

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)

2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Form header section containing fields for tax year (07/01 to 06/30, 2024), organization name (UNITED WAY OF GREATER CINCINNATI), EIN (31-0537502), and principal officer (TERESA HUXEL).

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include mission statement, governance metrics, revenue (Total: 45,284,145), expenses (Total: 50,866,198), and net assets (Total: 63,179,561).

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.

Signature block containing officer signature (Teresa Huxel), preparer signature (Paula L Hume, CPA), and firm information (BARNES DENNIG & CO LTD).

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 \$ 35,519,074 including grants of \$ 30,894,536) (Revenue \$ 621,515)
COMMUNITY IMPACT SOLUTIONS
SEE SCHEDULE O

4b (Code:) (Expenses \$ 4,538,958 including grants of \$ 687,032) (Revenue \$)
DIRECT SERVICES
SEE SCHEDULE O

(SEE ON SCHEDULE O)
4c (Code:) (Expenses \$ 3,553,726 including grants of \$ 3,553,726) (Revenue \$)
DONOR DESIGNATIONS
SEE SCHEDULE O

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

4e Total program service expenses 43,611,758

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 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"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e 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"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a 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 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"/>
13 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"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>
15 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"/>
16 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"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	139		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed IN, KY, OH
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
TERESA HUXEL, 2400 READING ROAD, CINCINNATI, OH 45202, (513) 762-7174

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOIRA WEIR CHIEF EXECUTIVE OFFICER	59.0 1.0	✓		✓				511,915	0	37,433
(2) MICHAEL BAKER CHIEF STRATEGY OFFICER	49.0 1.0				✓			198,224	0	8,126
(3) TERRANCE BUSH CHIEF FINANCIAL OFFICER - EXIT 05/25	49.0 1.0			✓				168,558	0	23,197
(4) ALAINA PRATT CHIEF EXPERIENCE OFFICER	49.0 0.0					✓		170,398	0	13,973
(5) AMY WEBER CHIEF IMPACT OFFICER	49.0 0.0					✓		164,228	0	14,648
(6) CHANDRA MATHEWS CHIEF COMMUNITY & STRATEGIES & ENGAGEMENT OFFICER	49.0 0.0					✓		140,727	0	19,460
(7) JOSEPH STAN DIRECTOR, ATS	49.0 0.0					✓		115,392	0	18,675
(8) CHARLES SESSION DIRECTOR, NORTHERN KENTUCKY	49.0 0.0					✓		113,067	0	4,924
(9) BRIAN HODGETT CHAIR	1.0 0.0	✓		✓				0	0	0
(10) GEORGE VINCENT CHAIR ELECT	1.0 0.0	✓		✓				0	0	0
(11) JILL MEYER SECRETARY	1.0 0.0	✓		✓				0	0	0
(12) RYAN DUNLAP TREASURER	1.0 0.0	✓		✓				0	0	0
(13) BARBARA TURNER BOARD MEMBER - EXIT 12/24	1.0 0.0	✓						0	0	0
(14) BRIAN D GRIFFIN BOARD MEMBER	1.0 0.0	✓						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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CADY SHORT-THOMPSON BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) CORY D. SHAW BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) DAVID NEVERS BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) DEBORAH HAYES BOARD MEMBER - START 04/25	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) EMILY FROLICK BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) JEREMY HAYDEN BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) JODI GEISER BOARD MEMBER	1.0 2.0	<input checked="" type="checkbox"/>						0	0	0
(22) JONATHAN BLANK BOARD MEMBER - START 01/25	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) KALA GIBSON BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) KATHLEEN JOHNSON BOARD MEMBER - START 01/25	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								1,582,509	0	140,436
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,582,509	0	140,436

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FORVIS MAZARS, PO BOX 602828, CHARLOTTE, NC 28260-2828	CONSULTANT	299,127
ENERVISE, PO BOX 633874, CINCINNATI, OH 45263-3874	HVAC AND PLUMBING	169,111
MOSTLY HUMAN, LLC, 1117 MCLAUGHLIN PLACE, CINCINNATI, OH 45226	MARKETING	118,180
STRATUS LIVE, LLC, 860 GREENBRIER CIRCLE SUITE 504, CHESAPEAKE, VA 23320	CONSULTING	114,963

