLINTON COUNTY31 W MAIN ST WILMINGTON, OH 45177 | 35-0996128 | 501 (C) (3) | 11,540 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF DELAWARE COUNTYPO BOX 319 DELAWARE, OH 43015 | 31-4123889 | 501 (C) (3) | 367,436 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF ERIE COUNTY (OH)416 COLUMBUS AVE SANDUSKY, OH 44870 | 34-4443835 | 501 (C) (3) | 32,191 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF FAIRFIELD COUNTY115 S BROAD ST LANCASTER, OH 43130 | 31-0644804 | 501 (C) (3) | 203,682 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF FAYETTE COUNTY132 1/2 E COURT ST STE 204 WASHINGTON COURT HOUSE, OH 43160 | 31-6033330 | 501 (C) (3) | 14,389 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF FOSTORIA PO BOX 186 FOSTORIA, OH 44830 | 34-0906677 | 501 (C) (3) | 5,968 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF GREATER CINCINNATI2400 READING ROAD CINCINNATI, OH 45202 | 31-0537502 | 501 (C) (3) | 38,058 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF GREATER CLEVELAND1331 EUCLID AVE CLEVELAND, OH 44115 | 34-6516654 | 501 (C) (3) | 92,775 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF GREATER LIMA616 S COLLETT ST STE 101 LIMA, OH 45805 | 34-4466356 | 501 (C) (3) | 13,839 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF GREATER LORAIN COUNTY 1875 N RIDGE RD STE H LORAINE, OH 44055 | 34-1011104 | 501 (C) (3) | 21,864 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF GREATER STARK COUNTY 4825 HIGBEE AVE NW CANTON, OH 44718 | 13-4254191 | 501 (C) (3) | 25,890 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF GREATER TOLEDO1 STRANAHAN SQ STE 114 TOLEDO, OH 43604 | 34-4427942 | 501 (C) (3) | 186,753 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF GUERNSEY & NOBLE COUNTIES 918 WHEELING AVE STE 120 CAMBRIDGE, OH 43725 | 31-6401367 | 501 (C) (3) | 16,988 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF HANCOCK COUNTY245 STANFORD FINDLAY, OH 45840 | 34-6408894 | 501 (C) (3) | 12,699 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF HARDIN COUNTY225 S DETROIT ST KENTON, OH 43326 | 34-1022412 | 501 (C) (3) | 5,373 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF HOCKING COUNTYPO BOX 567 LOGAN, OH 43138 | 23-7135277 | 501 (C) (3) | 18,832 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--------------------------------------|
| UW OF JEFFERSON COUNTY PO BOX 1463 STEUBENVILLE,OH 43952 | 34-0714768 | 501 (C) (3) | 9,715 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF KNOX COUNTY110 E HIGH ST MT VERNON,OH 43050 | 31-4411236 | 501 (C) (3) | 31,610 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF LAKE COUNTY (OH) 9285 PROGRESS PKWY MENTOR,OH 44060 | 34-1105038 | 501 (C) (3) | 6,844 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF LICKING COUNTYPO BOX 4490 NEWARK,OH 43058 | 31-4379455 | 501 (C) (3) | 119,494 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF LOGAN COUNTY122 N MAIN ST BELLEFONTAINE,OH 43311 | 37-6085687 | 501 (C) (3) | 10,022 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF MARION COUNTYPO BOX 473 MARION,OH 43301 | 31-0641236 | 501 (C) (3) | 28,238 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF MEDINA COUNTY704 N COURT ST MEDINA,OH 44256 | 38-1437937 | 501 (C) (3) | 12,170 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF MONROE COUNTY (MI)216 N MONROE ST MONROE,MI 48162 | 38-1437937 | 501 (C) (3) | 6,513 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF MORROW COUNTYPO BOX 84 MT GILEAD,OH 43338 | 31-0817461 | 501 (C) (3) | 18,873 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF MUSKINGUM PERRY MORGAN COUNTIES526 PUTNAM AVE ZANESVILLE,OH 43701 | 31-4379456 | 501 (C) (3) | 36,913 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF NEW YORK CITY2 PARK AVE 2ND FL NEW YORK,NY 10016 | 13-2617681 | 501 (C) (3) | 12,923 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF PICKAWAY COUNTY PO BOX 292 