

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2017**

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

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

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

**D** Employer identification number  
31-0537502

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

**F** Name and address of principal officer: MICHAEL JOHNSON  
SAME AS C ABOVE

**G** Gross receipts \$ 372,366,057

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

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

**J** Website: WWW.UWGC.ORG

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

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

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: UNITED WAY LEADS AND MOBILIZES THE CARING POWER OF INDIVIDUALS AND ORGANIZATIONS TO HELP PEOPLE MEASURABLY IMPROVE THEIR LIVES.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	59
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	56
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	186
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	5,336
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	60,045,401	59,500,934
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,066,458	1,393,481
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	636,689	203,405
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,674,832	173,069
	<b>12</b>		77,423,380	61,270,889
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	45,436,892	41,955,368
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,732,352	11,716,107
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) 6,438,776		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	21,920,614	7,942,503
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	78,089,858	61,613,978	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	(666,478)	(343,089)	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	80,532,369	78,001,132
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	43,935,296	40,854,330
<b>22</b>		36,597,073	37,146,802	

**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: *Jill Johnson* Date: 9/28/18

Type or print name and title: JILL JOHNSON, SVP / CFO

**Paid Preparer Use Only**

Print/Type preparer's name: AARON HERSHBERGER Preparer's signature: *Aaron D. Hershberger* Date: 9/28/2018 Check  if self-employed PTIN: P00961884

Firm's name: BKD, LLP Firm's EIN: 44-0160260

Firm's address: 312 WALNUT ST., SUITE 3000, CINCINNATI, OH 45202 Phone no.: (513) 621-8300

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 34,919,186 including grants of \$ 29,028,204 ) (Revenue \$ )  
COMMUNITY IMPACT SOLUTIONS

SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 12,927,164 including grants of \$ 12,927,164 ) (Revenue \$ 157,152 )  
DONOR DESIGNATIONS

SEE SCHEDULE O

**4c** (Code: ) (Expenses \$ 2,106,480 including grants of \$ ) (Revenue \$ 121,032 )  
DIRECT SERVICES

SEE SCHEDULE O

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 1,839,513 including grants of \$ 0 ) (Revenue \$ 1,272,449 )

**4e** Total program service expenses 51,792,343

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20 a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	✓	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	✓	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	✓	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	✓	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for Form 1096, W-2G, backup withholding, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

**Section A. Governing Body and Management**

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

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

	Yes	No
<b>10a</b>		<input checked="" type="checkbox"/>
<b>10b</b>		
<b>11a</b>	<input checked="" type="checkbox"/>	
<b>11b</b>		
<b>12a</b>	<input checked="" type="checkbox"/>	
<b>12b</b>	<input checked="" type="checkbox"/>	
<b>12c</b>	<input checked="" type="checkbox"/>	
<b>13</b>	<input checked="" type="checkbox"/>	
<b>14</b>	<input checked="" type="checkbox"/>	
<b>15a</b>	<input checked="" type="checkbox"/>	
<b>15b</b>	<input checked="" type="checkbox"/>	
<b>16a</b>		<input checked="" type="checkbox"/>
<b>16b</b>		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► IN, KY
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
JILL JOHNSON, 2400 READING ROAD, CINCINNATI, OH 45202, (513) 762-7100

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MS. JULIA W. POSTON BOARD CHAIR	3.0	✓		✓				0	0	0
(2) MR. MICHAEL COMER VICE CHAIR BOARD ACCOUNTABILITY & SERVICES	2.0	✓		✓				0	0	0
(3) MS. TILLIE HIDALGO LIMA SECRETARY	1.0	✓		✓				0	0	0
(4) MS. CAROLYN PIONE MICHELI VICE CHAIR-BOARD, MARKETING	2.0	✓		✓				0	0	0
(5) MS. MARY MILLER VICE CHAIR-BOARD, COMMUNITY IMPACT	2.0	✓		✓				0	0	0
(6) MR. ROBERT C. REIFSNYDER PRESIDENT / CEO	70.0 1.0	✓		✓			397,080	0	37,347	
(7) MR. CARL P SATTERWHITE IMMEDIATE PAST CHAIR	2.0	✓						0	0	0
(8) MS. SHAKILA T. AHMAD BOARD MEMBER	1.0	✓						0	0	0
(9) MS. MARCIA VOORHIS ANDREW BOARD MEMBER, CHAIR MIDDLETOWN AREA	2.0	✓						0	0	0
(10) MS. PATRICA A. BAKER BOARD MEMBER, CHAIR D&O COUNTIES	2.0	✓						0	0	0
(11) DR. KAREN BANKSTON BOARD MEMBER	45.0	✓					32,788	0	591	
(12) MS. KASEY L. BOND BOARD MEMBER, CHAIR NKY AREA	2.0	✓						0	0	0
(13) MR. WILLIAM P. BUTLER BOARD MEMBER	1.0	✓						0	0	0
(14) MS. KIM CHIODI BOARD MEMBER, NEW APRIL 2017	1.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(15) MR. MARK C. CLEMENT BOARD MEMBER	1.0	✓					0	0	0	
(16) MR. BRIAN D. COLEY, MD FACR BOARD MEMBER	1.0	✓					0	0	0	
(17) MR. GARREN COLVIN BOARD MEMBER	1.0	✓					0	0	0	
(18) MR. ALFONSO CORNEJO BOARD MEMBER	1.0	✓					0	0	0	
(19) MR. BRIAN COX BOARD MEMBER, NEW APRIL 2017	1.0	✓					0	0	0	
(20) MR. STEVE CRUSE BOARD MEMBER	1.0	✓					0	0	0	
(21) MR. DAVID L. FAULK BOARD MEMBER	1.0	✓					0	0	0	
(22) MR. FERNANDO FIGUEROA BOARD MEMBER, NEW APRIL 2017	1.0	✓					0	0	0	
(23) MR. MICHAEL FILOMENA BOARD MEMBER, NEW APRIL 2017	1.0	✓					0	0	0	
(24) MR. CHRISTOPHER C. FROMAN BOARD MEMBER	1.0	✓					0	0	0	
(25) (SEE STATEMENT)										
<b>1b Sub-total</b>							429,868	0	37,938	
<b>c Total from continuation sheets to Part VII, Section A</b>							1,237,262	0	156,742	
<b>d Total (add lines 1b and 1c)</b>							1,667,130	0	194,680	

**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 **▶** 12

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

**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
STRATUSLIVE, LLC, 6465 COLLEGE PARK SQUARE, VIRGINIA BEACH, VA 23464	TECHNOLOGY SERVICES	513,626
UNIVERSITY OF CINCINNATI, 2600 CLIFTON AVENUE, CINCINNATI, OH 45220	PROFESSIONAL SERVICES	365,000
HUNT BUILDERS CORPORATION, 221 EAST FOURTH STREET, CINCINNATI, OH 45202-4148	CONSTRUCTION RENOVATION	289,626
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER, 3333 BURNET AVE, CINCINNATI, OH 45229-3039	PROFESSIONAL SERVICES	242,488
DESIGN IMPACT, 205 W. 4TH ST., CINCINNATI, OH 45202	PROFESSIONAL SERVICES	237,332

**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 **▶** 11



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 299,086					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 30,150					
	<b>d</b> Related organizations . . . . .	<b>1d</b> 2,253,674					
	<b>e</b> Government grants (contributions)	<b>1e</b> 80,170					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 56,837,854					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	2,351,920					
	<b>h Total.</b> Add lines 1a-1f . . . . .	▶ 59,500,934					
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b> RENTAL INCOME FROM AGENCIES	531120	381,052	381,052			
	<b>b</b> CENTRAL SERVICES-ACCOUNTING FEES	561499	110,500	110,500			
	<b>c</b> CENTRAL SERVICES-ADMINISTRATIVE SERVICES	561000	169,068	169,068			
	<b>d</b> CENTRAL SERVICES-CITY HUMAN SERVICES	900099	93,737	93,737			
	<b>e</b> CENTRAL SERVICES-CINCINNATI PRESCHOOL PROMISE	900099	255,000	255,000			
	<b>f</b> All other program service revenue .	900099	384,124	384,124	0	0	
	<b>g Total.</b> Add lines 2a-2f . . . . .	▶ 1,393,481					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	▶ 358,448				358,448	
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶						
	<b>5</b> Royalties . . . . .	▶					
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)	0	0			
	<b>d</b> Net rental income or (loss) . . . . .	▶					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .	(155,043)	0			
		<b>d</b> Net gain or (loss) . . . . .	▶ (155,043)				(155,043)
	<b>8a</b> Gross income from fundraising events (not including \$ 30,150 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 22,213					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b> 21,991				
		<b>c</b> Net income or (loss) from fundraising events . ▶	222				222
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities . . ▶					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
		<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> INSURANCE PROCEEDS	900099	10,621				10,621	
<b>b</b> DONOR DESIGNATION PROCESSING FEES	900099	157,152	157,152				
<b>c</b> MISCELLANEOUS INCOME	900099	5,074				5,074	
<b>d</b> All other revenue . . . . .		0	0	0	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . .	▶ 172,847						
<b>12 Total revenue.</b> See instructions. . . . .	▶ 61,270,889		1,550,633	0		219,322	

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	41,955,368	41,955,368		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,207,564	426,030	432,577	348,957
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	7,274,343	3,627,279	1,207,946	2,439,118
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,724,634	845,286	323,189	556,159
<b>9</b> Other employee benefits . . . . .	882,183	446,628	149,007	286,548
<b>10</b> Payroll taxes . . . . .	627,383	299,199	113,837	214,347
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	79,882		79,882	
<b>c</b> Accounting . . . . .	82,850		82,850	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .	20,511		20,511	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	2,635,279	1,799,751	124,219	711,309
<b>12</b> Advertising and promotion . . . . .	751,521	674,501	48,015	29,005
<b>13</b> Office expenses . . . . .	471,393	42,636	179,035	249,722
<b>14</b> Information technology . . . . .	813,865	564,688	74,122	175,055
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	556,666	114,288	180,899	261,479
<b>17</b> Travel . . . . .	168,505	104,816	14,985	48,704
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	387,174	128,494	37,717	220,963
<b>20</b> Interest . . . . .	1,038	508	194	336
<b>21</b> Payments to affiliates . . . . .	527,588	258,096	98,817	170,675
<b>22</b> Depreciation, depletion, and amortization . . . . .	704,604	344,640	132,003	227,961
<b>23</b> Insurance . . . . .	200,537	58,432	11,786	130,319
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> ALLOCATION TO RED CROSS . . . . .	298,800			298,800
<b>b</b> OTHER DUES . . . . .	195,905	94,209	40,467	61,229
<b>c</b> MISCELLANEOUS EXPENSE . . . . .	46,385	7,494	30,801	8,090
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .	0	0	0	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	61,613,978	51,792,343	3,382,859	6,438,776
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	610	<b>1</b>	500
	<b>2</b> Savings and temporary cash investments . . . . .	4,697,696	<b>2</b>	4,108,631
	<b>3</b> Pledges and grants receivable, net . . . . .	42,788,354	<b>3</b>	40,160,502
	<b>4</b> Accounts receivable, net . . . . .	1,511,176	<b>4</b>	1,974,087
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	254,417	<b>9</b>	229,758
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 17,872,213		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 4,643,130	13,466,441	<b>10c</b> 13,229,083
	<b>11</b> Investments—publicly traded securities . . . . .	16,828,659	<b>11</b>	17,226,251
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	985,016	<b>15</b>	1,072,320
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	80,532,369	<b>16</b>	78,001,132	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,083,336	<b>17</b>	3,580,718
	<b>18</b> Grants payable . . . . .	40,482,367	<b>18</b>	36,661,791
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	2,086
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	59,661	<b>23</b>	15,601
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	309,932	<b>25</b>	594,134
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	43,935,296	<b>26</b>	40,854,330
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	26,912,542	<b>27</b>	27,467,294
	<b>28</b> Temporarily restricted net assets . . . . .	8,699,515	<b>28</b>	8,607,188
	<b>29</b> Permanently restricted net assets . . . . .	985,016	<b>29</b>	1,072,320
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	36,597,073	<b>33</b>	37,146,802
<b>34</b> Total liabilities and net assets/fund balances . . . . .	80,532,369	<b>34</b>	78,001,132	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	61,270,889
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	61,613,978
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(343,089)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	36,597,073
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	77,588
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	815,230
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	37,146,802

**Part XII Financial Statements and Reporting**

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

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

**Part VII**

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) MS. MONICA GARNES ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(26) MS. KAY GEIGER ----- BOARD MEMBER, CO-CHAIR REGIONAL PUBLIC POLICY COUNCIL	2.0 -----	✓						0	0	0
(27) MR. DAVID J. GOOCH ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(28) MS. TRACEY GRABOWSKI ----- BOARD MEMBER, NEW APRIL 2017	1.0 -----	✓						0	0	0
(29) MR. MELVIN GRAVELY ----- BOARD MEMBER, NEW APRIL 2017	1.0 -----	✓						0	0	0
(30) MR. TREY GRAYSON ----- BOARD MEMBER, NEW APRIL 2017	1.0 -----	✓						0	0	0
(31) MS. KIMBERLY HALBAUER ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(32) MR. GARY HEIMAN ----- BOARD MEMBER, NEW APRIL 2017	1.0 -----	✓						0	0	0
(33) MS. JULIE B. HIGHLEY ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(34) MR. GARY T. HUFFMAN ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(35) MR. MARK J. JAHNKE ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(36) MS. RENITA JONES-STREET ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(37) MR. ERIC KEARNEY ----- BOARD MEMBER, NEW APRIL 2017	1.0 -----	✓						0	0	0
(38) MS. RONI J. LUCKENBILL ----- BOARD MEMBER, CHAIR LEADERSHIP COUNCIL OF NONPROFITS	2.0 -----	✓						0	0	0
(39) MS. ANNE M. LYNCH ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(40) MS. CANDACE MCGRAW ----- BOARD MEMBER, NEW APRIL 2017	1.0 -----	✓						0	0	0
(41) MS. INGA MCGLOTHIN ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(42) MR. PETER MCLINDEN ----- BOARD MEMBER, CHAIR COMMUNITY SERVICES	2.0 -----	✓						0	0	0
(43) MS. MOLLY NORTH ----- BOARD MEMBER, NEW APRIL 2017	1.0 -----	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(44) MS. LISA D. O'BRIEN ----- BOARD MEMBER, CHAIR UWGC FOUNDATION	1.0 ----- 2.0	✓						0	0	0
(45) MR. JEFF O'NEIL ----- BOARD MEMBER, NEW APRIL 2017	1.0 -----	✓						0	0	0
(46) MR. DAVID C. PHILLIPS ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(47) MR. SCOTT D. PHILLIPS ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(48) MS. MONICA POSEY, PH.D. ----- BOARD MEMBER, NEW APRIL 2017	1.0 -----	✓						0	0	0
(49) MR. SEAN RUGLESS ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(50) MR. JIM SCOTT ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(51) MR. CHARLES L. SESSION, JR. ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(52) MR. STEVEN J. SHIFMAN ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(53) MS. HEIDI SHORE ----- BOARD MEMBER, NEW APRIL 2017	1.0 -----	✓						0	0	0
(54) MR. JAMES W. SOWAR ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(55) MS. MARY STAGAMAN ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(56) MR. KENNETH W. STECHER ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(57) MR. THEODORE H. TORBECK ----- BOARD MEMBER	1.0 -----	✓						0	0	0
(58) MR. MATTHEW D. VAN SANT ----- BOARD MEMBER, CHAIR EASTERN AREA	2.0 -----	✓						0	0	0
(59) MR. THOMAS VAUGHAN ----- BOARD MEMBER, CHAIR VOLUNTEER CONNECTION, NEW APRIL 2017	2.0 -----	✓						0	0	0
(60) MR. MARK F. BIEGGER ----- BOARD MEMBER, LEFT APRIL 2017	1.0 -----	✓						0	0	0
(61) MR. KEVIN M. CARROLL ----- BOARD MEMBER, CHAIR VOLUNTEER CONNECTION, LEFT APRIL 2017	2.0 -----	✓						0	0	0
(62) MR. MERWIN GRAYSON, JR. ----- BOARD MEMBER, LEFT APRIL 2017	1.0 -----	✓						0	0	0
(63) MR. G. EDWARD HUGHES, PH.D. ----- BOARD MEMBER, LEFT APRIL 2017	1.0 -----	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(64) MR. JEROME C. KATHMAN ----- BOARD MEMBER, LEFT APRIL 2017	1.0 -----	✓						0	0	0
(65) MS. JANE M. KELLER ----- BOARD MEMBER, CHAIR LEADERSHIP COUNCIL OF NONPROFITS, LEFT APRIL 2017	2.0 -----	✓						0	0	0
(66) MR. GEOFFREY MEARNS ----- BOARD MEMBER, LEFT APRIL 2017	1.0 -----	✓						0	0	0
(67) MS. PENNY PENSAK ----- BOARD MEMBER, LEFT APRIL 2017	1.0 -----	✓						0	0	0
(68) MR. R. MICHAEL PRESCOTT ----- BOARD MEMBER, LEFT APRIL 2017	1.0 -----	✓						0	0	0
(69) MS. JOHNNNA N. REEDER ----- BOARD MEMBER, LEFT APRIL 2017	1.0 -----	✓						0	0	0
(70) MR. RYAN RICHEY ----- BOARD MEMBER, EMERGING LEADER, LEFT APRIL 2017	1.0 -----	✓						0	0	0
(71) MR. J. SHANE STARKEY ----- BOARD MEMBER, LEFT APRIL 2017	1.0 -----	✓						0	0	0
(72) MR. GEORGE E. YUND ----- BOARD MEMBER, LEFT APRIL 2017	1.0 -----	✓						0	0	0
(73) MS. KAREN M. ZENGEL ----- BOARD MEMBER, LEFT APRIL 2017	1.0 -----	✓						0	0	0
(74) YVONNE WASHINGTON ----- EVP / COO	52.0 ----- 1.0			✓				162,160	0	16,263
(75) JILL JOHNSON ----- SVP FINANCE & OPER	49.0 ----- 1.0				✓			156,284	0	15,919
(76) CHRIS MARTIN ----- SVP DEVELOPMENT	55.0 -----				✓			161,475	0	29,612
(77) STEPHANIE BYRD ----- SVP SB6	65.0 -----					✓		211,803	0	19,621
(78) MARGARET HULBERT ----- SVP PUBLIC POLICY	64.0 -----					✓		133,101	0	29,976
(79) ROSS MEYER ----- SVP COMM IMPACT	55.0 -----					✓		139,257	0	23,051
(80) MARGARET CLARK ----- DIRECTOR EVERY CHILD SUCCEEDS	50.0 -----					✓		125,686	0	5,944
(81) TERESA HOELLE ----- SVP MARKETING	55.0 -----					✓		147,496	0	16,356