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations	1,240,350				
	1e	Government grants (contributions)	11,630,956				
	1f	All other contributions, gifts, grants, and similar amounts not included above	29,362,315				
	1g	Noncash contributions included in lines 1a-1f	\$ 592,212				
	1h	Total. Add lines 1a-1f	42,233,621				
	Program Service Revenue	2a	RENTAL INCOME FROM AGENCIES	531120	314,008	314,008	
2b		SERVICE INCOME	900099	200,720	200,720		
2c		OTHER INCOME	561000	11,427	11,427		
2d							
2e							
2f		All other program service revenue . .		0	0	0	
2g		Total. Add lines 2a-2f		526,155			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,340,306		2,340,306	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	6b	Less: rental expenses					
	6c	Rental income or (loss)	0	0			
	6d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	427,622,828			
			(ii) Other				
	7b	Less: cost or other basis and sales expenses	427,534,125				
	7c	Gain or (loss)	88,703	0			
	7d	Net gain or (loss)		88,703		88,703	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8b	Less: direct expenses						
8c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19						
9b	Less: direct expenses						
9c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
10b	Less: cost of goods sold						
10c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	OUTSIDE DESIGNATION	900099	95,360	95,360		
	11b						
	11c						
	11d	All other revenue		0	0	0	
	11e	Total. Add lines 11a-11d		95,360			
12	Total revenue. See instructions		45,284,145	621,515	0	2,429,099	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	33,877,301	33,877,301		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,257,993	1,257,993		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	947,452	164,394	397,515	385,543
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,209,800	4,338,257	1,198,507	1,673,036
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	138,724	96,257	10,729	31,738
9 Other employee benefits	686,404	431,096	76,572	178,736
10 Payroll taxes	737,227	328,813	256,163	152,251
11 Fees for services (nonemployees):				
a Management				
b Legal	17,683	10,588	4,643	2,452
c Accounting	70,145		70,145	
d Lobbying	84,000		84,000	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	84,642		84,642	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,879,505	1,211,299	377,839	290,367
12 Advertising and promotion	287,192	210,887	3,336	72,969
13 Office expenses	238,200	103,769	83,994	50,437
14 Information technology	973,059	408,239	357,145	207,675
15 Royalties				
16 Occupancy	586,243		464,800	121,443
17 Travel	45,284	36,539	5,228	3,517
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	382,523	248,619	49,028	84,876
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	725,038	399,743	144,677	180,618
23 Insurance	105,212	49,993	21,300	33,919
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	532,571	437,971	94,600	
b				
c				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	50,866,198	43,611,758	3,784,863	3,469,577
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,157,822	1	3,308,330
	2 Savings and temporary cash investments	5,509,625	2	6,590,681
	3 Pledges and grants receivable, net	7,979,152	3	8,925,282
	4 Accounts receivable, net	688,156	4	764,002
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	184,028	7	146,132
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	435,392	9	380,851
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,407,219		
	b Less: accumulated depreciation	10b 7,169,412	12,546,380	10c 12,237,807
	11 Investments—publicly traded securities	51,669,088	11	53,391,468
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	817,316	15	871,667
16 Total assets. Add lines 1 through 15 (must equal line 33)	82,986,959	16	86,616,220	
Liabilities	17 Accounts payable and accrued expenses	1,597,965	17	1,356,155
	18 Grants payable	9,957,311	18	18,670,588
	19 Deferred revenue	2,854,746	19	3,402,913
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	7,003
	26 Total liabilities. Add lines 17 through 25	14,410,022	26	23,436,659
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	63,175,043	27	58,221,560
	28 Net assets with donor restrictions	5,401,894	28	4,958,001
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	68,576,937	32	63,179,561
33 Total liabilities and net assets/fund balances	82,986,959	33	86,616,220	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,284,145
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,866,198
3	Revenue less expenses. Subtract line 2 from line 1	3	(5,582,053)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	68,576,937
5	Net unrealized gains (losses) on investments	5	1,771,366
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(1,586,689)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	63,179,561