CIRCLEVILLE,OH 43113 | 31-0996118 | 501 (C) (3) | 40,461 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF PORTAGE COUNTY PO BOX 845 RAVENNA,OH 44266 | 34-1024769 | 501 (C) (3) | 7,024 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF RICHLAND COUNTY 35 N PARK ST MANSFIELD,OH 44902 | 34-0714455 | 501 (C) (3) | 57,732 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF ROSS COUNTY53 E 2ND ST CHILLICOTHE,OH 45601 | 31-4389671 | 501 (C) (3) | 36,376 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF SANDUSKY COUNTY 826 WEST STATE ST FREMONT,OH 43420 | 34-4479790 | 501 (C) (3) | 12,841 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF SCIOTO COUNTY 1671 GRANT ST PORTSMOUTH,OH 45662 | 31-0647473 | 501 (C) (3) | 22,543 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF SUMMIT COUNTYPO BOX 1260 AKRON,OH 44309 | 34-1169257 | 501 (C) (3) | 28,416 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF THE GREATER DAYTON AREA184 SALEM AVE DAYTON,OH 45406 | 31-0536658 | 501 (C) (3) | 61,465 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF THE RIVER CITIES 820 MADISON AVE HUNTINGTON,WV 25704 | 55-0384704 | 501 (C) (3) | 11,056 | | | | DONOR DESIGNATED FOR GENERAL 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--------------------------------------|
| UW OF THE UPPER OHIO VALLEY51 ELEVENTH ST WHEELING,WV 25704 | 55-0479446 | 501 (C) (3) | 26,387 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF TRUMBULL COUNTY 3601 YOUNGSTOWN WARREN,OH 44484 | 34-1083629 | 501 (C) (3) | 23,666 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF UNION COUNTYPO BOX 145 MARYSVILLE,OH 43040 | 71-0338355 | 501 (C) (3) | 41,289 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF VINTON COUNTY PO BOX 541 MCARTHUR,OH 45651 | 31-1298426 | 501 (C) (3) | 6,056 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW OF WAYNE & HOLMES COUNTY215 SOUTH WALNUT ST WOOSTER,OH 44691 | 34-0946973 | 501 (C) (3) | 8,796 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UW SERVICES OF N COLUMBIA COUNTY713 EAST STATE ST SALEM,OH 44460 | 34-0796452 | 501 (C) (3) | 5,113 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| VINEYARD COMMUNITY CENTER6000 COOPER RD WESTERVILLE,OH 43081 | 75-3210233 | 501 (C) (3) | 30,173 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| VOLUNTEERS OF AMERICA 927 N PENNSYLVANIA ST INDIANAPOLIS,IN 46204 | 35-1914815 | 501 (C) (3) | 5,006 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| WARREN COUNTY UNITED WAY645 OAK ST LEBANON,OH 45036 | 23-7132362 | 501 (C) (3) | 6,547 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| WEIRTON UNITED WAY (WV)3205 B PENNSYLVANIA AVE WEIRTON,WV 26062 | 55-0583651 | 501 (C) (3) | 5,870 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| WELLNESS COMMUNITY OF GREATER COLUMBUS 10330 SAWMILL PARKWAY SUITE 600 POWELL,OH 43065 | 20-1388385 | 501 (C) (3) | 14,754 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| WEXNER HERITAGE VILLAGE1151 COLLEGE AVE BEXLEY,OH 43209 | 31-7417962 | 501 (C) (3) | 19,208 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| WOMENCHILDRENFAMILY SERVICE CHARITIES1100 LARKSPUR LANDING CIR LARKSPUR,CA 94939 | 94-3193386 | 501 (C) (3) | 11,211 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| YALE UNIVERSITY FOUNDATIONPO BOX 2038 NEW HAVEN,CT 06521 | 06-0646973 | 501 (C) (3) | 9,000 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| YOUNGSTOWNMAHONING VALLEY UNITED WAY255 WATT ST YOUNGSTOWN,OH 44505 | 34-0714598 | 501 (C) (3) | 36,090 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| AGENCIES PAID LESS THAN 5 | | 501 (C) (3) | 490,152 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| DESIGNATIONS TO OTHER UNITED WAYS AND AGENCIES PAID DIRECTLY BY THIRD-PARTY | | 501 (C) (3) | 7,018,859 | | | | DONOR DESIGNATED FOR GENERAL SUPPORT |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
UNITED WAY OF CENTRAL OHIO