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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.

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

<b>Name of the organization</b> UNITED WAY OF GREATER CINCINNATI	<b>Employer identification number</b> 31-0537502
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	62,773,714	62,750,144	61,677,581	60,045,401	59,500,934	306,747,774
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	62,773,714	62,750,144	61,677,581	60,045,401	59,500,934	306,747,774
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						13,320,923
<b>6 Public support.</b> Subtract line 5 from line 4						293,426,851

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 . . . . .	62,773,714	62,750,144	61,677,581	60,045,401	59,500,934	306,747,774
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,167,842	1,067,239	1,029,078	772,319	358,448	4,394,926
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	131,744	121,696	148,345	15,672,549	172,847	16,247,181
<b>11 Total support.</b> Add lines 7 through 10						327,389,881
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	89.63 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	90.41 %
<b>16a 33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2017.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2016.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013 . . . . .			
<b>c</b> From 2014 . . . . .			
<b>d</b> From 2015 . . . . .			
<b>e</b> From 2016 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: <span style="float: right;">\$</span>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013 . . . . .			
<b>b</b> Excess from 2014 . . . . .			
<b>c</b> Excess from 2015 . . . . .			
<b>d</b> Excess from 2016 . . . . .			
<b>e</b> Excess from 2017 . . . . .			

Part VI

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	MISCELLANEOUS	131,744	121,696	148,345	156,501	172,847	731,133
	GAIN ON FORGIVENESS OF DEBT				12,117,200	0	12,117,200
	GAIN ON NEW MARKET TAX CREDITS				3,398,848	0	3,398,848
	Total	131,744	121,696	148,345	15,672,549	172,847	16,247,181

**Schedule of Contributors**

**2017**

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

<b>Name of the organization</b> UNITED WAY OF GREATER CINCINNATI	<b>Employer identification number</b> 31-0537502
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**Organization type** (check one):

**Filers of:**

**Section:**

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

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

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

**General Rule**

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

**Special Rules**

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

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



<b>Name of organization</b> UNITED WAY OF GREATER CINCINNATI	<b>Employer identification number</b> 31-0537502
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 3,404,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 2,332,788	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 1,520,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> UNITED WAY OF GREATER CINCINNATI	<b>Employer identification number</b> 31-0537502
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

<b>Name of organization</b> UNITED WAY OF GREATER CINCINNATI	<b>Employer identification number</b> 31-0537502
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**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

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

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

**Open to Public Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

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

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of organization <b>UNITED WAY OF GREATER CINCINNATI</b>	Employer identification number <b>31-0537502</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .	41,880													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	166,704													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	208,584													
<b>d</b>	Other exempt purpose expenditures . . . . .	60,878,164													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	61,086,748													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	238,060	224,680	195,478	208,584	866,802
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	47,898	48,513	37,905	41,880	176,196

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

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

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

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

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

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

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

**Part IV Supplemental Information**

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

SEE NEXT PAGE

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Return Reference - Identifier	Explanation
SCHEDULE C, PART II-A - LOBBYING ACTIVITIES	<p>UNITED WAY OF GREATER CINCINNATI IS A LEADER IN PUBLIC POLICY RESEARCH, EDUCATION AND ADVOCACY. WE RECOGNIZE THAT PUBLIC FUNDING OF HEALTH AND HUMAN SERVICES WILL ALWAYS SUBSTANTIALLY EXCEED PRIVATE SUPPORT. WE STRIVE TO CREATE EFFECTIVE PARTNERSHIPS BETWEEN GOVERNMENT AND NONPROFIT ORGANIZATIONS, AND WE SHARE OUR EXPERIENCE AND EXPERTISE WITH THE PUBLIC SECTOR AS PART OF THAT PARTNERSHIP. WE SERVE ON MULTIPLE COMMITTEES AND PANELS DESIGNED TO COORDINATE PUBLIC AND PRIVATE SERVICES AND WORK WITH ELECTED AND APPOINTED OFFICIALS IN KENTUCKY, OHIO AND INDIANA AND ON THE FEDERAL LEVEL ON HEALTH, HUMAN SERVICE AND COMMUNITY DEVELOPMENT AND NONPROFIT EFFECTIVENESS AND ACCOUNTABILITY.</p> <p>WE ENCOURAGE OUR AGENCY PARTNERS AND OTHER NONPROFIT ORGANIZATIONS TO ADVOCATE ON BEHALF OF THEIR PROGRAMS AND THE PEOPLE THEY SERVE BECAUSE WE KNOW THEY HAVE DIRECT SERVICE EXPERIENCE AND KNOWLEDGE ON CRITICAL COMMUNITY ISSUES. WE ENCOURAGE NONPROFITS TO DEVELOP RELATIONSHIPS WITH ELECTED AND APPOINTED GOVERNMENT OFFICIALS, AND TO CONSISTENTLY EDUCATE THEM ABOUT THEIR SERVICES, CLIENTS AND COMMUNITIES. WE URGE NONPROFITS TO TAKE A POSITIVE APPROACH TOWARD LOBBYING, STRESSING EDUCATION, INFORMATION AND ISSUE-FOCUSED ADVOCACY.</p> <p>IN 2017, UNITED WAY OF GREATER CINCINNATI RECORDED EXPENDITURES OF \$226,280 FOR THE PUBLIC POLICY AND GOVERNMENT RELATIONS FUNCTION. THIS AMOUNT PROVIDED SALARIES FOR APPROXIMATELY 1.6 FULL-TIME EQUIVALENT STAFF POSITIONS. THIS TOTAL AMOUNT INCLUDED SALARIES, BENEFITS, OCCUPANCY AND OFFICE EXPENSES, TRAVEL AND MEETINGS. OF THE TOTAL AMOUNT SPENT ON PUBLIC POLICY, NO MORE THAN 30% OR \$67,884 WAS SPENT ON LOBBYING AND NO MORE THAN 30% OF THAT AMOUNT, OR \$20,365 WAS SPENT ON GRASSROOTS LOBBYING.</p> <p>IN 2017, UNITED WAY STAFF WORKED CLOSELY WITH FEDERAL, STATE AND LOCAL GOVERNMENT TO CREATE PARTNERSHIPS FOR THE EFFECTIVE AND EFFICIENT DELIVERY OF HEALTH AND HUMAN SERVICES IN TWO STATES AND EIGHT COUNTY REGIONS. STAFF LOBBIED ELECTED AND APPOINTED OFFICIALS ON THE FOLLOWING ISSUES:</p> <p>*AT THE FEDERAL LEVEL, WE SUPPORTED EDUCATION, WORKFORCE, HEALTH AND HUMAN SERVICES FUNDING, THE EARNED INCOME TAX CREDIT AND APPROPRIATE ACCOUNTABILITY STANDARDS FOR NONPROFIT ORGANIZATIONS.</p> <p>*IN OHIO AND KENTUCKY, WE WORKED WITH THE STATE ADMINISTRATION AND KEY LEGISLATORS TO PROVIDE THEM WITH INFORMATION AND GUIDANCE ON SOCIAL WELFARE POLICY, HEALTH AND HUMAN SERVICES, PUBLIC EDUCATION, CHILD HEALTH AND EARLY CARE AND EDUCATION, AND NONPROFIT ACCOUNTABILITY.</p> <p>*ON A LOCAL LEVEL, WE WORKED WITH LOCAL AREA DEVELOPMENT DISTRICTS AND COUNTY AND CITY GOVERNMENTS TO CREATE PUBLIC-PRIVATE PARTNERSHIPS FOR THE EFFICIENT, EFFECTIVE DELIVERY OF HEALTH AND HUMAN SERVICES.</p> <p>THROUGH SERVICE CONTRACTS, WE SPENT:</p> <p>*\$36,000 TO TOP SHELF LOBBY LLC TO ADVOCATE FOR EARLY CHILDHOOD EDUCATION IN KENTUCKY. OF THAT AMOUNT, NO MORE THAN \$20,000 WAS SPENT ON LOBBYING.</p> <p>*\$15,000 TO VAN METER, ASHBROOK &amp; ASSOCIATES FOR EARLY CHILDHOOD EDUCATION AND HOME VISITING IN OHIO. OF THAT AMOUNT, NO MORE THAN \$3,000 WAS SPENT ON LOBBYING.</p> <p>*\$50,000 TO VORYS ADVISORS LLC TO ADVOCATE FOR EARLY CHILDHOOD EDUCATION IN OHIO. OF THAT AMOUNT, NO MORE THAN \$35,000 WAS SPENT ON LOBBYING.</p> <p>WE MADE THE FOLLOWING ALLOCATIONS TO NONPROFIT ORGANIZATIONS FOR EDUCATION, ADVOCACY OR LOBBYING ABOUT PUBLIC SECTOR POLICIES OR FUNDING:</p> <p>*\$40,000 TO COUNCIL FOR A STRONG AMERICA TO SUPPORT READYNATION ADVOCACY ON BEHALF OF EARLY CARE AND EDUCATION IN OHIO AND ON THE FEDERAL LEVEL. OF THAT AMOUNT, NO MORE THAN 20% OR \$8,000 WAS SPENT ON LOBBYING, AND NONE OF THE LOBBYING AMOUNT WAS SPENT ON GRASSROOTS LOBBYING.</p> <p>*\$20,000 TO COUNCIL FOR A STRONG AMERICA TO SUPPORT SHEPHERDING THE NEXT GENERATION ADVOCACY ON BEHALF OF EARLY CARE AND EDUCATION IN KENTUCKY. OF THAT AMOUNT, NO MORE THAN 20% OR \$4,000 WAS SPENT ON LOBBYING, AND NO MORE THAN 50% OF THE LOBBYING AMOUNT, OR \$2,000, WAS SPENT ON GRASSROOTS LOBBYING.</p> <p>*\$30,000 TO CHILDREN INC. TO ADVOCATE ON BEHALF OF EARLY CARE AND EDUCATION IN KENTUCKY. OF THAT AMOUNT, NO MORE THAN 30% OR \$9,000 WAS SPENT ON LOBBYING, AND NO MORE THAN 20% OF THE LOBBYING AMOUNT, OR \$1,800, WAS SPENT ON GRASSROOTS LOBBYING.</p> <p>*\$60,000 TO SUPPORT GROUNDWORK TO ADVOCATE ON BEHALF OF EARLY CARE AND EDUCATION IN OHIO. OF THAT AMOUNT, NO MORE THAN 50% OR \$30,000 WAS SPENT ON LOBBYING, AND NO MORE THAN 20% OF THE LOBBYING AMOUNT, OR \$6,000, WAS SPENT ON GRASSROOTS LOBBYING.</p> <p>*\$25,000 TO OHIO JUSTICE &amp; POLICY CENTER TO ADVOCATE FOR REMOVING EMPLOYMENT BARRIERS FOR PEOPLE WITH CRIMINAL RECORDS IN OHIO. OF THAT AMOUNT, NO MORE THAN 30% OR \$7,500 WAS SPENT ON LOBBYING, AND NO MORE THAN 75% OF THE LOBBYING AMOUNT, OR \$5,625, WAS SPENT ON GRASSROOTS LOBBYING.</p> <p>*\$20,000 TO POLICY MATTERS OHIO TO PROVIDE RESEARCH, EDUCATION AND ADVOCACY ON BEHALF OF THE EARNED INCOME TAX CREDIT IN OHIO. OF THAT AMOUNT, NO MORE THAN 20% OR \$4,000 WAS SPENT ON LOBBYING, AND NO MORE THAN 10% OF THE LOBBYING AMOUNT, OR \$400, WAS SPENT ON GRASSROOTS LOBBYING.</p>

Return Reference - Identifier	Explanation
	<p>*\$60,000 TO PRICHARD COMMITTEE TO ADVOCATE ON BEHALF OF EARLY CARE AND EDUCATION IN KENTUCKY. OF THAT AMOUNT, NO MORE THAN 30% OR \$18,000 WAS SPENT ON LOBBYING, AND NO MORE THAN 20% OF THE LOBBYING AMOUNT, OR \$3,600, WAS SPENT ON GRASSROOTS LOBBYING.</p> <p>*\$20,000 TO THE CENTER FOR COMMUNITY SOLUTIONS FOR ADVOCATES FOR OHIO'S FUTURE TO ADVOCATE ON BEHALF OF HEALTH AND HUMAN SERVICES FUNDING IN OHIO. OF THAT AMOUNT, NO MORE THAN 11% OR \$2,200 WAS SPENT ON LOBBYING, AND NO MORE THAN 95% OF THE LOBBYING AMOUNT, OR \$2,090, WAS SPENT ON GRASSROOTS LOBBYING.</p>



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: UNITED WAY OF GREATER CINCINNATI; Employer identification number: 31-0537502

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including checkboxes and a table for 'Held at the End of the Tax Year'.

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

Form with rows 1a-2 for questions regarding art and historical treasures, including dollar amounts.

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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other .....