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

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) KATIE BLACKBURN ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(26) KRISTEN WEVERS ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(27) KZ SMITH ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(28) LARISSA ENGLAND ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(29) LEIGH FOX ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(30) MANDY NEELEY ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(31) MARIANNE LEWIS ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(32) MARION BYNDON ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(33) MATTHEW RANDAZZO ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(34) MAUREEN BICKLEY ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(35) ROBERT J. HERMAN ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(36) STEVE DAVIS ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(37) TAD CARMODY ----- BOARD MEMBER - EXIT 09/24	1.0 ----- 0.0	✓						0	0	0
(38) TIFFANY HANISCH ----- BOARD MEMBER - EXIT 07/24	1.0 ----- 0.0	✓						0	0	0
(39) TIMOTHY STEIGERWALD ----- BOARD MEMBER - START 04/25	1.0 ----- 0.0	✓						0	0	0
(40) TYRAN STALLINGS ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(41) VEDRAN MILETIC ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(42) WARREN WEBER ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(43) TERESA HUXEL ----- CHIEF FINANCIAL OFFICER - START 02/25	49.0 ----- 1.0			✓				0	0	0

**SCHEDULE A
(Form 990)**

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 for instructions and the latest information.

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization UNITED WAY OF GREATER CINCINNATI	Employer identification number 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).)
- 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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	67,087,030	42,460,343	45,403,003	47,339,453	42,233,621	244,523,450
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	67,087,030	42,460,343	45,403,003	47,339,453	42,233,621	244,523,450
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						26,827,026
6 Public support. Subtract line 5 from line 4						217,696,424

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	67,087,030	42,460,343	45,403,003	47,339,453	42,233,621	244,523,450
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	328,589	478,990	1,167,055	3,207,185	2,340,306	7,522,125
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	158,830	102,728	165,860	0	0	427,418
11 Total support. Add lines 7 through 10						252,472,993
12 Gross receipts from related activities, etc. (see instructions)					12	3,134,666
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	86.23 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	87.39 %
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1		
2	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>		
	2		

Section C. Type II Supporting Organizations

		Yes	No
1	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>		
	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	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?		
	1		
2	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>		
	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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.

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

Part VI

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

Return Reference - Identifier	Explanation
SCHEDULE A, PART II - PUBLIC SUPPORT SHORT YEAR	THE 2023 COLUMN INCLUDES THE CALENDAR YEAR ENDING 12/31/2023 AND THE SHORT-YEAR PERIOD FROM 1/1/2024 TO 6/30/2024

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) MISCELLANE OUS	158,830	102,728	165,860		0	427,418
	Total	158,830	102,728	165,860	0	0	427,418

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

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

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

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

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	----- ----- -----	\$ 4,306,417	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 3,793,333	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 1,240,350	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF GREATER CINCINNATI	Employer identification number 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) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization UNITED WAY OF GREATER CINCINNATI	Employer identification number 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
-----	----- ----- -----	----- ----- -----	----- ----- -----

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

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

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

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

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

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

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

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 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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 UNITED WAY OF GREATER CINCINNATI	Employer identification number (EIN) 31-0537502
---	---

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 EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	84,000	0												
c	Total lobbying expenditures (add lines 1a and 1b)	84,000	0												
d	Other exempt purpose expenditures	50,530,287	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	50,614,287	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">THEN 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:	THEN 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:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	980,376	1,000,000	3,980,376
b Lobbying ceiling amount (150% of line 2a, column (e))					5,970,565
c Total lobbying expenditures	28,260	30,000	30,000	84,000	172,260
d Grassroots nontaxable amount	250,000	250,000	245,094	250,000	995,094
e Grassroots ceiling amount (150% of line 2d, column (e))					1,492,641
f Grassroots lobbying expenditures	1,560	10,000	10,000	0	21,560

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
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