Employer identification number

31-4393712

Part I

Questions Regarding Compensation

| | | | |
|----|--|-----|-----|
| | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | |
| | <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain | 1b | Yes |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | Yes |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply | | |
| | <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div> | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | |
| a | Receive a severance payment or change-of-control payment? | 4a | No |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | |
| | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. | | |
| 5 | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | |
| a | The organization? | 5a | No |
| b | Any related organization? | 5b | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | |
| 6 | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | |
| a | The organization? | 6a | No |
| b | Any related organization? | 6b | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | No |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | 8 | No |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | |

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) JANET E JACKSON | (i) | 233,986 | 20,000 | 4,161 | 80,306 | 13,719 | 352,172 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (2) RICHARD CARRICK | (i) | 151,909 | 12,000 | 20,146 | 20,961 | 11,380 | 216,396 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (3) DEANNA STEWART | (i) | 182,501 | 10,000 | 0 | 3,415 | 18,745 | 214,661 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (4) DOMINIQUE JONES | (i) | 108,036 | 0 | 0 | 3,272 | 7,706 | 119,014 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III

Supplemental Information

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

| Identifier | Return Reference | Explanation |
|--------------------------|------------------|---|
| SUPPLEMENTAL INFORMATION | PART III | PART I, LINE 1A - UNITED WAY PROVIDES PAYMENT OF MEMBERSHIP DUES FOR THE CEO AT THE CAPITAL CLUB - A DOWNTOWN COLUMBUS BUSINESS CLUB WHICH OFFERS BUSINESS NETWORKING OPPORTUNITES ALONG WITH ATHLETIC FACILITIES. ANNUAL MEMBERSHIP DUES PAID FOR THE YEAR ENDING MARCH 31, 2012 WERE \$1,169. PART I, LINE 4B - UNITED WAY HAS ESTABLISHED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN WITH THE CEO WHICH PROVIDES A LUMP SUM BENEFIT TO BE PAID TO THE EMPLOYEE OF \$850,000 UPON REACHING THE NORMAL RETIREMENT AGE OF 65. THE BENEFIT VESTS AT GRADUAL INCREASING PERCENTAGES BEGINNING AT AGE 54. THE ACCRUED RETIREMENT BENEFITS ARE APPROXIMATELY \$383,000 AS OF MARCH 31, 2012, AND ARE INCLUDED IN THE ACCRUED PAYROLL AND RELATED EXPENSE LIABILITY. PART II - UNITED WAY IS THE OWNER OF A SPLIT-DOLLAR LIFE INSURANCE POLICY EFFECTIVE AUGUST 1, 2004. THE INSURED IS THE CURRENT CEO OF UNITED WAY. THE POLICY HAS A FACE VALUE OF \$1,462,500. UNITED WAY ALSO ENTERED INTO A LIFE INSURANCE ENDORSEMENT AGREEMENT WHEREBY THE UNITED WAY IS ENTITLED TO ITS INTEREST IN THE POLICY WHICH IS THE GREATER OF THE TOTAL OF ALL PREMIUMS PAID OR THE ACCUMULATED CASH SURRENDER VALUE UPON DATE OF DEATH. THE CEO HAS DESIGNATED A BENEFICIARY TO RECEIVE THE REMAINING DEATH PROCEEDS NET OF THE UNITED WAYS INTEREST. THE UNITED WAY PAYS ALL PREMIUMS TO THE INSURER, A PORTION OF WHICH IS DIRECTLY EXPENSED AND THE REMAINING PORTION IS APPLIED TO A CASH SURRENDER VALUE. THE ACCUMULATED CASH SURRENDER VALUE IS APPROXIMATELY \$642,000 AND \$606,000 AS OF MARCH 31, 2012 AND 2011, RESPECTIVELY, AND IS INCLUDED IN OTHER ASSETS. PREMIUM PAYMENTS WERE NO LONGER REQUIRED IN 2012. THE CASH SURRENDER VALUE INCREASED FROM INVESTMENT EARNINGS. |