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	584,800	592,514	662,883	695,683	638,008
<b>b</b> Contributions	0	0	0	0	0
<b>c</b> Net investment earnings, gains, and losses	74,610	23,431	(34,436)	179	88,569
<b>d</b> Grants or scholarships	28,403	31,145	35,933	32,979	30,894
<b>e</b> Other expenditures for facilities and programs	0	0	0	0	0
<b>f</b> Administrative expenses	0	0	0	0	0
<b>g</b> End of year balance	631,007	584,800	592,514	662,883	695,683

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

- a** Board designated or quasi-endowment ▶ 100.00 %
- b** Permanent endowment ▶ \_\_\_\_\_ %
- c** Temporarily restricted endowment ▶ \_\_\_\_\_ %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>	✓	
<b>3a(ii)</b>	✓	
<b>3b</b>	✓	

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		476,742		476,742
<b>b</b> Buildings		14,070,860	2,618,879	11,451,981
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		2,914,307	1,734,433	1,179,874
<b>e</b> Other		410,304	289,818	120,486
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,229,083

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) AGENCY CUSTODIAL FUND PAYABLE	594,134	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	594,134	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XIII**

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a)</b> Description	<b>(b)</b> Amount
	MARKET VALUE CHANGE IN BENEFICIAL INTEREST	87,304
	PROVISION FOR UNCOLLECTIBLE PLEDGES	727,926
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a)</b> Description	<b>(b)</b> Amount
	AMOUNTS DESIGNATED BY CONTRIBUTORS	12,927,164
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	<b>(a)</b> Description	<b>(b)</b> Amount
	AMOUNTS DESIGNATED BY CONTRIBUTORS	12,927,164

**Part XIII**

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

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

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

UNITED WAY OF GREATER CINCINNATI

Employer identification number

31-0537502

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

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

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

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

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

		(a) Event #1 <u>GOLF OUTING</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events _____ (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	52,363			52,363
	<b>2</b> Less: Contributions . . . . .	30,150			30,150
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	22,213	0	0	22,213
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .	1,938			1,938
	<b>6</b> Rent/facility costs . . . . .	17,676			17,676
	<b>7</b> Food and beverages . . . . .	151			151
	<b>8</b> Entertainment . . . . .				0
	<b>9</b> Other direct expenses . . . . .	2,226			2,226
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				21,991
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				222	

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

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

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

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization  
UNITED WAY OF GREATER CINCINNATI

Employer identification number  
31-0537502

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

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

Yes  No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 4C FOR CHILDREN 2100 SHERMAN AVENUE, CINCINNATI, OH 45212	31-0823634	501 (C) (3)	732,834				PROGRAM OPERATING COST
(2) (SEE STATEMENT)	31-0620685	501 (C) (3)	118,184				PROGRAM OPERATING COST
(3) (SEE STATEMENT)	31-0710683	501 (C) (3)	29,000				PROGRAM OPERATING COST
(4) ADDICTION SERVICES COUNCIL 2828 VERNON PLACE, CINCINNATI, OH 45219	31-0784671	501 (C) (3)	62,000				PROGRAM OPERATING COST
(5) ADOPT A CLASS FOUNDATION 3805 EDWARDS ROAD, CINCINNATI, OH 45209	20-2587299	501 (C) (3)	20,000				PROGRAM OPERATING COST
(6) AMERICAN CANCER SOCIETY - GTR CINTI 2808 READING ROAD, CINCINNATI, OH 45206	13-1788491	501 (C) (3)	138,000				PROGRAM OPERATING COST
(7) AMERICAN HEART ASSOCIATION, GTR CINTI 5211 MADISON ROAD, CINCINNATI, OH 45227	13-5613797	501 (C) (3)	99,371				PROGRAM OPERATING COST
(8) AMERICAN RED CROSS GTR CINTI-DAYTON 2111 DANA AVENUE, CINCINNATI, OH 45207	53-0196605	501 (C) (3)	4,187,800				COMMUNITY COLLABORATION
(9) AMERICAN RED CROSS GTR CINTI-DAYTON 2111 DANA AVENUE, CINCINNATI, OH 45207	53-0196605	501 (C) (3)	28,257				DONOR DESIGN GENERAL
(10) BATAVIA LOCAL SCHOOLS 800 BAUER ROAD, BATAVIA, OH 45103	31-6000730	SCHOOL DISTRICT	5,700				PROGRAM OPERATING COST
(11) BAWAC, INC. 7970 KENTUCKY DRIVE, FLORENCE, KY 41042	61-0844925	501 (C) (3)	58,000				PROGRAM OPERATING COST
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 193  
 3 Enter total number of other organizations listed in the line 1 table . . . . . 0



**Part II Grants and Other Assistance to Governments and Organizations in the United States (continued)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) BEACON OF HOPE BUSINESS ALLIANCE 1130 FINDLAY STREET, CINCINNATI, OH 45214	47-4326461	501 (C) (3)	50,000				DONOR DESIGN GENERAL
(13) BEECH ACRES PARENTING CENTER 6881 BEECHMONT AVE, CINCINNATI, OH 45230	31-0536663	501 (C) (3)	123,684				PROGRAM OPERATING COST
(14) BEECH ACRES PARENTING CENTER 6881 BEECHMONT AVE, CINCINNATI, OH 45230	31-0536663	501 (C) (3)	50,000				DONOR DESIGN GENERAL
(15) BETHANY HOUSE SERVICES, INC. 1841 FAIRMOUNT AVENUE, CINCINNATI, OH 45214	31-1101401	501 (C) (3)	87,000				PROGRAM OPERATING COST
(16) BIG BROTHERS BIG SISTERS OF BUTLER CO 1775 S. ERIE BLVD, HAMILTON, OH 45011	31-0846147	501 (C) (3)	51,000				PROGRAM OPERATING COST
(17) BIG BROTHERS BIG SISTERS OF GTR CINTI 2400 READING ROAD, CINCINNATI, OH 45202	31-0577668	501 (C) (3)	328,000				PROGRAM OPERATING COST
(18) BIG BROTHERS BIG SISTERS OF GTR CINTI 2400 READING ROAD, CINCINNATI, OH 45202	31-0577668	501 (C) (3)	15,000				DONOR DESIGN GENERAL
(19) BOY SCOUTS OF AMER, DAN BEARD CNCL 10078 READING ROAD, CINCINNATI, OH 45241	31-0536651	501 (C) (3)	447,000				PROGRAM OPERATING COST
(20) BOY SCOUTS OF AMER, DAN BEARD CNCL 10078 READING ROAD, CINCINNATI, OH 45241	31-0536651	501 (C) (3)	10,000				DONOR DESIGN GENERAL
(21) BOYS & GIRLS CLUBS OF GTR CINTI 600 DALTON AVENUE, CINCINNATI, OH 45203	31-0536965	501 (C) (3)	746,825				PROGRAM OPERATING COST
(22) BREAKTHROUGH CINCINNATI, INC. 6905 GIVEN ROAD, CINCINNATI, OH 45203	31-1357625	501 (C) (3)	28,000				PROGRAM OPERATING COST
(23) BRIGHTON CENTER, INC. 741 CENTRAL AVENUE, NEWPORT, KY 41071	61-0673886	501 (C) (3)	1,315,000				PROGRAM OPERATING COST
(24) BRIGHTON CENTER, INC. 741 CENTRAL AVENUE, NEWPORT, KY 41071	61-0673886	501 (C) (3)	87,500				COMMUNITY COLLABORATION
(25) BROWN COUNTY EDUC SERVICE CTR 9231 HAMER ROAD, GEORGETOWN, OH 45121	31-1081006	SCHOOL DISTRICT	10,000				PROGRAM OPERATING COST
(26) BROWN COUNTY HELPING HANDS 668 CAMP RUN ROAD, GEORGETOWN, OH 45121	31-6084499	501 (C) (3)	23,000				PROGRAM OPERATING COST

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(27) BROWN COUNTY SENIOR CITIZENS CNCL 505 NORTH MAIN STREET, GEORGETOWN, OH 45121	51-0166580	501 (C) (3)	72,000				PROGRAM OPERATING COST
(28) BUTLER COUNTY UNITED WAY 323 NORTH THIRD STREET, HAMILTON, OH 45011	31-0734490	501 (C) (3)	209,640				DONOR DESIGN GENERAL
(29) CAMP JOY FOUNDATION 10177 OLD 3-C HIGHWAY, CLARKSVILLE, OH 45113	31-0672822	501 (C) (3)	24,010				PROGRAM OPERATING COST
(30) CANCER FAMILY CARE, INC. 2421 AUBURN AVENUE, CINCINNATI, OH 45219	31-0805286	501 (C) (3)	228,684				PROGRAM OPERATING COST
(31) CARACOLE, INC. 4138 HAMILTON AVENUE, CINCINNATI, OH 45223	31-1210524	501 (C) (3)	83,000				PROGRAM OPERATING COST
(32) CATH CHARITIES DIOCESE OF COVINGTON 3629 CHURCH STREET, COVINGTON, KY 41015	61-0461728	501 (C) (3)	209,000				PROGRAM OPERATING COST
(33) CATH CHARITIES SOUTHWESTERN OH 7162 READING ROAD, CINCINNATI, OH 45237	31-0536968	501 (C) (3)	652,099				PROGRAM OPERATING COST
(34) CTR FOR CHEM ADDICTIONS TREATMENT 830 EZZARD CHARLES DR, CINCINNATI, OH 45214	31-0792742	501 (C) (3)	97,000				PROGRAM OPERATING COST
(35) CTR FOR COMMUNITY SOLUTIONS 1501 EUCLID AVENUE, CLEVELAND, OH 44115	34-0714723	501 (C) (3)	20,000				COMMUNITY COLLABORATION
(36) CTR FOR EMPLOYMENT OPPORTUNITIES 800 BANK STREET, CINCINNATI, OH 45214	13-3843322	501 (C) (3)	69,000				PROGRAM OPERATING COST
(37) CTR FOR GREAT NHOODS OF COVINGTON 321 W. MLK/12TH STREET, COVINGTON, KY 41011	61-0733046	501 (C) (3)	152,000				PROGRAM OPERATING COST
(38) CENTRAL CLINIC 311 ALBERT SABIN WAY, CINCINNATI, OH 45229	31-1411744	501 (C) (3)	576,000				PROGRAM OPERATING COST
(39) CENTRAL CONNECTIONS 3907 CENTRAL AVENUE, MIDDLETOWN, OH 45044	31-1026085	501 (C) (3)	107,000				PROGRAM OPERATING COST
(40) CHILD FOCUS, INC. 4629 AICHOLTZ ROAD, CINCINNATI, OH 45244	31-0952668	501 (C) (3)	400,000				PROGRAM OPERATING COST
(41) CHILDREN, INC. 333 MADISON AVENUE, COVINGTON, KY 41011	31-0910787	501 (C) (3)	1,091,000				PROGRAM OPERATING COST
(42) CHILDREN, INC. 333 MADISON AVENUE, COVINGTON, KY 41011	31-0910787	501 (C) (3)	30,000				COMMUNITY COLLABORATION

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(43) CHILDREN'S LAW CENTER 1002 RUSSELL STREET, COVINGTON, KY 41011	61-1167352	501 (C) (3)	18,000				PROGRAM OPERATING COST
(44) CHURCHES ACTIVE IN NORTHSIDE 4230 HAMILTON AVENUE, CINCINNATI, OH 45223	31-1341556	501 (C) (3)	25,000				PROGRAM OPERATING COST
(45) CINTI AREA SENIOR SERVICES, INC. 2368 VICTORY PARKWAY, CINCINNATI, OH 45206	31-0825754	501 (C) (3)	276,000				PROGRAM OPERATING COST
(46) CINTI ARTS & TECHNOLOGY CTR 700 W. PETE ROSE WAY, CINCINNATI, OH 45203	20-0105431	501 (C) (3)	52,000				PROGRAM OPERATING COST
(47) CINTI ARTS & TECHNOLOGY CTR 700 W. PETE ROSE WAY, CINCINNATI, OH 45203	20-0105431	501 (C) (3)	55,000				DONOR DESIGN GENERAL
(48) CINTI ASSOC BLIND VISUALLY IMPAIRED 2045 GILBERT AVENUE, CINCINNATI, OH 45202	31-0538511	501 (C) (3)	231,684				PROGRAM OPERATING COST
(49) CINTI CHILDREN'S HOSP MEDICAL CTR 3333 BURNET AVENUE, CINCINNATI, OH 45229	31-0833936	501 (C) (3)	196,000				PROGRAM OPERATING COST
(50) CINTI CHILDREN'S HOSP MEDICAL CTR 3333 BURNET AVENUE, CINCINNATI, OH 45229	31-0833936	501 (C) (3)	60,000				DONOR DESIGN GENERAL
(51) CINTI EARLY LEARNING CENTERS, INC. 1301 E. McMILLAN STREET, CINCINNATI, OH 45206	31-1110503	501 (C) (3)	391,000				PROGRAM OPERATING COST
(52) CINTI PRESCHOOL PROMISE 2400 READING ROAD, CINCINNATI, OH 45202	81-4743008	501 (C) (3)	62,774				COMMUNITY COLLABORATION
(53) CINTI UNION BETHEL 2401 READING ROAD, CINCINNATI, OH 45202	31-0536655	501 (C) (3)	200,000				PROGRAM OPERATING COST
(54) CINTI USA SPORTS COMMISSION 700 W. PETE ROSE WAY, CINCINNATI, OH 45203	31-1276563	501 (C) (3)	5,257				DONOR DESIGN GENERAL
(55) CINTI WORKS 708 WALNUT STREET, CINCINNATI, OH 45202	31-1656186	501 (C) (3)	373,000				PROGRAM OPERATING COST
(56) CINTI WORKS 708 WALNUT STREET, CINCINNATI, OH 45202	31-1656186	501 (C) (3)	535,000				DONOR DESIGN GENERAL
(57) CINTI YOUTH COLLABORATIVE 301 OAK STREET, CINCINNATI, OH 45219	31-1204406	501 (C) (3)	79,000				PROGRAM OPERATING COST
(58) CINTI YOUTH COLLABORATIVE 301 OAK STREET, CINCINNATI, OH 45219	31-1204406	501 (C) (3)	102,000				DONOR DESIGN GENERAL
(59) CINTI-HAM CO COMM ACTION AGY 1740 LANGDON FARM RD, CINCINNATI, OH 45237	31-6053035	501 (C) (3)	54,684				PROGRAM OPERATING COST