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

Part IV

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

Return Reference - Identifier	Explanation
<p>SCHEDULE C, PART II-A</p>	<p>UNITED WAY OF GREATER CINCINNATI UNITES OUR COMMUNITY. WE TAKE ACTION, ADVOCATE, AND INVEST TO ACCELERATE POSITIVE CHANGE IN GREATER CINCINNATI. WORKING WITH DONORS, GRANTEEES, CIVIC LEADERS, AND POLICYMAKERS, WE FOCUS ON ENSURING EVERYONE IN OUR COMMUNITY HAS OPPORTUNITIES TO BECOME FINANCIALLY STABLE, LIVE IN AN AFFORDABLE HOME, AND RECEIVE A QUALITY EDUCATION.</p> <p>WE ARE A LEADER IN PUBLIC POLICY RESEARCH, EDUCATION, AND ADVOCACY. WE RECOGNIZE THAT PUBLIC FUNDING OF HEALTH AND HUMAN SERVICES WILL ALWAYS SUBSTANTIALLY EXCEED PRIVATE PHILANTHROPIC SUPPORT. WE STRIVE TO CREATE EFFECTIVE PARTNERSHIPS BETWEEN GOVERNMENT AND NONPROFIT ORGANIZATIONS, SHARING OUR EXPERIENCE AND EXPERTISE WITH THE PUBLIC SECTOR AS PART OF THAT PARTNERSHIP.</p> <p>TO ADVANCE THESE POLICY ISSUES, WE EMPLOY A COMBINATION OF ENGAGEMENT STRATEGIES:</p> <p>* LEADERSHIP IN ADVOCACY: REPRESENTING UWGC BEFORE LOCAL, STATE, AND FEDERAL POLICYMAKERS TO PROACTIVELY ADVOCATE FOR, AND BRING VISIBILITY TO, OUR PRIORITY ISSUES.</p> <p>* COMMUNITY ENGAGEMENT: ENGAGING OUR CONSTITUENTS AND COMMUNITY PARTNERS TO ADVOCATE WITH THEIR ELECTED AND APPOINTED POLICYMAKERS, INCLUDING PROVIDING CONSULTATION, TRAINING, MESSAGING, AND TECHNICAL ASSISTANCE.</p> <p>* COLLABORATIVE PARTNERSHIPS: COLLABORATING WITH OR LEADING ADVOCACY PARTNERSHIPS AND COALITIONS OF NONPROFITS AND ADVOCACY ORGANIZATIONS ON OUR POLICY PRIORITIES.</p> <p>IN 2024, UNITED WAY STAFF WORKED CLOSELY WITH FEDERAL, STATE, AND LOCAL GOVERNMENTS 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: EDUCATION, WORKFORCE, HEALTH AND HUMAN SERVICES FUNDING, THE EARNED INCOME AND CHILD TAX CREDIT, AND THE CHARITABLE DEDUCTION.</p> <p>* IN OHIO AND KENTUCKY: SOCIAL WELFARE POLICY, HEALTH AND HUMAN SERVICES, PUBLIC EDUCATION, CHILD HEALTH AND EARLY CARE AND EDUCATION, AND STATE EARNED INCOME TAX CREDITS.</p> <p>* ON A LOCAL LEVEL: PUBLIC-PRIVATE PARTNERSHIPS FOR THE EFFICIENT, EFFECTIVE DELIVERY OF HEALTH AND HUMAN SERVICES.</p> <p>THROUGH SERVICE CONTRACTS, WE SPENT:</p> <p>* \$40,000 TO TOP SHELF LOBBY LLC TO ADVOCATE FOR VARIOUS HEALTH, FINANCIAL STABILITY, AND HUMAN SERVICES IN KENTUCKY.</p> <p>* \$44,000 TO DSD ADVISORS TO ADVOCATE FOR VARIOUS HEALTH, FINANCIAL STABILITY, AND HUMAN SERVICES IN OHIO.</p> <p>WE MADE THE FOLLOWING ALLOCATIONS TO NONPROFIT ORGANIZATIONS FOR EDUCATION, ADVOCACY, OR LOBBYING ABOUT PUBLIC SECTOR POLICIES OR FUNDING:</p> <p>* \$100,000.00 TO BRIGHTON CENTER, INC. TO DRIVE CHANGE IN NKY HOUSING POLICY</p> <p>* \$100,000 TO GROUND WORK OHIO TO SUPPORT STATEWIDE EARLY CHILDHOOD POLICY & ADVOCACY</p> <p>* \$100,000 PRICHARD COMMITTEE FOR ACADEMIC EXCELLENCE FOR PUBLIC POLICY FUNDING</p> <p>* \$13,000 TO SUPPORT EC LEARN TO ADVOCATE ON BEHALF OF EARLY CARE AND EDUCATION IN NORTHERN KENTUCKY.</p>