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL OHIO

Employer identification number

31-4393712

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) KATHLEEN MURPHY | TRUSTEE | 10,183 | INITIATIVE ADVERTISING | | No |
| (2) MICHAEL GONSIOROWSKI | TRUSTEE | | BUSINESS BANKING | | No |
| (3) JORDAN MILLER JR | TRUSTEE | | BUSINESS BANKING | | No |
| (4) MARK THOMPSON | TRUSTEE | | BUSINESS BANKING | | No |
| (5) DENISE ROBINSON | TRUSTEE | | AGENCY FUNDING | | No |
| (6) MICHELLE HERITAGE | TRUSTEE | | AGENCY FUNDING | | 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 |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization
UNITED WAY OF CENTRAL OHIO

Employer identification number
31-4393712

Part I

Types of Property

| | (a) Check if applicable | (b) Number of Contributions or items contributed | (c) Contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining contribution amounts |
|---|----------------------------------|--|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 56 | 383,645 | AVG PRICE @ DATE OF CLS |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► () | | | | |
| 26 Other ►() | | | | |
| 27 Other ►() | | | | |
| 28 Other ► () | | | | |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | | | 29 | |
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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 | | | | |
| 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 |
|------------|------------------|-------------|
|------------|------------------|-------------|

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

2011

Open to Public
Inspection

| | |
|--|--|
| Name of the organization UNITED WAY OF CENTRAL OHIO | Employer identification number 31-4393712 |
|--|--|

| Identifier | Return Reference | Explanation |
|----------------------|----------------------------|--|
| NEW PROGRAM SERVICES | FORM 990, PART III, LINE 2 | COLUMBUS KIDS & SIEMER INSTITUTE OF FAMILY STABILITY - SEE 990, PART III, LINE 4B FOR ADDITIONAL DETAILS |