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(60) CINCYSMILES FOUNDATION 635 W. SEVENTH STREET, CINCINNATI, OH 45203	31-0537044	501 (C) (3)	108,000				PROGRAM OPERATING COST
(61) CLEARINGHOUSE P.O. BOX 478, AURORA, IN 47001	31-1158133	501 (C) (3)	11,000				PROGRAM OPERATING COST
(62) CLERMONT COUNTY COMM SVCS, INC. 3003 HOSPITAL DRIVE, BATAVIA, OH 45103	31-1111703	501 (C) (3)	164,000				PROGRAM OPERATING COST
(63) CLERMONT SENIOR SVCS, INC. 2085 JAMES E. SAULS SR. DR, BATAVIA, OH 45103	31-0832354	501 (C) (3)	138,000				PROGRAM OPERATING COST
(64) COMM BUILDING INST MIDDLETOWN 800 LAFAYETTE AVE, MIDDLETOWN, OH 45044	46-5205808	501 (C) (3)	212,000				COMMUNITY COLLABORATION
(65) COMMUNITY INITIATIVES 172 EAST STATE STREET, COLUMBUS, OH 43215	94-3255070	501 (C) (3)	130,000				COMMUNITY COLLABORATION
(66) COMMUNITY MATTERS 2104 ST. MICHAEL STREET, CINCINNATI, OH 45204	47-1191643	501 (C) (3)	40,000				PROGRAM OPERATING COST
(67) CORPORATION FOR FINDLAY MARKET P.O. BOX 14727, CINCINNATI, OH 45250	31-1740317	501 (C) (3)	48,000				PROGRAM OPERATING COST
(68) CORPORATION FOR FINDLAY MARKET P.O. BOX 14727, CINCINNATI, OH 45250	31-1740317	501 (C) (3)	15,000				DONOR DESIGN GENERAL
(69) CORP FOR OHIO APPALACHIAN DEVEL P.O. BOX 787, ATHENS, OH 45701	31-0811788	501 (C) (3)	27,000				PROGRAM OPERATING COST
(70) COUNCIL FOR A STRONG AMERICA 1212 NEW YORK AVE NW, WASHINGTON, DC 20005	13-3840271	501 (C) (3)	60,000				COMMUNITY COLLABORATION
(71) COVINGTON INDEP PUBLIC SCHOOL DIST 25 EAST 7TH STREET, COVINGTON, KY 41011	61-6001265	SCHOOL DISTRICT	15,400				PROGRAM OPERATING COST
(72) COVINGTON PARTNERS 257 PIKE STREET, COVINGTON, KY 41011	20-1515753	501 (C) (3)	92,000				PROGRAM OPERATING COST
(73) CROSSROAD HEALTH CENTER 5 EAST LIBERTY STREET, CINCINNATI, OH 45202	31-1321054	501 (C) (3)	129,684				PROGRAM OPERATING COST
(74) CWF CHILD DEVELOPMENT CTR 434 FOREST AVENUE, CINCINNATI, OH 45229	31-1284881	501 (C) (3)	69,000				PROGRAM OPERATING COST
(75) DCCH CTR FOR CHILDREN & FAMILIES 75 ORPHANAGE ROAD, FT. MITCHELL, KY 41017	61-0463943	501 (C) (3)	74,000				PROGRAM OPERATING COST
(76) DEARBORN CO RETIRED SENIOR VOL PROG 98 E. HIGH STREET, LAWRENCEBURG, IN 47025	35-1185161	501 (C) (3)	10,000				PROGRAM OPERATING COST
(77) EASTER SEALS TRISTATE 2901 GILBERT AVENUE, CINCINNATI, OH 45206	31-0873433	501 (C) (3)	284,684				PROGRAM OPERATING COST

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(78) EDUCATION MATTERS 2104 ST. MICHAEL STREET, CINCINNATI, OH 45204	23-7121512	501 (C) (3)	5,000				PROGRAM OPERATING COST
(79) ENVISION PARTNERSHIPS 2935 HAMILTON MASON RD, HAMILTON, OH 45011	31-6059934	501 (C) (3)	39,000				PROGRAM OPERATING COST
(80) EVERY CHILD SUCCEEDS 3333 BURNET AVENUE, CINCINNATI, OH 45229	31-1628467	501 (C) (3)	2,245,363				PROGRAM OPERATING COST
(81) EVERY CHILD SUCCEEDS 3333 BURNET AVENUE, CINCINNATI, OH 45229	31-1628467	501 (C) (3)	154,500				DONOR DESIGN GENERAL
(82) EXECUTIVE SVC CORPS OF CINTI 10945 REED HARTMAN HWY, CINCINNATI, OH 45242	31-1426937	501 (C) (3)	7,000				PROGRAM OPERATING COST
(83) FAMILIESFORWARD 2400 READING ROAD, CINCINNATI, OH 45202	31-0536684	501 (C) (3)	433,684				PROGRAM OPERATING COST
(84) FAMILIESFORWARD 2400 READING ROAD, CINCINNATI, OH 45202	31-0536684	501 (C) (3)	6,000				DONOR DESIGN GENERAL
(85) FAMILY INDEPENDENCE INITIATIVE 1201 MARTIN LUTHER KING JR WAY, OAKLAND, CA 94612	02-0784790	501 (C) (3)	97,000				PROGRAM OPERATING COST
(86) FAMILY NURTURING CENTER 8275 EWING BOULEVARD, FLORENCE, KY 41042	31-1011326	501 (C) (3)	128,000				PROGRAM OPERATING COST
(87) FAMILY SERVICE OF MIDDLETOWN 555 NORTH VERITY PARKWAY, MIDDLETOWN, OH 45042	31-1023843	501 (C) (3)	95,000				PROGRAM OPERATING COST
(88) FIRST STEP HOME 2211 FULTON AVENUE, CINCINNATI, OH 45206	31-1328492	501 (C) (3)	5,000				PROGRAM OPERATING COST
(89) FLYWHEEL SOCIAL ENTERPRISE HUB 1311 VINE STREET, CINCINNATI, OH 45202	46-0889572	501 (C) (3)	15,000				PROGRAM OPERATING COST
(90) FREDERICK DOUGLASS ELEMENTARY 2627 PARK AVENUE, CINCINNATI, OH 45206	31-6000758	SCHOOL DISTRICT	6,800				PROGRAM OPERATING COST
(91) FREESTORE FOODBANK 1141 CENTRAL PARKWAY, CINCINNATI, OH 45202	23-7122205	501 (C) (3)	391,000				PROGRAM OPERATING COST
(92) FREESTORE FOODBANK 1141 CENTRAL PARKWAY, CINCINNATI, OH 45202	23-7122205	501 (C) (3)	52,000				DONOR DESIGN GENERAL
(93) GIRL SCOUTS OF KY'S WILDERNESS RD CNCL 607 WATSON ROAD, ERLANGER, KY 41018	61-0608104	501 (C) (3)	24,000				PROGRAM OPERATING COST
(94) GIRL SCOUTS OF WESTERN OHIO 4930 CORNELL ROAD, CINCINNATI, OH 45242	31-0679091	501 (C) (3)	353,000				PROGRAM OPERATING COST
(95) GRAD CINCINNATI, INC. 301 OAK STREET, CINCINNATI, OH 45219	31-1816376	501 (C) (3)	78,000				PROGRAM OPERATING COST



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(96) GREAT MIAMI VALLEY YMCA 105 NORTH SECOND STREET, HAMILTON, OH 45011	31-0536719	501 (C) (3)	32,000				PROGRAM OPERATING COST
(97) GREAT OAKS INST HLTH PROF ACAD 1916 CENTRAL PARKWAY, CINCINNATI, OH 45214	31-0793117	SCHOOL DISTRICT	80,684				PROGRAM OPERATING COST
(98) GTR CINTI BEHAVIORAL HEALTH SVCS 1501 MADISON ROAD, CINCINNATI, OH 45206	31-0802647	501 (C) (3)	997,684				PROGRAM OPERATING COST
(99) GTR CINTI MICROENTERPRISE INITIATIVE 1740 LANGDON FARM RD, CINCINNATI, OH 45237	31-1595820	501 (C) (3)	44,000				PROGRAM OPERATING COST
(100) GREENLIGHT FUND 200 CLARENDON STREET, BOSTON, MA 02116	20-0407083	501 (C) (3)	25,000				PROGRAM OPERATING COST
(101) HEALING CENTER 11340 CENTURY CIRCLE, CINCINNATI, OH 45234	31-1655576	501 (C) (3)	5,000				PROGRAM OPERATING COST
(102) HEALTH CARE ACCESS NOW 7162 READING ROAD, CINCINNATI, OH 45237	26-4042151	501 (C) (3)	60,000				PROGRAM OPERATING COST
(103) HEALTH POLICY INSTITUTE OF OHIO 10 WEST BROAD STREET, COLUMBUS, OH 43215	30-0186863	501 (C) (3)	30,000				COMMUNITY COLLABORATION
(104) HEALTHPOINT FAMILY CARE 1401 MADISON AVENUE, COVINGTON, KY 41011	61-0729915	501 (C) (3)	60,000				PROGRAM OPERATING COST
(105) HEALTHY HOMES BLOCK BY BLOCK 2118 ST. MICHAEL STREET, CINCINNATI, OH 45204	82-1424590	501 (C) (3)	46,000				PROGRAM OPERATING COST
(106) HEARING SPEECH & DEAF CTR GTR CINTI 2825 BURNET AVENUE, CINCINNATI, OH 45219	31-0536654	501 (C) (3)	92,000				PROGRAM OPERATING COST
(107) HEART HOUSE, INC. 6815 US 50, AURORA, IN 47001	35-2036398	501 (C) (3)	11,000				PROGRAM OPERATING COST
(108) HIGHPOINT HEALTH 370 BIELBY ROAD, LAWRENCEBURG, IN 47025	35-6006595	501 (C) (3)	11,000				PROGRAM OPERATING COST
(109) HOLLY HILL CHILD & FAMILY SOLUTIONS 9599 SUMMER HILL ROAD, CALIFORNIA, KY 41007	61-0461729	501 (C) (3)	46,000				PROGRAM OPERATING COST
(110) HOOSIER HILLS LITERACY LEAGUE 150 MARY STREET, LAWRENCEBURG, IN 47025	35-1802183	501 (C) (3)	11,000				PROGRAM OPERATING COST
(111) HOPE HOUSE RESCUE MISSION 34 SOUTH MAIN STREET, MIDDLETOWN, OH 45044	31-1254976	501 (C) (3)	34,000				PROGRAM OPERATING COST

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(112) HOUSING OPPORTUNITIES MADE EQUAL 2400 READING ROAD, CINCINNATI, OH 45202	31-6062015	501 (C) (3)	74,000				PROGRAM OPERATING COST
(113) HYDE PARK CTR FOR OLDER ADULTS 2800 ERIE AVENUE, CINCINNATI, OH 45208	31-0857401	501 (C) (3)	49,000				PROGRAM OPERATING COST
(114) INSPIRING SERVICE 1776 MENTOR AVENUE, CINCINNATI, OH 45212	82-1699198	501 (C) (3)	220,000				DONOR DESIGN GENERAL
(115) INTERACT FOR CHANGE 3805 EDWARDS ROAD, CINCINNATI, OH 45209	30-0065901	501 (C) (3)	50,000				PROGRAM OPERATING COST
(116) INTERFAITH HOSPITALITY NTRWK OF GTR CINTI 990 NASSAU STREET, CINCINNATI, OH 45206	31-1335474	501 (C) (3)	48,000				PROGRAM OPERATING COST
(117) JEWISH FAM SVC OF THE CINTI AREA 8487 RIDGE ROAD, CINCINNATI, OH 45236	31-0744786	501 (C) (3)	313,000				PROGRAM OPERATING COST
(118) JEWISH FEDERATION OF CINCINNATI 8499 RIDGE ROAD, CINCINNATI, OH 45236	31-0537174	501 (C) (3)	50,000				DONOR DESIGN GENERAL
(119) JEWISH FEDERATION OF CINCINNATI 8499 RIDGE ROAD, CINCINNATI, OH 45236	31-0537174	501 (C) (3)	75,000				COMMUNITY COLLABORATION
(120) JP PARKER ELEMENTARY 5051 ANDERSON PLACE, CINCINNATI, OH 45227	31-6000758	SCHOOL DISTRICT	5,050				PROGRAM OPERATING COST
(121) KENNEDY HEIGHTS MONTESSORI CTR 6620 MONTGOMERY ROAD, CINCINNATI, OH 45213	31-0724420	501 (C) (3)	18,000				PROGRAM OPERATING COST
(122) KNOWLEDGEWORKS FOUNDATION ONE WEST FOURTH STREET, CINCINNATI, OH 45202	31-1321973	501 (C) (3)	50,000				DONOR DESIGN GENERAL
(123) LEGAL AID OF THE BLUEGRASS 104 EAST SEVENTH STREET, COVINGTON, KY 41011	61-0668572	501 (C) (3)	209,000				PROGRAM OPERATING COST
(124) LEGAL AID SOCIETY OF GTR CINTI 215 EAST NINTH STREET, CINCINNATI, OH 45202	31-0536673	501 (C) (3)	415,000				PROGRAM OPERATING COST
(125) LIFE LEARNING CENTER 20 W. 18TH STREET, COVINGTON, KY 41011	20-3454261	501 (C) (3)	191,684				PROGRAM OPERATING COST
(126) LIFE LEARNING CENTER 20 W. 18TH STREET, COVINGTON, KY 41011	20-3454261	501 (C) (3)	252,000				DONOR DESIGN GENERAL
(127) LIFESPAN, INC. 1900 FAIRGROVE AVENUE, HAMILTON, OH 45011	31-0536660	501 (C) (3)	23,000				PROGRAM OPERATING COST
(128) LIFETIME RESOURCES, INC. 13091 BENEDICT DRIVE, DILLSBORO, IN 47018	35-2076514	501 (C) (3)	23,000				PROGRAM OPERATING COST

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(129) LIGHTHOUSE YOUTH & FAM SVCS 401 E. MCWILLAN STREET, CINCINNATI, OH 45206	23-7046229	501 (C) (3)	239,000				PROGRAM OPERATING COST
(130) LILYMI FOUNDATION 3064 MAGNOLIA COURT, EDGEWOOD, KY 41017	46-2045382	501 (C) (3)	22,880				PROGRAM OPERATING COST
(131) LOCAL INIT SUPP CORP GTR CINTI & NIKY 2400 READING ROAD, CINCINNATI, OH 45202	13-3030229	501 (C) (3)	975,000				COMMUNITY COLLABORATION
(132) LOCAL INIT SUPP CORP GTR CINTI & NIKY 2400 READING ROAD, CINCINNATI, OH 45202	13-3030229	501 (C) (3)	209,500				DONOR DESIGN GENERAL
(133) MADISONVILLE EDUC AND ASSIST CTR 4600 ERIE AVENUE, CINCINNATI, OH 45227	31-1218223	501 (C) (3)	66,684				PROGRAM OPERATING COST
(134) MAYERSON JCC 8485 RIDGE ROAD, CINCINNATI, OH 45236	31-0536986	501 (C) (3)	69,000				PROGRAM OPERATING COST
(135) MENTAL HEALTH AMER NKY SW OH 912 SCOTT STREET, COVINGTON, KY 41012	61-0712473	501 (C) (3)	88,000				PROGRAM OPERATING COST
(136) MERCY NEIGHBORHOOD MINISTRIES 1602 MADISON ROAD, CINCINNATI, OH 45206	31-1376693	501 (C) (3)	63,000				PROGRAM OPERATING COST
(137) MIDDLETOWN CITY SCHOOL DISTRICT ONE DONHAM PLAZA, MIDDLETOWN, OH 45044	31-6000879	SCHOOL DISTRICT	31,500				PROGRAM OPERATING COST
(138) MIDDLETOWN COMM FOUNDATION 300 NORTH MAIN STREET, MIDDLETOWN, OH 45042	31-0898880	501 (C) (3)	25,107				PROGRAM OPERATING COST
(139) MOR TAR 1329 VINE STREET, CINCINNATI, OH 45202	47-2431620	501 (C) (3)	69,000				PROGRAM OPERATING COST
(140) MT. HEALTHY CITY SCHOOLS 7615 HARRISON AVENUE, MT. HEALTHY, OH 45231	31-6000890	SCHOOL DISTRICT	8,000				PROGRAM OPERATING COST
(141) NEIGHBORHOOD ALLIES 1811 MEHMERT AVENUE, CINCINNATI, OH 45223	81-1200257	501 (C) (3)	5,000				PROGRAM OPERATING COST
(142) NEW HOPE SERVICES, INC. 725 WALL STREET, JEFFERSONVILLE, IN 47130	35-1022158	501 (C) (3)	10,000				PROGRAM OPERATING COST
(143) NEW HORIZONS REHAB, INC. 237 SIX PINE RANCH RD, BATESVILLE, IN 47006	35-1169221	501 (C) (3)	10,000				PROGRAM OPERATING COST
(144) NEW PERCEPTIONS, INC. ONE SPERTI DRIVE, EDGEWOOD, KY 41017	61-0705047	501 (C) (3)	186,684				PROGRAM OPERATING COST
(145) NEW PROSPECT BAPTIST CHURCH 1580 SUMMIT ROAD, CINCINNATI, OH 45237	31-0676519	501 (C) (3)	7,500				PROGRAM OPERATING COST