SCHEDULE D (Form 990)

(Rev. January 2025)

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Form with rows 1a-2 for questions regarding art and historical treasures collections.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment _____%
- b** Permanent endowment _____%
- c** Term 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? **Yes** **No**
- (ii)** Related organizations? **Yes** **No**

	Yes	No
3a(i)		
3a(ii)		
3b		

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
1a Land		403,742		403,742
b Buildings		15,813,282	5,573,447	10,239,835
c Leasehold improvements				
d Equipment		3,085,197	1,490,967	1,594,230
e Other		104,998	104,998	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				12,237,807

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) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .		

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)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

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)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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) SECURITY DEPOSIT	7,003
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	7,003

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

Part 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	(a) Description	(b) Amount
	MARKET ADJUSTMENT BENEFICIAL INTEREST	54,351
	TOTAL	54,351
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	UNCOLLECTIBLE PLEDGES	1,641,040
	DONOR DESIGNATED GENERAL	3,553,726
	TOTAL	5,194,766
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	DONOR DESIGNATED GENERAL	3,553,726
	TOTAL	3,553,726

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 X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	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 INCOME. UWGC FILES TAX RETURN IN THE U.S. FEDERAL JURISDICTION.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF GREATER CINCINNATI

Employer identification number

31-0537502

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 144 FARMS 4817 WINTON RD, CINCINNATI, OH 45232	84-4519786		10,000				SUPPORTS UW MISSION
(2) 4C FOR CHILDREN 2100 SHERMAN AVE, CINCINNATI, OH 45212	31-0823634	501(C)(3)	700,000				SUPPORTS UW MISSION
(3) A PICTURE'S WORTH, INC. 1605 COOPER STREET, CINCINNATI, OH 45223	85-0995365	501(C)(3)	50,000				SUPPORTS UW MISSION
(4) ABERCRUMBIE GROUP 10301 GIVERNY BLVD, CINCINNATI, OH 45241	30-0520187		34,000				SUPPORTS UW MISSION
(5) ABUNDANCE UNIVERSITY 1109 TASSIE LN, CINCINNATI, OH 45231	81-1081370	501(C)(3)	10,000				(SEE STATEMENT)
(6) ACTIVITIES BEYOND THE CLASSROOM 635 W. 7TH ST., STE 301, CINCINNATI, OH 45203	35-2222723	501(C)(3)	112,000				SUPPORTS UW MISSION
(7) (SEE STATEMENT)	31-0710683	501(C)(3)	200,000				SUPPORTS UW MISSION
(8) ADOPT A CLASS FOUNDATION 4030 SMITH RD,SUITE 200, CINCINNATI, OH 45206	20-2587299	501(C)(3)	120,000				SUPPORTS UW MISSION
(9) (SEE STATEMENT)	88-2001494	501(C)(3)	50,000				SUPPORTS UW MISSION
(10) AGRICADEMY INC. 7430 MONTGOMERY ROAD, CINCINNATI, OH 45236	82-1971350	501(C)(3)	90,000				SUPPORTS UW MISSION
(11) ALL ABOUT KINGS RAISING KINGS 729 CIRCLE AVENUE, CINCINNATI, OH 45232	88-3789316	501(C)(3)	10,000				SUPPORTS UW MISSION
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 207