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

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

| Identifier | Return Reference | Explanation |
|------------|--|--|
| | FORM 990, PART VI, SECTION B, LINE 15 | <p>PROCESS FOR CEO AND SENIOR MANAGEMENT COMPENSATION REVIEW THE UNITED WAY OF CENTRAL OHIO EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE TOTAL COMPENSATION (INCLUDING ALL BENEFITS) OF THE CEO ANNUALLY THE MOST RECENT REVIEW OCCURRED IN MAY 2012 THE CEO'S SALARY IS BASED ON CEO PERFORMANCE, BUDGET PARAMETERS, INDEPENDENT MARKET DATA AND MARKET ISSUES MINUTES OF THE COMPENSATION DISCUSSION MEETING ARE RECORDED AND MAINTAINED THE ANNUAL REVIEW OF CEO INCLUDES A REVIEW OF MARKET COMPARABILITY DATA FROM INDEPENDENT SOURCES AND THE SOURCES OF COMPARABLE DATA ARE REFLECTED IN THE MINUTES OF THE COMMITTEE MEETING SETTING COMPENSATION COMPARISONS INCLUDE OTHER SIMILAR-SIZED UNITED WAYS WITHIN THE UNITED WAY SYSTEM AS WELL AS OTHER SIMILAR-SIZED NON-PROFIT AGENCIES AND FOUNDATIONS WITHIN OHIO ANY MEMBER OF THE EXECUTIVE COMMITTEE WHO HAS A CONFLICT OF INTEREST IN THE SETTING OF COMPENSATION MUST DECLARE THE CONFLICT BEFORE ANY DISCUSSIONS TAKE PLACE AND THE COMMITTEE WILL DETERMINE WHETHER THE MEMBER DECLARING THE CONFLICT CAN PARTICIPATE IN THE DISCUSSION AND FINAL DECISION THE EXECUTIVE COMMITTEE ALSO REVIEWS THE CEO'S RECOMMENDATIONS FOR OTHER SENIOR MANAGEMENT COMPENSATION, INCLUDING COMPARABLE MARKET DATA USED IN MAKING THOSE RECOMMENDATIONS THE EXECUTIVE COMMITTEE RECORDS ITS CONSIDERATION OF THE CEO'S RECOMMENDATIONS, THE MARKET DATA CONSIDERED AND WHETHER THE CEO'S RECOMMENDATIONS WERE ACCEPTED, ALTERED (INCLUDING THE ALTERATION) OR REJECTED THE EXECUTIVE COMMITTEE REPORTS THE RESULTS OF ITS COMPENSATION REVIEW AND DETERMINATION TO THE UWCO BOARD OF DIRECTORS FOR APPROVAL AT THE NEXT FOLLOWING BOARD MEETING</p> |

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

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

| Identifier | Return Reference | Explanation |
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| | SCHEDULE L - ADDITIONAL INFORMATION | <p>UNITED WAY OF CENTRAL OHIO (UWCO) MAINTAINS CHECKING AND SAVINGS ACCOUNTS AT MULTIPLE BANKS IN THE CENTRAL OHIO AREA. THREE TRUSTEES OF THE UWCO BOARD ARE SENIOR EXECUTIVES AT THREE SEPARATE BANKS WITH WHICH UWCO HAS SUCH BUSINESS RELATIONSHIPS. IN SEPTEMBER 2008, THE FIRM OF MURPHY EPSON WAS SELECTED THROUGH A COMPETITIVE BIDDING PROCESS TO SERVE AS THE MARKETING CONSULTANT FOR COLUMBUS KIDS, READY, SET LEARN! COLUMBUS KIDS IS AN EARLY LEARNING INITIATIVE MANAGED BY UWCO ON BEHALF OF THE COLUMBUS SCHOOLS EDUCATION FOUNDATION AND OTHER FUNDING PARTNERS. DURING THE FISCAL YEAR ENDED MARCH 31, 2012, PAYMENTS TO MURPHY EPSON TOTALED \$10,183. IN MARCH OF 2009, KATHLEEN MURPHY, THE PRINCIPAL OF MURPHY EPSON, WAS ELECTED TO THE UWCO BOARD OF TRUSTEES. IN ACCEPTING ELECTION TO THE BOARD, MS. MURPHY AGREED TO REFRAIN FROM VOTING ON ANY ISSUES RELATED TO COLUMBUS KIDS THAT MIGHT COME BEFORE THE BOARD AND TO FORGO ANY FUTURE NEW BUSINESS WITH UNITED WAY DURING HER TENURE AS A BOARD MEMBER. AS PART OF THE ORGANIZATION'S CODE OF REGULATIONS, EXECUTIVE DIRECTORS FROM TWO MEMBER AGENCIES ARE REPRESENTATIVES ON THE BOARD OF TRUSTEES. THESE AGENCIES RECEIVE PROGRAM FUNDING ALLOCATIONS, BUT THESE TRUSTEES DO NOT PARTICIPATE IN DECISION MAKING RELATED TO THEIR OWN AGENCY FUNDING. UNITED WAY'S CONFLICT OF INTEREST POLICY REQUIRES BOARD MEMBERS TO ABSTAIN FROM VOTING ON OR SUPPORTING ANY ISSUES WHICH MAY HAVE A DIRECT IMPACT ON OR BE RELATED TO THEIR BUSINESS. THE SISTER OF THE UNITED WAY OF CENTRAL OHIO'S PRESIDENT & CEO WAS NAMED THE CFO OF ONE OF UWCO'S MEMBER AGENCIES DURING TAX YEAR 2012. THE UWCO CEO HAS NO DIRECT INVOLVEMENT IN ANY DECISION MAKING RELATED TO THE FUNDING OR ANY OTHER TRANSACTIONS RELATED TO THIS AGENCY.</p> |