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<sup>(146)</sup> NKY COMM ACTION COMMISSION, INC. 717 MADISON AVENUE, COVINGTON, KY 41011	61-0067805	501 (C) (3)	92,000				PROGRAM OPERATING COST
<sup>(147)</sup> NKY EDUCATION COUNCIL 7310 TURFWAY ROAD, FLORENCE, KY 41042	20-3105862	501 (C) (3)	46,000				PROGRAM OPERATING COST
<sup>(148)</sup> OHIO JUSTICE AND POLICY CENTER 215 EAST NINTH STREET, CINCINNATI, OH 45202	31-1319172	501 (C) (3)	25,000				COMMUNITY COLLABORATION
<sup>(149)</sup> ONE COMMUNITY ONE FAMILY 920 COUNTY LINE ROAD, BATESVILLE, IN 47006	46-4339778	501 (C) (3)	18,000				PROGRAM OPERATING COST
<sup>(150)</sup> PEOPLE WRKG COOPERATIVELY, INC. 4612 PADDOCK ROAD, CINCINNATI, OH 45229	31-0859104	501 (C) (3)	109,000				PROGRAM OPERATING COST
<sup>(151)</sup> PER SCHOLAS, INC. 804 EAST 138TH STREET, BRONX , NY 10454	04-3252955	501 (C) (3)	58,000				PROGRAM OPERATING COST
<sup>(152)</sup> POLICY MATTERS OHIO 3631 PERKINS AVENUE, CLEVELAND, OH 44114	34-1921881	501 (C) (3)	20,000				COMMUNITY COLLABORATION
<sup>(153)</sup> POWER INSPIRES PROGRESS 727 EZZARD CHARLES DR, CINCINNATI, OH 45203	31-1367071	501 (C) (3)	40,000				PROGRAM OPERATING COST
<sup>(154)</sup> PRICHARD COMM FOR ACAD EXCEL 271 WEST SHORT STREET, LEXINGTON, KY 40507	61-1026214	501 (C) (3)	80,000				COMMUNITY COLLABORATION
<sup>(155)</sup> PRO SENIORS, INC. 7162 READING ROAD, CINCINNATI, OH 45237	31-0887471	501 (C) (3)	106,000				PROGRAM OPERATING COST
<sup>(156)</sup> PROJECT NEHEMIAH 434 FOREST AVENUE, CINCINNATI, OH 45229	20-4383536	501 (C) (3)	5,000				PROGRAM OPERATING COST
<sup>(157)</sup> PROKIDS 2605 BURNET AVENUE, CINCINNATI, OH 45219	31-1020021	501 (C) (3)	101,000				PROGRAM OPERATING COST
<sup>(158)</sup> PROSPECT HOUSE, INC. 682 HAWTHORNE AVENUE, CINCINNATI, OH 45205	31-0789292	501 (C) (3)	5,000				PROGRAM OPERATING COST
<sup>(159)</sup> REDWOOD 71 ORPHANAGE ROAD, FT. MITCHELL, KY 41017	61-6013702	501 (C) (3)	446,000				PROGRAM OPERATING COST
<sup>(160)</sup> ROSEMARY'S BABIES CO. 3284 NORTH BEND ROAD, CINCINNATI, OH 45239	81-3727709	501 (C) (3)	28,000				PROGRAM OPERATING COST
<sup>(161)</sup> SAFE PASSAGE, INC. P.O. BOX 235, BATESVILLE, IN 47006	35-2056072	501 (C) (3)	13,000				PROGRAM OPERATING COST
<sup>(162)</sup> SANTA MARIA COMMUNITY SVCS 617 STEINER AVENUE, CINCINNATI, OH 45204	31-0537141	501 (C) (3)	971,684				PROGRAM OPERATING COST

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<sup>(163)</sup> SANTA MARIA COMMUNITY SVCS 617 STEINER AVENUE, CINCINNATI, OH 45204	31-0537141	501 (C) (3)	87,500				COMMUNITY COLLABORATION
<sup>(164)</sup> SEVEN HILLS NHOOD HOUSES 901 FINDLAY STREET, CINCINNATI, OH 45214	31-0648619	501 (C) (3)	69,000				PROGRAM OPERATING COST
<sup>(165)</sup> SHARED HARVEST FOODBANK 5901 DIXIE HIGHWAY, FAIRFIELD, OH 45014	31-1096571	501 (C) (3)	48,394				PROGRAM OPERATING COST
<sup>(166)</sup> SOCIETY OF ST VINCENT DE PAUL 1125 BANK STREET, CINCINNATI, OH 45214	31-0537510	501 (C) (3)	33,000				DONOR DESIGN GENERAL
<sup>(167)</sup> SOJOURNER RECOVERY SERVICES 515 DAYTON STREET, HAMILTON, OH 45011	31-1070029	501 (C) (3)	26,000				PROGRAM OPERATING COST
<sup>(168)</sup> SOUTH DEARBORN COMM SCHL CORP 6109 SQUIRE PLACE, AURORA, IN 47001	35-1150150	SCHOOL DISTRICT	7,500				PROGRAM OPERATING COST
<sup>(169)</sup> SE IN ECON OPPORTUNITY CORP 110 IMPORTING STREET, AURORA, IN 47001	35-1118476	501 (C) (3)	18,000				PROGRAM OPERATING COST
<sup>(170)</sup> SOUTHERN HILLS CAREER & TECH CTR 9193 HAMER ROAD, GEORGETOWN, OH 45121	31-0793753	501 (C) (3)	12,000				PROGRAM OPERATING COST
<sup>(171)</sup> ST. JOSEPH ORPHANAGE 5400 EDALBERT DRIVE, CINCINNATI, OH 45239	31-0537147	501 (C) (3)	113,088				PROGRAM OPERATING COST
<sup>(172)</sup> STARFIRE COUNCIL OF GTR CINTI, INC. 5030 OAKLAWN DRIVE, CINCINNATI, OH 45227	31-1372833	501 (C) (3)	119,000				PROGRAM OPERATING COST
<sup>(173)</sup> STARFIRE COUNCIL OF GTR CINTI, INC. 5030 OAKLAWN DRIVE, CINCINNATI, OH 45227	31-1372833	501 (C) (3)	5,000				DONOR DESIGN GENERAL
<sup>(174)</sup> STEPPING STONES, INC. 5650 GIVEN ROAD, CINCINNATI, OH 45243	31-0671799	501 (C) (3)	169,684				PROGRAM OPERATING COST
<sup>(175)</sup> STRAT TO END HOMELESSNESS 2368 VICTORY PARKWAY, CINCINNATI, OH 45206	20-8286347	501 (C) (3)	276,000				PROGRAM OPERATING COST
<sup>(176)</sup> SUNMAN DEARBORN COMM SCHL DIST 1 TROJAN PLACE, ST. LEON, IN 47012	35-1147091	SCHOOL DISTRICT	6,000				PROGRAM OPERATING COST
<sup>(177)</sup> SUPPORTS TO ENCOURAGE LOW- INCOME FAM 1790 S. ERIE HIGHWAY, HAMILTON, OH 45012	31-1445223	501 (C) (3)	38,000				PROGRAM OPERATING COST
<sup>(178)</sup> TALBERT HOUSE 2600 VICTORY PARKWAY, CINCINNATI, OH 45206	31-0713350	501 (C) (3)	357,684				PROGRAM OPERATING COST
<sup>(179)</sup> TALBERT HOUSE 2600 VICTORY PARKWAY, CINCINNATI, OH 45206	31-0713350	501 (C) (3)	82,000				DONOR DESIGN GENERAL

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and address of organization or government	EIN	IRC section if applicable	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of non-cash assistance	Purpose of grant or assistance
(180) TEEN CHALLENGE CINCINNATI 1466 US HIGHWAY 50, MILFORD, OH 45150	23-7303165	501 (C) (3)	71,909				PROGRAM OPERATING COST
(181) TENDER MERCIES, INC. 27 WEST 12TH STREET, CINCINNATI, OH 45202	31-11137270	501 (C) (3)	97,000				PROGRAM OPERATING COST
(182) THE CHILDREN'S HOME OF CINTI 5050 MADISON ROAD, CINCINNATI, OH 45227	31-0536969	501 (C) (3)	1,040,000				PROGRAM OPERATING COST
(183) THE DAD INITIATIVE, INC. 260 NORTHLAND BLVD, SPRINGDALE, OH 45246	90-1131034	501 (C) (3)	46,000				PROGRAM OPERATING COST
(184) THE GTR CINTI FOUNDATION 200 W. FOURTH STREET, CINCINNATI, OH 45202	31-0669700	501 (C) (3)	20,000				DONOR DESIGN GENERAL
(185) THE HEALTH COLLABORATIVE 615 ELSINORE PLACE, CINCINNATI, OH 45202	31-1449807	501 (C) (3)	75,000				COMMUNITY COLLABORATION
(186) THE HEALTH COLLABORATIVE 615 ELSINORE PLACE, CINCINNATI, OH 45202	31-1449807	501 (C) (3)	41,500				DONOR DESIGN GENERAL
(187) THE LITERACY CNCL CLER & BROWN CO 745 CENTER STREET, MILFORD, OH 45150	31-1111791	501 (C) (3)	14,000				PROGRAM OPERATING COST
(188) THE SALVATION ARMY INDIANA DIVISION 3100 N. MERIDIAN STREET, INDIANAPOLIS, IN 46208	36-2167910	501 (C) (3)	11,000				PROGRAM OPERATING COST
(189) THE SALVATION ARMY OF GTR CINTI 114 E. CENTRAL PARKWAY, CINCINNATI, OH 45202	13-5562351	501 (C) (3)	308,000				PROGRAM OPERATING COST
(190) THE SALVATION ARMY OF MIDDLETOWN 1914 FIRST AVENUE, MIDDLETOWN, OH 45042	13-5562351	501 (C) (3)	62,000				PROGRAM OPERATING COST
(191) TRISTATE VETERANS COMM ALLIANCE 2400 READING ROAD, CINCINNATI, OH 45202	47-2444997	501 (C) (3)	46,000				PROGRAM OPERATING COST
(192) UNITED MINISTRIES 525 GRAVES AVENUE, ERLANGER, KY 41018	61-1017027	501 (C) (3)	12,000				PROGRAM OPERATING COST
(193) UNITED WAY OF CLINTON COUNTY 100 WEST MAIN STREET, WILMINGTON, OH 45177	23-7148000	501 (C) (3)	6,566				DONOR DESIGN GENERAL
(194) UNITED WAY OF GTR CINTI FOUNDATION 2400 READING ROAD, CINCINNATI, OH 45202	31-1064812	501 (C) (3)	100,000				DONOR DESIGN GENERAL
(195) UNITED WAY OF WARREN COUNTY 3989 S. US ROUTE 42, MASON, OH 45036	23-7132362	501 (C) (3)	27,981				DONOR DESIGN GENERAL
(196) UNIVERSITY OF CINTI FOUNDATION P.O. BOX 210392, CINCINNATI, OH 45221	31-0896555	501 (C) (3)	34,000				PROGRAM OPERATING COST

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(197) URBAN LEAGUE OF GTR SW OH 3458 READING ROAD, CINCINNATI, OH 45229	31-0565428	501 (C) (3)	658,000				PROGRAM OPERATING COST
(198) URBAN MINORITY ALCOH & DRUG ABUSE OUTREACH PROG 3021 VERNON PLACE, CINCINNATI, OH 45219	31-1182430	501 (C) (3)	69,000				PROGRAM OPERATING COST
(199) VILLEDGE, INC 8425 BEECHMONT AVE, CINCINNATI, OH 45255	81-4106901	501 (C) (3)	5,000				PROGRAM OPERATING COST
(200) VOICES FOR OHIO'S CHILDREN 3311 PERKINS AVENUE, CLEVELAND, OH 44114	34-1941907	501 (C) (3)	30,000				COMMUNITY COLLABORATION
(201) VOLUNTEERS OF AMER MID-STATES 570 SOUTH FOURTH STREET, LOUISVILLE, KY 40202	61-0480950	501 (C) (3)	87,000				PROGRAM OPERATING COST
(202) WELCOME HOUSE OF NKY, INC. 205 WEST PIKE STREET, COVINGTON, KY 41011	61-1020382	501 (C) (3)	155,684				PROGRAM OPERATING COST
(203) WESLEY COMMUNITY SERVICES 2091 RADCLIFF DRIVE, CINCINNATI, OH 45204	31-1709022	501 (C) (3)	46,000				PROGRAM OPERATING COST
(204) WESTERN BROWN SCHOOL DISTRICT 524 WEST MAIN STREET, MT. ORAB, OH 45154	31-0801979	SCHOOL DISTRICT	9,800				PROGRAM OPERATING COST
(205) WILLIAMSTOWN INDEP SCHOOLS 300 HELTON STREET, WILLIAMSTOWN, KY 41097	61-6001379	SCHOOL DISTRICT	5,600				PROGRAM OPERATING COST
(206) WINTON WOODS CITY SCHOOL DIST 1215 WEST KEMPER RD, CINCINNATI, OH 45240	31-6000809	SCHOOL DISTRICT	8,000				PROGRAM OPERATING COST
(207) WOMEN HELPING WOMEN 215 EAST NINTH STREET, CINCINNATI, OH 45202	31-0864991	501 (C) (3)	101,000				PROGRAM OPERATING COST
(208) WOMEN'S CRISIS CENTER 3580 HARGRAVE DRIVE, HEBRON, KY 41048	61-0908752	501 (C) (3)	230,000				PROGRAM OPERATING COST
(209) WORKING IN NEIGHBORHOODS 1814 DREMAN AVENUE, CINCINNATI, OH 45223	31-0962007	501 (C) (3)	69,000				PROGRAM OPERATING COST
(210) WSOS COMMUNITY ACTION 109 S. FRONT STREET, FREMONT, OH 43420	34-0975934	501 (C) (3)	10,000				COMMUNITY COLLABORATION
(211) YMCA OF GREATER CINCINNATI 1105 ELM STREET, CINCINNATI, OH 45202	31-0537178	501 (C) (3)	559,684				PROGRAM OPERATING COST
(212) YOUTH ENCOURAGEMENT SVCS, INC. 11636 COUNTY FARM RD, AURORA, IN 47001	31-0991515	501 (C) (3)	12,000				PROGRAM OPERATING COST
(213) YWCA OF GREATER CINCINNATI 898 WALNUT STREET, CINCINNATI, OH 45202	31-0537518	501 (C) (3)	831,111				PROGRAM OPERATING COST

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(214) YWCA OF GREATER CINCINNATI 898 WALNUT STREET, CINCINNATI, OH 45202	31-0537518	501 (C) (3)	50,000				DONOR DESIGN GENERAL
(215) YWCA OF HAMILTON, OHIO 244 DAYTON STREET, HAMILTON, OH 45011	31-0537167	501 (C) (3)	18,000				PROGRAM OPERATING COST



Return Reference - Identifier	Explanation
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>ABILITIES FIRST</p> <p>4710 TIMBER TRAIL DRIVE, MIDDLETOWN, OH 45044</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>ADAMS BROWN CO ECON OPP, INC.</p> <p>406 WEST PLUM STREET, GEORGETOWN, OH 45121</p>
SCHEDULE I, PART II, LINE 1(D) - AMOUNT OF CASH GRANT	THE REMAINING DISTRIBUTIONS NOT LISTED IN PART II, INCLUDE DESIGNATIONS AND OTHER ALLOCATIONS FROM 2017 THAT WILL BE PAID IN 2018 BASED ON AMOUNTS COLLECTED AND GRANT AMOUNTS LESS THAN OR EQUAL TO \$5,000.
SCHEDULE I, PART II, LINE 1(H) - PURPOSE OF GRANT OR ASSISTANCE	<p>PURPOSE OF GRANT OR ASSISTANCE DEFINITIONS PER UNITED WAY WORLDWIDE:</p> <ul style="list-style-type: none"> <li>•PROGRAM OPERATING COST – A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT OPERATES.</li> <li>•COMMUNITY COLLABORATION – A RESTRICTED GRANT MADE TO A FUND THE COSTS ASSOCIATED WITH BRINGING ORGANIZATIONS WITHIN THE COMMUNITY TOGETHER FOR THE PURPOSE OF CREATING COLLABORATIVE EFFORTS THAT WILL ADDRESS SPECIFIC COMMUNITY ISSUES.</li> <li>•DONOR DESIGNATED FOR GENERAL SUPPORT – AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL OPERATING COSTS, COMMUNITY COLLABORATION, AND DONOR DESIGNATED GENERAL SUPPORT.</li> </ul>

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER CINCINNATI

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Employer identification number

31-0537502

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- |  |           |   |
|--|-----------|---|
| <b>a</b> Receive a severance payment or change-of-control payment? . . . . .                             | <b>4a</b> | ✓ |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . | <b>4b</b> | ✓ |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .    | <b>4c</b> | ✓ |

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

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

- |  |           |   |
|--|-----------|---|
| <b>a</b> The organization? . . . . .         | <b>5a</b> | ✓ |
| <b>b</b> Any related organization? . . . . . | <b>5b</b> | ✓ |

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

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

- |  |           |   |
|--|-----------|---|
| <b>a</b> The organization? . . . . .         | <b>6a</b> | ✓ |
| <b>b</b> Any related organization? . . . . . | <b>6b</b> | ✓ |

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

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		✓
<b>4b</b>		✓
<b>4c</b>		✓
<b>5a</b>		✓
<b>5b</b>		✓
<b>6a</b>		✓
<b>6b</b>		✓
<b>7</b>		✓
<b>8</b>		✓
<b>9</b>		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MR. ROBERT C. REIFSNYDER PRESIDENT / CEO	349,921	18,000	29,159	10,800	26,547	434,427	0
2 YVONNE WASHINGTON EVP / COO	159,959	0	2,201	5,200	11,063	178,423	0
3 JILL JOHNSON SVP FINANCE & OPER	156,005	0	279	6,331	9,588	172,203	0
4 CHRIS MARTIN SVP DEVELOPMENT	161,135	0	340	5,570	24,042	191,087	0
5 STEPHANIE BYRD SVP SB6	211,243	0	560	8,308	11,313	231,424	0
6 MARGARET HULBERT SVP PUBLIC POLICY	132,341	0	760	5,804	24,172	163,077	0
7 ROSS MEYER SVP COMM IMPACT	139,151	0	106	2,940	20,111	162,308	0
8 TERESA HOELLE SVP MARKETING	147,376	0	120	6,000	10,356	163,852	0
9							
10							
11							
12							
13							
14							
15							
16							

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 3 - REVIEW OF COMPENSATION</p>	<p>UWGC USED THE FOLLOWING PROCESS FOR DETERMINING THE COMPENSATION OF OFFICERS, KEY EMPLOYEES AND THE HIGHEST COMPENSATED EMPLOYEES:</p> <p>MERIT POOL, SALARY RANGES, COMPENSATION POLICY - THE HUMAN RESOURCES (HR) COMMITTEE UTILIZED DATA GATHERED IN THE FALL OF 2016 FROM RELIABLE COMPENSATION SOURCES TO PREPARE A RECOMMENDATION FOR A MERIT POOL BASED ON PROJECTED BASE PAY MOVEMENT IN THE COMPETITIVE MARKET; TO CONFIRM CURRENT EXECUTIVE SALARY RANGES FOR THE PRESIDENT/CEO (PRESIDENT), EXECUTIVE VICE PRESIDENT/COO (EVP/COO) AND THE VICE PRESIDENTS; AND TO REVIEW THE APPROPRIATENESS OF CURRENT NON-EXECUTIVE SALARY RANGES RELATIVE TO MARKET TRENDING. THE COMMITTEE USED DATA FROM:</p> <ul style="list-style-type: none"> <li>*EMPLOYERS RESOURCE ASSOCIATION'S (ERA) WAGE AND SALARY ADJUSTMENT SURVEY;</li> <li>*PROJECTED BASE PAY INCREASES FROM UNITED WAYS SIMILAR IN SIZE AND OPERATING STRUCTURE TO UWGC;</li> <li>*A UNITED WAY WORLDWIDE (UWW) COMPENSATION SURVEY OF THE TOP SIX EXECUTIVES FROM SEVENTEEN COMPARABLE UNITED WAYS; AND</li> <li>*NATIONAL STUDIES FROM WORLD AT WORK, TOWERS WATSON, THE CONFERENCE BOARD, HAY GROUP AND AON HEWITT.</li> </ul> <p>THE HR COMMITTEE ALSO REVIEWED UWGC'S COMPENSATION POLICY RECOMMENDING MINOR VERBIAGE CHANGES.</p> <p>THE MERIT POOL AND COMPENSATION POLICY WERE PRESENTED AND APPROVED BY THE ACCOUNTABILITY &amp; SERVICES (A&amp;S) CABINET AS A FIRST-LEVEL REVIEW, AND THEN BY THE EXECUTIVE COMPENSATION COMMITTEE (ECC) OF THE BOARD OF DIRECTORS.</p> <p>EXECUTIVE COMPENSATION RECOMMENDATIONS - THE PRESIDENT PRESENTED TO THE ECC RECOMMENDATIONS AND PERFORMANCE RATINGS FOR THE EVP/COO AND EACH OF THE VICE PRESIDENTS. THESE WERE APPROVED BY THE ECC. THIS OCCURS ANNUALLY, TYPICALLY IN FEBRUARY. EACH YEAR, THE PRESIDENT WORKS WITH THE BOARD CHAIR AND THE EXECUTIVE COMMITTEE OF THE BOARD TO ESTABLISH ANNUAL PERFORMANCE GOALS AND OBJECTIVES. ONCE ESTABLISHED, THE PRESIDENT'S PERFORMANCE IS MONITORED BY THE EXECUTIVE COMMITTEE. AT THE CONCLUSION OF THE RATING PERIOD, THE EXECUTIVE COMMITTEE IS SURVEYED, AND AN OVERALL PERFORMANCE RATING IS PREPARED FOR THE PRESIDENT. THIS INFORMATION IS PRESENTED TO THE EXECUTIVE COMMITTEE, WHO CONDUCTS AN EXECUTIVE SESSION DURING A REGULAR MEETING WHERE THEY DISCUSS AND EVALUATE THE ANNUAL PERFORMANCE OF THE PRESIDENT.</p> <p>THE DETERMINATION OF THE PRESIDENT'S ANNUAL COMPENSATION (AND BONUS, IF APPLICABLE) IS MANAGED BY THE ECC. SPECIFICALLY, COMPARATIVE DATA WAS OBTAINED FOR THE PRESIDENT'S COMPENSATION.</p> <p>THE ECC UTILIZED DATA GATHERED IN THE LAST QUARTER OF 2016 FROM RELIABLE COMPENSATION SOURCES AS A BENCHMARK IN DETERMINING THE PRESIDENT'S SALARY RELATIVE TO THE COMPETITIVE MARKET. THE COMMITTEE USED DATA FROM:</p> <ul style="list-style-type: none"> <li>*EMPLOYERS RESOURCE ASSOCIATION'S (ERA) EXECUTIVE COMPENSATION REPORT,</li> <li>*UWW HUMAN CAPITAL STUDY ON EXECUTIVE COMPENSATION, AND</li> <li>*A UWW COMPENSATION SURVEY OF THE TOP SIX EXECUTIVES FROM SEVENTEEN COMPARABLE UNITED WAYS.</li> </ul> <p>BY ASSESSING ESTABLISHED PERFORMANCE MEASURES AND RESULTS ACHIEVED, AND USING COMPETITIVE EXECUTIVE COMPENSATION DATA, THE ECC PREPARES A RECOMMENDATION FOR THE PRESIDENT'S TOTAL COMPENSATION PACKAGE, WHICH IS THEN SUBMITTED TO THE EXECUTIVE COMMITTEE FOR FINAL APPROVAL. MEETING NOTES ARE TAKEN BY THE CHAIR OF THE HR COMMITTEE TO DOCUMENT ALL DISCUSSION AND RECOMMENDATIONS MADE. THESE MEETING NOTES ARE PREPARED AND SIGNED BY THE CHAIR OF THE BOARD OF DIRECTORS WHO ALSO SERVES AS THE CHAIR OF THE ECC.</p> <p>THE RECOMMENDATIONS OF THE ECC ARE PRESENTED AND DISCUSSED AT THE NEXT REGULARLY SCHEDULED MEETING OF THE EXECUTIVE COMMITTEE IN AN EXECUTIVE SESSION FROM WHICH STAFF IS EXCUSED. THE EXECUTIVE COMMITTEE MEETING OCCURS ANNUALLY, TYPICALLY IN MARCH.</p>

**SCHEDULE L  
(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2017**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

UNITED WAY OF GREATER CINCINNATI

Employer identification number

31-0537502

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

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

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . . ▶						\$						

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				



**Part IV Business Transactions Involving Interested Persons (continued)**

(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) DR KAREN BANKSTON	BOARD MEMBER	\$365,000	COMM RESEARCH COLLABORATION		✓
(2) MR THEODORE H TORBECK	BOARD MEMBER	\$174,488	TELEPHONE SERVICES		✓

Part V

**Supplemental Information.** Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE L, PART IV - BUSINESS TRANSACTIONS WITH INTERESTED PERSONS	DR KAREN BANKSTON IS THE ASSOCIATE DEAN OF THE UNIVERSITY OF CINCINNATI. MR THEODORE H TORBECK IS THE PRESIDENT AND GENERAL MANAGER OF CINCINNATI BELL, INC.



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

UNITED WAY OF GREATER CINCINNATI

Employer identification number

31-0537502

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 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 . . . . .	✓	279	1,825,190	MARKET VALUE
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 ▶ ( NATIONAL ADVERTISING ) . . . . .	✓	1	500,000	MARKET VALUE
26 Other ▶ ( PROMOTIONAL TICKETS ) . . . . .	✓	1	26,730	MARKET VALUE
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** 0

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

**Part II**

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

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

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of Treasury Internal  
Revenue Service

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

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

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

Employer Identification Number  
**31-0537502**

Return Reference - Identifier	Explanation
- CFO FINANCIAL STATEMENT CERTIFICATION	JILL JOHNSON, CFO, CERTIFIES THAT SHEHAS REVIEWED THE AUDITED FINANCIAL STATEMENTS AND RELATED IRS FORM 990 OF UNITED WAY OF GREATER CINCINNATI (UWGC). BASED ON HER KNOWLEDGE, THESE FINANCIAL STATEMENTS DO NOT CONTAIN ANY UNTRUE STATEMENT OF MATERIAL FACT OR OMIT ANY MATERIAL FACTS NECESSARY WHICH WOULD MAKE THE STATEMENTS MISLEADING AND, BASED ON HER KNOWLEDGE, THESE FINANCIAL STATEMENTS AND OTHER FINANCIAL INFORMATION INCLUDED IN THESE REPORTS, FAIRLY PRESENT, IN ALL MATERIAL RESPECTS, THE FINANCIAL CONDITION, RESULTS OF OPERATION AND CASH FLOWS OF UWGC AS OF, AND FOR THE YEAR ENDED DECEMBER 31, 2017.
FORM 990, PART I, LINE 6 - TOTAL NUMBER OF VOLUNTEERS	UWGC VOLUNTEERS FOR 2017 WERE TRACKED ON THE UWGC VOLUNTEER CONNECTION DATABASE AND INCLUDE BOARD MEMBERS, LOANED EXECUTIVES, INTERNAL CAMPAIGN COORDINATORS, OTHER CAMPAIGN VOLUNTEERS, COMMUNITY IMPACT VOLUNTEERS, PUBLIC POLICY VOLUNTEERS, DIRECT SERVICE VOLUNTEERS, DAYS OF SERVICE VOLUNTEERS, AND PLANNED GIVING VOLUNTEERS.

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION (1 OF 2)</p>	<p>COMMUNITY SOLUTIONS (1 OF 2)</p> <p>UNITED WAY OF GREATER CINCINNATI UNITES COMMUNITIES TO CHANGE LIVES. WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO CREATE SOLUTIONS TO OUR COMMUNITY'S MOST COMPLEX CHALLENGES. DONOR GIFTS TO UNITED WAY COMBINE WITH THOUSANDS OF OTHERS TO DO WHAT NO PERSON OR ORGANIZATION CAN DO ALONE.</p> <p>UNITED WAY SUPPORTS ESSENTIAL SERVICES THAT HELP EVERYONE IN OUR TRI-STATE REGION, INCLUDING ADULTS, CHILDREN, OLDER ADULTS, VETERANS AND PEOPLE WITH DISABILITIES. WE INVEST IN STRONG PROGRAMS THAT RANGE FROM PRE-NATAL VISITS TO HOME-DELIVERED MEALS.</p> <p>RECOGNIZING THAT EARLY EDUCATION IS ESSENTIAL FOR SUCCESS IN LIFE, SUCCESS BY 6 (SB6) IS THE DRIVING FORCE BEHIND KINDERGARTEN READINESS IN OUR REGION. WE ALSO INVEST IN PROVEN STRATEGIES SUCH AS HOME VISITATION AND HIGH-QUALITY EARLY CHILDHOOD CENTERS.</p> <p>FOR STUDENTS, WE KNOW THAT LEARNING DOESN'T STOP WITH THE SCHOOL DAY. UNITED WAY SUPPORTS QUALITY OUT-OF-SCHOOL TIME PROGRAMS LIKE MENTORING AND TUTORING SO THAT CHILDREN RECEIVE THE ACADEMIC AND SOCIAL-EMOTIONAL SUPPORT THEY NEED.</p> <p>PARTNERS FOR A COMPETITIVE WORKFORCE (PCW) WORKS TO ENSURE EMPLOYERS IN OUR REGION HAVE THE TALENT THEY NEED TO COMPETE, AND PEOPLE HAVE THE SKILLS REQUIRED TO GET GOOD JOBS AND ADVANCE IN THEIR CAREERS. PCW HELPS ELEMENTARY AND HIGH SCHOOL STUDENTS GET EXPOSED TO IN-DEMAND FIELDS AND HELPS DISPLACED OR UNDEREMPLOYED WORKERS TRAIN FOR CAREER PATHWAYS IN IT, ADVANCED MANUFACTURING, SUPPLY CHAIN, CONSTRUCTION AND HEALTHCARE.</p> <p>THROUGH DONOR SUPPORT AND THE STRONG COLLABORATION AMONG UNITED WAY'S PARTNERS, WE WILL IMPROVE THOUSANDS OF LIVES. DONORS GIVE TIME, TALENT, VOICE AND NANCIAL SUPPORT TO BE PART OF THE LARGEST ORGANIZED COMMUNITY EFFORT TO HELP PEOPLE ACROSS OUR REGION.</p> <p>UNITED WAY COMMUNITY IMPACT INVESTMENTS: 144 NONPROFIT PARTNERS ACHIEVED RESULTS FOR MORE THAN 350,000 PEOPLE IN 2017</p> <p>UNITED WAY SUCCESS BY 6: PARTNERING WITH 100+ SCHOOLS AND THEIR COMMUNITIES ACROSS OUR REGION TO PREPARE MORE CHILDREN FOR KINDERGARTEN</p> <p>UNITED WAY'S PARTNERS FOR A COMPETITIVE WORKFORCE: 12,767 PEOPLE TRAINED FOR JOBS IN HIGH-GROWTH CAREER PATHWAYS SINCE 2008</p> <p>UNITED WAY'S THE SHIFT: 6 IDEAS PILOTED THROUGH OUR COMMUNITY AND CORPORATE SOCIAL INNOVATION CHALLENGE SINCE 2016</p> <p>UNITED WAY 2-1-1: 60,052 CALLS AND 58,766 ONLINE REQUESTS FIELDDED IN 2017</p> <p>UNITED WAY BOLD: 88 PROFESSIONALS TRAINED LAST YEAR THROUGH UNITED WAY'S BOLD - BOARD ORIENTATION LEADERSHIP DEVELOPMENT - TO SERVE ON NONPROFIT BOARDS</p> <p>UNITED WAY VOLUNTEER CONNECTION: 16,320 PEOPLE ENGAGED IN VOLUNTEERING PROJECTS</p> <p>POVERTY SOLUTIONS</p> <p>UNITED WAY INVESTS IN STRONG SERVICES THAT HELP FAMILIES IN MANY WAYS - BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTH. WE ARE ALSO MOBILIZING OUR COMMUNITY TO THINK DIFFERENTLY ABOUT HOW LOW-INCOME FAMILIES CAN TAKE THE LEAD IN THEIR OWN SUCCESS.</p> <p>100,000 FAMILIES LIVE IN POVERTY, INCLUDING ONE IN THREE CHILDREN.</p> <p>THE PATH OUT OF POVERTY IS DIFFERENT FOR EACH FAMILY, AND THE BARRIERS ARE FORMIDABLE. YET, THE CURRENT SYSTEM TYPICALLY OFFERS PATCHWORK ASSISTANCE THAT DOESN'T LEAD TO LONG-TERM STABILITY.</p> <p>UNITED WAY HAS LAUNCHED A FAMILY-CENTERED APPROACH. THIS EFFORT INVOLVES NEARLY 100 AGENCY PARTNERS WHO ARE LISTENING TO FAMILIES AND HELPING THEM IN INNOVATIVE WAYS. THE GOAL IS TO PROVIDE HOLISTIC SUPPORT TO ALL GENERATIONS.</p> <p>FREE TAX PREPARATION: 20,524 RETURNS FILED WITH OVER \$22 MILLION REFUNDED TO AREA FAMILIES</p> <p>CHILD &amp; YOUTH SUCCESS</p> <p>CHILDREN BEGIN LEARNING AT BIRTH, AND THE EARLY YEARS ARE CRUCIAL FOR BUILDING A FOUNDATION OF LIFETIME SUCCESS. MANY CHILDREN IN OUR REGION ARE NOT ON TRACK FOR SOCIAL, EMOTIONAL, PHYSICAL, COGNITIVE AND LANGUAGE SKILLS. THAT IS WHY UNITED WAY HAS PRIORITIZED EARLY CHILDHOOD EDUCATION FOR MORE THAN 15 YEARS.</p> <p>WE LEAD THE SB6 INITIATIVE, THE CONVENER, CATALYST AND MOVEMENT TO INCREASE KINDERGARTEN READINESS IN THE GREATER CINCINNATI REGION WE SUPPORT MULTIPLE STRATEGIES THAT PREPARE MORE CHILDREN FOR KINDERGARTEN, INCLUDING:</p> <p>*INCREASING ACCESS TO QUALITY EARLY LEARNING EXPERIENCES.: RESEARCH HAS SHOWN THAT CHILDREN WHO ARE EXPOSED TO QUALITY EARLY LEARNING EXPERIENCES ARE MUCH MORE LIKELY TO BE SOCIALLY, EMOTIONALLY, PHYSICALLY AND ACADEMICALLY READY FOR KINDERGARTEN.</p>