| Identifier | Return Reference | Explanation |
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| EXPLANATION OF LOBBYING EXPENSES | SCHEDULE C - PART II-A | <p>UWCO EMPLOY S A FULL-TIME PUBLIC POLICY DIRECTOR WHO IS REGISTERED WITH THE OHIO OFFICE OF THE LEGISLATIVE INSPECTOR GENERAL (JOINT LEGISLATIVE ETHICS COMMITTEE) THROUGHOUT 2011, UWCO'S PUBLIC POLICY DIRECTOR MET WITH PUBLIC OFFICIALS AND THEIR STAFF TO DISCUSS UWCO'S POSITION ON ISSUES RELATED TO EDUCATION, FINANCIAL STABILITY , HOUSING AND HEALTH CARE. THE PUBLIC POLICY DIRECTOR STAFFED UWCO'S PUBLIC POLICY COMMITTEE, KEPT UWCO STAFF AND VOLUNTEERS APPRISED OF PUBLIC POLICIES THAT IMPACT UWCO'S COMMUNITY OBJECTIVES, SERVED AS A RESOURCE FOR UWCO AFFINITY GROUPS, AND UPDATED THE PUBLIC POLICY PAGES OF UWCO'S WEBSITE. THE PUBLIC POLICY DIRECTOR ALSO MONITORED AND PARTICIPATED IN CITY AND STATE BUDGET DELIBERATIONS. THE PUBLIC POLICY DIRECTOR REPRESENTED UWCO ON SEVERAL COALITIONS THAT EDUCATED LEGISLATORS ABOUT KEY POLICY ISSUES. COALITIONS INCLUDED ADVOCATES FOR OHIO'S FUTURE, OHIO AFTERSCHOOL NETWORK, PIONEERING HEALTHIER COMMUNITIES IN OHIO, GROUNDWORK, OHIO WORKFORCE COALITION, FRANKLIN COUNTY COVERING KIDS & FAMILIES, VOICES FOR OHIO'S CHILDREN, COALITION ON HOMELESSNESS & HOUSING IN OHIO, AND THE OHIO CASH COALITION. UWCO PROVIDED FISCAL SUPPORT (\$1,000) TO ADVOCATES FOR OHIO'S FUTURE, A NONPARTISAN COALITION THAT ADVOCATES FOR ADEQUATE PUBLIC FUNDING FOR HEALTH AND HUMAN SERVICES. UWCO ALSO PROVIDED FISCAL SUPPORT (\$5,000) TO GROUNDWORK, A NONPARTISAN, RESEARCH-BASED CHILD ADVOCACY COALITION ESTABLISHED BY A BROAD CROSS-SECTION OF ORGANIZATIONS, CONCERNED CITIZENS, AND COMMUNITY LEADERS WORKING TO INCREASE ACCESS TO HIGH-QUALITY EARLY CHILDHOOD SERVICES FOR OHIO CHILDREN AND THEIR FAMILIES. UWCO STAFF AND VOLUNTEERS MET WITH SEVERAL FRANKLIN COUNTY ELECTED OFFICIALS (CITY COUNCIL MEMBERS, COUNTY COMMISSIONERS, STATE LEGISLATORS AND MEMBERS OF CONGRESS).</p> |