Return Reference - Identifier	Explanation
	<p>*ENHANCING FAMILY AND COMMUNITY ENGAGEMENT TO ADVANCE KINDERGARTEN READINESS. PARENTS ARE THEIR CHILD'S BEST AND FIRST TEACHER. SERVICES SUCH AS HOME VISITING PROVIDES FAMILIES WITH THE KNOWLEDGE AND SKILLS TO PROMOTE THEIR CHILD'S WELL - BEING. COMMUNITY STAKEHOLDERS INCLUDING RESIDENTS, SCHOOLS, LOCAL GOVERNMENT, COMMUNITY-BASED ORGANIZATIONS, AND BUSINESSES ALL PLAY CRITICAL ROLES IN LAYING THE FOUNDATION FOR LIFELONG SUCCESS. UNITED WAY'S SUCCESS BY 6 INITIATIVE WORKS TO RAISE AWARENESS AND BUILD COMMUNITY COLLABORATION TO SUPPORT EARLY CHILDHOOD EDUCATION.</p> <p>*ENSURING CHILDREN EXPERIENCE APPROPRIATE TRANSITIONS FROM BIRTH TO KINDERGARTEN: THERE IS A TREMENDOUS AMOUNT OF DEVELOPMENT DURING THE FIRST FIVE YEARS OF LIFE. CHILDREN AND THEIR FAMILIES MAY NEED ADDITIONAL SUPPORTS TO ENSURE SUCCESS.</p> <p>ONCE CHILDREN START SCHOOL, THEY CONTINUE TO NEED SUPPORT FOR ACADEMIC AND SOCIAL-EMOTIONAL DEVELOPMENT. MANY CHILDREN HAVE EXPERIENCED TRAUMA THAT REQUIRES ADDITIONAL LEVELS OF SUPPORT AND COUNSELING. UNITED WAY PARTNERS WITH SCHOOL DISTRICTS AND INVESTS IN MANY OUT-OF-SCHOOL PROGRAMS THAT PROVIDE MENTORING, TUTORING, COUNSELING, PHYSICAL ACTIVITY AND CHARACTER BUILDING SO THAT CHILDREN CAN BE SUCCESSFUL IN SCHOOL AND LIFE.</p> <p>RESULTS FROM UNITED WAY AGENCY PARTNERS:</p> <p>CHILDREN IN QUALITY HOME VISITATION PROGRAMS ARE DEVELOPMENTALLY ON TARGET: 95%</p> <p>CHILDREN AGES 3-5 ENROLLED IN UNITED WAY-FUNDED EARLY CARE AND EDUCATION PROGRAMS ARE ASSESSED ON TRACK FOR COGNITIVE AND LANGUAGE DEVELOPMENT: 90%</p> <p>CHILDREN AGES 3-5 ENROLLED IN UNITED WAY-FUNDED EARLY CARE AND EDUCATION PROGRAMS ARE ASSESSED ON TRACK FOR SOCIAL EMOTIONAL DEVELOPMENT: 91%</p> <p>STUDENTS PARTICIPATE TWO OR MORE TIMES PER WEEK IN STRUCTURED AFTER-SCHOOL ACTIVITIES AT AGENCY PARTNER PROGRAMS: 7,814</p> <p>STUDENTS WHO PARTICIPATE IN AGENCY PARTNER PROGRAMS ARE PROMOTED TO THE NEXT GRADE LEVEL: 97%</p> <p>SCHOOL-AGE CHILDREN/YOUTH DEMONSTRATE SOCIAL AND EMOTIONAL SKILLS NECESSARY FOR SUCCESS: 5,744</p> <p>SCHOOL-AGE CHILDREN/YOUTH HAVE SUMMER LEARNING OPPORTUNITIES: 6,452</p> <p>PARENTS/CAREGIVERS DEMONSTRATE EFFECTIVE PARENTING SKILLS: 2,212</p> <p>YOUTH GRADUATE HIGH SCHOOL: 1,360</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION (2 OF 2)</p>	<p>COMMUNITY SOLUTIONS (2 OF 2)</p> <p>WORKFORCE &amp; FINANCIAL SOLUTIONS</p> <p>THE PATH OUT OF POVERTY BEGINS BY MEETING BASIC NEEDS, BUT THE LONG-TERM GOAL IS FOR INDIVIDUALS TO MOVE FROM CRISIS TO STABILITY. UNITED WAY WORKS COLLABORATIVELY WITH FOOD PANTRIES, HOMELESS SHELTERS, JOB TRAINING PROGRAMS AND FINANCIAL COUNSELORS TO HELP INDIVIDUALS ACHIEVE FINANCIAL SUCCESS.</p> <p>BASIC NEEDS AND EMERGENCY ASSISTANCE</p> <p>UNITED WAY SUPPORTS FOOD PANTRIES AND SHELTERS ACROSS THE REGION SO THAT INDIVIDUALS CAN MEET BASIC NEEDS. WE ALSO SUPPORT HOME-DELIVERED AND SENIOR CENTER MEALS FOR OLDER ADULTS. OUR GOAL IS TO FOCUS ON PREVENTION, SUPPORTING HIGHLY-EFFECTIVE PROGRAMS THAT PREVENT EVICTION AND KEEP PEOPLE OUT SHELTERS.</p> <p>MOVING BEYOND CRISIS</p> <p>ONCE AN EMERGENCY IS ADDRESSED, IT'S IMPORTANT TO LOOK DEEPER AT THE ROOT CAUSES OF CRISIS. EACH PERSON FACES DIFFERENT SITUATIONS FOR THEIR HEALTH, HOUSING, AND WORK NEEDS. EACH ALSO BRINGS STRENGTHS AND ASPIRATIONS. FINANCIAL COACHES CAN HELP INDIVIDUALS SET GOALS AND ACCOMPLISH MILESTONES, AS WELL AS OFFER ENCOURAGEMENT AND ASSISTANCE IN NAVIGATING BARRIERS TO SUCCESS. UNITED WAY ALSO SUPPORTS MULTIPLE PARTNERS WHO FOCUS ON HELPING PEOPLE WITH DISABILITIES FIND ENRICHING WORK AND SUPPORT.</p> <p>CAREER PATHWAYS</p> <p>ABOUT 30,000 JOBS IN OUR REGION GO UNFILLED BECAUSE EMPLOYERS STRUGGLE TO FIND PEOPLE WITH THE RIGHT SKILLS. AT THE SAME TIME, THOUSANDS OF PEOPLE ARE UNEMPLOYED OR WORKING IN JOBS THAT OFFER LITTLE OPPORTUNITY FOR ADVANCEMENT.</p> <p>PCW IS FOCUSED ON ADDRESSING THIS SKILLS GAP IN FIVE HIGH-GROWTH SECTORS IN OUR REGION: IT, ADVANCED MANUFACTURING, CONSTRUCTION, SUPPLY CHAIN AND HEALTH CARE.</p> <p>PCW STARTS BY INTRODUCING SCHOOL-AGE CHILDREN TO IN-DEMAND JOBS THAT THEY PROBABLY HAVE NEVER HEARD OF. THEY PARTNER WITH EDUCATORS AND EMPLOYERS TO OFFER OPPORTUNITIES FOR "EARN AND LEARN" PROGRAMS THAT PROVIDE CERTIFICATIONS THAT LEADS TO FAMILY-SUSTAINING WORK. INDEPENDENT RESEARCH FOUND THAT PCW PARTICIPANTS ARE 40% MORE LIKELY TO GET A JOB AND EARN UP TO 58% HIGHER WAGES THAN PARTICIPANTS IN TRADITIONAL JOB TRAINING PROGRAMS.</p> <p>RETURN ON INVESTMENT</p> <p>THROUGH PARTNERSHIP WITH UNITED WAY, LOCAL EMPLOYERS HAVE FOUND THAT INVESTING IN TRAINING AND CAREER PATHWAYS LEADS TO SIGNIFICANT RETURN-ON-INVESTMENT DUE TO REDUCED TURN-OVER COSTS AND MORE HIGHLY MOTIVATED EMPLOYEES.</p> <p>PCW: NUMBER OF PEOPLE WHO EARNED CREDENTIALS FOR JOBS IN HIGH-GROWTH CAREER PATHWAYS SINCE 2008: 12,767</p> <p>PCW: PERCENT OF INDIVIDUALS WHO OBTAIN EMPLOYMENT IN HIGH-GROWTH CAREER PATHWAYS SINCE 2008: 80%</p> <p>FREE TAX PREPARATION: 20,524 RETURNS FILED WITH OVER \$22 MILLION REFUNDED TO AREA FAMILIES</p> <p>NUMBER OF FAMILIES SERVED BY HOMELESS PREVENTION AND SHELTER PROGRAMS: 6,466</p> <p>NUMBER OF HOUSEHOLDS SERVED BY HOMELESS PREVENTION AND SHELTER PROGRAMS THAT ACHIEVE POSITIVE HOUSING OUTCOMES: 3,439</p> <p>NUMBER OF OLDER ADULTS WHO RECEIVE HOME-DELIVERED AND CONGREGATE MEALS: 3,536</p> <p>HEALTH &amp; WELLNESS SOLUTIONS</p> <p>GOOD HEALTH IS THE FOUNDATION FOR SUCCESS IN LIFE. UNITED WAY INVESTS IN STRATEGIES THAT ADDRESS THE MANY FACTORS THAT INFLUENCE PHYSICAL AND MENTAL HEALTH, WITH EMPHASIS ON ADDRESSING BARRIERS TO WORK AND SCHOOL SUCCESS. OUR COMMUNITY PARTNERSHIP WITH PLACE MATTERS EMPHASIZES THE IMPORTANCE OF BUILDING STRONG COMMUNITIES THAT SUPPORT HEALTH AND WELLNESS.</p> <p>EARLY CHILDHOOD DEVELOPMENT</p> <p>ADDRESSING THE REGION'S HIGH INFANT MORTALITY RATES IS AN IMPORTANT PRIORITY FOR UNITED WAY. QUALITY HOME VISITATION PROGRAMS WORK WITH NEW MOMS BEFORE AND AFTER BIRTH TO SUPPORT CHILD DEVELOPMENT AND ALSO ADDRESS MATERNAL DEPRESSION. EARLY CHILDHOOD CENTERS PARTNER WITH MENTAL HEALTH PROVIDERS TO HELP PARENTS INTERVENE EARLY WHEN CHILDREN NEED ADDITIONAL SUPPORT. SPECIALIZED PROGRAMS HELP CHILDREN WITH DISABILITIES MEET THEIR FULL POTENTIAL.</p> <p>ADDRESSING SUBSTANCE ABUSE AND INTIMATE PARTNER VIOLENCE</p> <p>MANY PEOPLE AND FAMILIES IN OUR REGION ARE DEVASTATED BY ADDICTION. UNITED WAY INVESTS IN PREVENTION, COUNSELING AND TREATMENT STRATEGIES TO ADDRESS THIS CRISIS. WE ALSO SUPPORT MULTIPLE SHELTERS AND PROGRAMS THAT HELP CHILDREN AND ADULTS WHO HAVE EXPERIENCED INTIMATE PARTNER VIOLENCE.</p>

Return Reference - Identifier	Explanation
	<p>COMMUNITY BUILDING</p> <p>WHERE YOU LIVE CAN GREATLY AFFECT YOUR HEALTH. SOME NEIGHBORHOODS IN CINCINNATI HAVE A 20-YEAR DIFFERENCE IN LIFE EXPECTANCY. UNITED WAY IS A FOUNDING COMMUNITY PARTNER OF PLACE MATTERS, A RESIDENT-LED PARTNERSHIP WORKING COLLECTIVELY FOR THE TRANSFORMATION OF COMMUNITIES IN GREATER CINCINNATI. THE GOAL IS TO IMPROVE THE QUALITY OF LIFE IN THE COMMUNITY IN A HOLISTIC AND COMPREHENSIVE WAY. CURRENT EFFORTS ARE FOCUSED IN AVONDALE, COVINGTON, MADISONVILLE, PRICE HILL, WALNUT HILLS, NEWPORT AND THE WEST END. ADDITIONAL SUPPORT HAS BEEN PROVIDED TO BOND HILL/ ROSELAWN, NORWOOD, WILLIAMSBURG AND MIDDLETOWN.</p> <p>PERCENT OF CHILDREN THROUGH AGE 5 WHO ARE ON TRACK FOR IMMUNIZATIONS: 96%</p> <p>CHILDREN IN QUALITY HOME VISITATION PROGRAMS ARE DEVELOPMENTALLY ON TARGET: 95%</p> <p>CHILDREN AGES 3-5 ENROLLED IN UNITED WAY-FUNDED EARLY CARE AND EDUCATION PROGRAMS ARE ASSESSED ON TRACK FOR COGNITIVE AND LANGUAGE DEVELOPMENT: 90%</p> <p>CHILDREN AGES 3-5 ENROLLED IN UNITED WAY-FUNDED EARLY CARE AND EDUCATION PROGRAMS ARE ASSESSED ON TRACK FOR SOCIAL EMOTIONAL DEVELOPMENT: 91%</p> <p>SCHOOL-AGE CHILDREN/YOUTH DEMONSTRATE SOCIAL AND EMOTIONAL SKILLS NECESSARY FOR SUCCESS: 5,744</p> <p>NUMBER OF OLDER ADULTS WHO RECEIVE HOME-DELIVERED AND CONGREGATE MEALS: 3,536</p> <p>NUMBER OF INDIVIDUALS WHO DEMONSTRATE KNOWLEDGE AND UNDERSTANDING OF THEIR CHRONIC CONDITION: 885</p> <p>NUMBER OF INDIVIDUALS WHO SUCCESSFULLY COMPLETE TREATMENT PROGRAM: 1023</p> <p>NUMBER OF INDIVIDUALS WHO PARTICIPATE IN PROGRAMS THAT PROMOTE WELLNESS, PHYSICAL AND MENTAL ACTIVITY TO REMAIN INDEPENDENT: 4629</p> <p>NUMBER OF CLIENTS WHO IDENTIFY THAT THEY "DO HAVE A USUAL PLACE TO GO FOR MEDICAL CARE": 4805</p>
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>DONOR DESIGNATIONS</p> <p>AS PART OF THE UWGC CAMPAIGN, DONORS MAY DESIGNATE ALL OR A PORTION OF THEIR PLEDGE TO A UWGC INITIATIVE OR IMPACT AREA, A UWGC AGENCY PARTNER, OR ANOTHER UNITED WAY. ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UWGC UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING. SCREENING INCLUDES VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT AND VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION. DESIGNATIONS RECEIVED IN THE FALL CAMPAIGN ARE DISTRIBUTED THE FOLLOWING YEAR BASED UPON AMOUNTS COLLECTED.</p>
FORM 990, PART III, LINE 4C - DIRECT SERVICES	<p>DIRECT SERVICES ARE SERVICES PROVIDED BY UWGC, SUCH AS UNITED WAY 211 AND UNITED WAY VOLUNTEER CONNECTION.</p> <p>UNITED WAY 211 LINKS PEOPLE TO SERVICES AND VOLUNTEER OPPORTUNITIES. UNITED WAY 211 IS AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK TO PEOPLE IN: HAMILTON, CLERMONT AND BROWN IN OHIO; BOONE, KENTON, CAMPBELL, AND GRANT COUNTIES IN KENTUCKY; AND DEARBORN, JEFFERSON, OHIO, RIPLEY, AND SWITZERLAND COUNTIES IN INDIANA.</p> <p>UNITED WAY VOLUNTEER CONNECTION STRIVES TO INCREASE THE EFFECTIVENESS AND PARTICIPATION OF ALL SEGMENTS OF VOLUNTEER RESOURCES THROUGH RECRUITMENT, TRAINING, EDUCATION, AND RECOGNITION.</p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$1,839,513 INCLUDING GRANTS OF )(REVENUE \$1,272,449)</p> <p>CENTRAL SERVICES</p> <p>CENTRAL SERVICES INCLUDE SELF-SUPPORTING PROGRAMS WHICH SERVE UWGC'S OPERATING DIVISIONS AND OTHER NON-PROFIT ORGANIZATIONS. THESE FEE-PRODUCING PROGRAMS INCLUDE GROUP EMPLOYEE BENEFITS ADMINISTRATION, BUILDING AND GROUNDS MANAGEMENT AND ACCOUNTING.</p>
FORM 990, PART IV, LINE 28C - CHECKLIST OF REQUIRED SCHEDULES	<p>UWGC BOARD MEMBERS ARE REPRESENTATIVE OF THE COMMUNITY THAT UWGC SERVES. THEREFORE, SEVERAL BOARD MEMBERS HAVE RELATIONSHIPS WITH OTHER ORGANIZATIONS WITH WHICH UWGC DOES BUSINESS. HOWEVER, THESE RELATIONSHIPS ARE APPROPRIATE AS THESE TYPES OF TRANSACTIONS ARE DONE IN THE NORMAL COURSE OF BUSINESS.</p>
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	<p>DAVID PHILLIPS AND SCOTT PHILLIPS - FAMILY RELATIONSHIP</p>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>GOVERNING BODY AND MANAGEMENT</p> <p>THE 2017 FORM 990 WAS PREPARED BY THE FINANCE STAFF AND THEN REVIEWED BY THE SENIOR VICE PRESIDENT, FINANCE &amp; OPERATIONS (SVP, F&amp;O), THE ACCOUNTABILITY AND SERVICE CABINET, AND BKD, LLP, UWGC'S AUDIT FIRM. A LINK TO UWGC'S WEBSITE PROVIDED ACCESS TO A DRAFT OF THE FORM 990 TO THE BOARD FOR THEIR REVIEW PRIOR TO THE FORM 990 FILING. QUESTIONS OR COMMENTS FROM BOARD MEMBERS REGARDING THE FORM 990 WERE DIRECTED TO THE SVP, F&amp;O.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>POLICIES</p> <p>UWGC STAFF AND VOLUNTEERS ARE REQUIRED TO ACKNOWLEDGE THAT THEY HAVE RECEIVED AND READ THE UWGC CODE OF ETHICS (CODE) AND ITS REQUIREMENTS AND THAT THEY ARE RESPONSIBLE FOR ADHERING TO THE PRINCIPLES AND STANDARDS OF THE CODE. THEY CONFIRM THAT THEY HAVE CONDUCTED THEMSELVES IN ACCORD WITH THE PRINCIPLES AND STANDARDS OF THE CODE.</p> <p>MEMBERS OF THE BOARD, CABINETS AND SOME COMMITTEES AND UWGC STAFF ARE REQUESTED TO ANNUALLY FILE WITH THE ETHICS OFFICER (EVP/COO) A DISCLOSURE OF ALL KNOWN POTENTIAL CONFLICTS OF INTEREST. THE ETHICS OFFICER REVIEWS THESE DISCLOSURES, NOTES ANY POTENTIAL CONFLICTS, REQUESTS ADDITIONAL INFORMATION AND/OR DISCUSSES THE POTENTIAL CONFLICT WITH THE INDIVIDUAL, IF NECESSARY.</p> <p>IF A CONFLICT (OR A POTENTIAL CONFLICT) ARISES IN ANY MATTER BEFORE THE BOARD, IF THEY ARE BOARD MEMBERS, OR ANY COMMITTEE UPON WHICH THEY SERVE, STAFF/VOLUNTEERS SHOULD DISCLOSE THIS AND REFRAIN FROM VOTING IN CONNECTION WITH SUCH MATTER. SUCH KNOWN CONFLICTS WOULD INCLUDE BOARD MEMBERSHIP/OFFICER POSITION ON UWGC FUNDED AGENCIES OR OTHER FUNDED PROGRAMS/COLLABORATIONS.</p>



Return Reference - Identifier	Explanation
<p>FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL</p>	<p>POLICIES</p> <p>UWGC USED THE FOLLOWING PROCESS FOR DETERMINING THE COMPENSATION OF OFFICERS, KEY EMPLOYEES AND THE HIGHEST COMPENSATED EMPLOYEES:</p> <p>MERIT POOL, SALARY RANGES, COMPENSATION POLICY - THE HUMAN RESOURCES (HR) COMMITTEE UTILIZED DATA GATHERED IN THE FALL OF 2016 FROM RELIABLE COMPENSATION SOURCES TO PREPARE A RECOMMENDATION FOR A MERIT POOL BASED ON PROJECTED BASE PAY MOVEMENT IN THE COMPETITIVE MARKET; TO CONFIRM CURRENT EXECUTIVE SALARY RANGES FOR THE PRESIDENT/CEO (PRESIDENT), EXECUTIVE VICE PRESIDENT/COO (EVP/COO) AND THE VICE PRESIDENTS; AND TO REVIEW THE APPROPRIATENESS OF CURRENT NON-EXECUTIVE SALARY RANGES RELATIVE TO MARKET TRENDING. THE COMMITTEE USED DATA FROM:</p> <p>*EMPLOYERS RESOURCE ASSOCIATION'S (ERA) WAGE AND SALARY ADJUSTMENT SURVEY;  *PROJECTED BASE PAY INCREASES FROM UNITED WAYS SIMILAR IN SIZE AND OPERATING STRUCTURE TO UWGC;  *A UNITED WAY WORLDWIDE (UWW) COMPENSATION SURVEY OF THE TOP SIX EXECUTIVES FROM SEVENTEEN COMPARABLE UNITED WAYS; AND  *NATIONAL STUDIES FROM WORLD AT WORK, TOWERS WATSON, THE CONFERENCE BOARD, HAY GROUP AND AON HEWITT.</p> <p>THE HR COMMITTEE ALSO REVIEWED UWGC'S COMPENSATION POLICY RECOMMENDING MINOR VERBIAGE CHANGES.</p> <p>THE MERIT POOL AND COMPENSATION POLICY WERE PRESENTED AND APPROVED BY THE ACCOUNTABILITY &amp; SERVICES (A&amp;S) CABINET AS A FIRST-LEVEL REVIEW, AND THEN BY THE EXECUTIVE COMPENSATION COMMITTEE (ECC) OF THE BOARD OF DIRECTORS.</p> <p>EXECUTIVE COMPENSATION RECOMMENDATIONS - THE PRESIDENT PRESENTED TO THE ECC RECOMMENDATIONS AND PERFORMANCE RATINGS FOR THE EVP/COO AND EACH OF THE VICE PRESIDENTS. THESE WERE APPROVED BY THE ECC. THIS OCCURS ANNUALLY, TYPICALLY IN FEBRUARY.</p> <p>EACH YEAR, THE PRESIDENT WORKS WITH THE BOARD CHAIR AND THE EXECUTIVE COMMITTEE OF THE BOARD TO ESTABLISH ANNUAL PERFORMANCE GOALS AND OBJECTIVES. ONCE ESTABLISHED, THE PRESIDENT'S PERFORMANCE IS MONITORED BY THE EXECUTIVE COMMITTEE. AT THE CONCLUSION OF THE RATING PERIOD, THE EXECUTIVE COMMITTEE IS SURVEYED, AND AN OVERALL PERFORMANCE RATING IS PREPARED FOR THE PRESIDENT. THIS INFORMATION IS PRESENTED TO THE EXECUTIVE COMMITTEE, WHO CONDUCTS AN EXECUTIVE SESSION DURING A REGULAR MEETING WHERE THEY DISCUSS AND EVALUATE THE ANNUAL PERFORMANCE OF THE PRESIDENT.</p> <p>THE DETERMINATION OF THE PRESIDENT'S ANNUAL COMPENSATION (AND BONUS, IF APPLICABLE) IS MANAGED BY THE ECC. SPECIFICALLY, COMPARATIVE DATA WAS OBTAINED FOR THE PRESIDENT'S COMPENSATION.</p> <p>THE ECC UTILIZED DATA GATHERED IN THE LAST QUARTER OF 2016 FROM RELIABLE COMPENSATION SOURCES AS A BENCHMARK IN DETERMINING THE PRESIDENT'S SALARY RELATIVE TO THE COMPETITIVE MARKET. THE COMMITTEE USED DATA FROM:</p> <p>*EMPLOYERS RESOURCE ASSOCIATION'S (ERA) EXECUTIVE COMPENSATION REPORT,  *UWW HUMAN CAPITAL STUDY ON EXECUTIVE COMPENSATION, AND  *A UWW COMPENSATION SURVEY OF THE TOP SIX EXECUTIVES FROM SEVENTEEN COMPARABLE UNITED WAYS.</p> <p>BY ASSESSING ESTABLISHED PERFORMANCE MEASURES AND RESULTS ACHIEVED, AND USING COMPETITIVE EXECUTIVE COMPENSATION DATA, THE ECC PREPARES A RECOMMENDATION FOR THE PRESIDENT'S TOTAL COMPENSATION PACKAGE, WHICH IS THEN SUBMITTED TO THE EXECUTIVE COMMITTEE FOR FINAL APPROVAL. MEETING NOTES ARE TAKEN BY THE CHAIR OF THE HR COMMITTEE TO DOCUMENT ALL DISCUSSION AND RECOMMENDATIONS MADE. THESE MEETING NOTES ARE PREPARED AND SIGNED BY THE CHAIR OF THE BOARD OF DIRECTORS WHO ALSO SERVES AS THE CHAIR OF THE ECC.</p> <p>THE RECOMMENDATIONS OF THE ECC ARE PRESENTED AND DISCUSSED AT THE NEXT REGULARLY SCHEDULED MEETING OF THE EXECUTIVE COMMITTEE IN AN EXECUTIVE SESSION FROM WHICH STAFF IS EXCUSED. THE EXECUTIVE COMMITTEE MEETING OCCURS ANNUALLY, TYPICALLY IN MARCH.</p>
<p>FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES</p>	<p>SEE THE SCHEDULE O DISCLOSURE FOR FORM 990, PART VI, LINE 15A.</p>
<p>FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC</p>	<p>DISCLOSURE</p> <p>UWGC'S MOST RECENTLY AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE AT WWW.UWGC.ORG. UWGC MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.</p>

Return Reference - Identifier	Explanation							
FORM 990, PART VII, SECTION A - OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES	UWGC BOARD MEMBERS WHOSE TERM EXPIRED IN APRIL 2017 OR WHO LEFT THE BOARD FOR VARIOUS REASONS DURING 2017 ARE AS FOLLOWS: 1.MARK F. BIEGGER 2.KEVIN M. CARROLL 3.MERWIN GRAYSON, JR 4.G. EDWARD HUGHES 5.JEROME C. KATHMAN 6.JANE M. KELLER 7.GEOFFREY MEARNES 8.PENNY PENSAK 9.R. MICHAEL PRESCOTT 10.JOHNNA N. REEDER 11.RYAN RICHEY 12.J. SHANE STARKEY 13.GEORGE E. YUND 14.KAREN M. ZENGEL							
FORM 990, PART VII, SECTION A, LINE 1A - STATEMENT OF COMPENSATION	ROBERT C. REIFSNYDER'S AVERAGE HOURS WORKED PER WEEK FOR UWGC FOUNDATION WAS 1 HOUR.  YVONNE G. WASHINGTON'S AVERAGE HOURS WORKED PER WEEK FOR UWGC FOUNDATION WAS 1 HOUR.  JILL JOHNSON'S AVERAGE HOURS WORKED PER WEEK FOR UWGC FOUNDATION WAS 1 HOUR.							
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="467 688 1304 716">(a) Description</th> <th data-bbox="1312 688 1515 716">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 726 1304 753">MARKET VALUE CHANGE IN BENEFICIAL INTEREST</td> <td data-bbox="1312 726 1515 753">87,304</td> </tr> <tr> <td data-bbox="467 764 1304 791">PROVISION FOR UNCOLLECTIBLE PLEDGES</td> <td data-bbox="1312 764 1515 791">727,926</td> </tr> </tbody> </table>		(a) Description	(b) Amount	MARKET VALUE CHANGE IN BENEFICIAL INTEREST	87,304	PROVISION FOR UNCOLLECTIBLE PLEDGES	727,926
(a) Description	(b) Amount							
MARKET VALUE CHANGE IN BENEFICIAL INTEREST	87,304							
PROVISION FOR UNCOLLECTIBLE PLEDGES	727,926							

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER CINCINNATI

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

31-0537502

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

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

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

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

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

Cat. No. 50135Y

Schedule R (Form 990) 2017

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

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

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

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

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  
 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	✓	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	✓	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	✓	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	✓	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	✓	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	✓	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		✓

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UNITED WAY OF GREATER CINCINNATI FOUNDATION	C	2,191,400	BOOK VALUE
(2)	UNITED WAY OF GREATER CINCINNATI FOUNDATION	L	220,474	BOOK VALUE
(3)	UNITED WAY OF GREATER CINCINNATI FOUNDATION	O	193,359	BOOK VALUE
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1).....													
(2).....													
(3).....													
(4).....													
(5).....													
(6).....													
(7).....													
(8).....													
(9).....													
(10).....													
(11).....													
(12).....													
(13).....													
(14).....													
(15).....													
(16).....													

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

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