3 Enter total number of other organizations listed in the line 1 table 17

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) ARMS AROUND MEDIA 6819 VINE ST., CINCINNATI, OH 45216	20-3784964	501(C)(3)	14,000				SUPPORTS UW MISSION
(13) ASIYA'S SMILING FACES, LLC 1504 YARMOUTH AVE, CINCINNATI, OH 45237	43-1952587		10,000				COMMUNITY EMPOWERMENT WORKS
(14) AVANT CONSULTING GROUP 10137 ARNOLD DR, CINCINNATI, OH 45215	83-2780285	501(C)(3)	10,000				SUPPORTS UW MISSION
(15) AVONDALE DEVELOPMENT CORPORATION 3635 READING RD, CINCINNATI, OH 45229	45-2412695	501(C)(3)	188,007				SUPPORTS UW MISSION
(16) BAWAC, INC. COMMUNITY REHABILITATION CENTER 7970 KENTUCKY DR, FLORENCE, KY 41042	61-0844925	501(C)(3)	45,000				SUPPORTS UW MISSION
(17) BEECH ACRES PARENTING CENTER 615 ELSINORE PLACE, CINCINNATI, OH 45202	31-0536663	501(C)(3)	150,000				SUPPORTS UW MISSION
(18) BEST POINT EDUCATION & BEHAVIORAL HEALTH 5050 MADISON RD, CINCINNATI, OH 45227-1440	31-0536969	501(C)(3)	550,000				SUPPORTS UW MISSION
(19) BETHANY HOUSE SERVICES, INC. 4769 READING ROAD, CINCINNATI, OH 45237	31-1101401	501(C)(3)	200,000				SUPPORTS UW MISSION
(20) BIG BROTHERS BIG SISTERS OF GREATER CINCINNATI 2400 READING RD, CINCINNATI, OH 45202	31-0577668	501(C)(3)	150,000				SUPPORTS UW MISSION
(21) BLACK ACHIEVERS, INC 3157 SAFFER STREET, CINCINNATI, OH 45211	84-4421565	501(C)(3)	55,000				SUPPORTS UW MISSION
(22) BLACK AND WHITE CANCER SURVIVORS FOUNDATION 2027 FAITH STREET, CINCINNATI, OH 45237	46-1151149	501(C)(3)	6,000				SUPPORTS UW MISSION
(23) BLACK ART SPEAKS 1535 WOODBRIDGE COURT, CINCINNATI, OH 45240	86-1560419	501(C)(3)	140,000				SUPPORTS UW MISSION
(24) BLACK BOYS IN TECH 6809 MAIN STREET, CINCINNATI, OH 45244	92-3859520	501(C)(3)	40,000				SUPPORTS UW MISSION
(25) BLACK POWER INITIATIVE 103 WILLIAM HOWARD TAFT, CINCINNATI, OH 45219	85-1431422	501(C)(3)	40,000				SUPPORTS UW MISSION
(26) BLACK WOMEN CULTIVATING CHANGE 1881 DORAL DRIVE, FAIRFIELD, OH 45014	85-2967205	501(C)(3)	25,500				SUPPORTS UW MISSION
(27) BLOC MINISTRIES, INC 911 W. 8TH STREET, CINCINNATI, OH 45203	31-1613471	501(C)(3)	60,000				SUPPORTS UW MISSION
(28) BLOSSOMS FLORIST INC. 8711 READING ROAD, CINCINNATI, OH 45215	32-0062849	501(C)(3)	32,000				SUPPORTS UW MISSION
(29) BLUEBIRD BUS OF HOPE 1007 SHAYLER RD., CINCINNATI, OH 45245	88-1668309	501(C)(3)	30,000				SUPPORTS UW MISSION

(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
(30) BOYS & GIRLS CLUBS OF GREATER CINCINNATI 600 DALTON AVE, CINCINNATI, OH 45203	31-0536965	501(C)(3)	600,000				SUPPORTS UW MISSION
(31) BREAKTHROUGH CINCINNATI, INC. 6905 GIVEN RD, CINCINNATI, OH 45243	31-1357625	501(C)(3)	125,000				SUPPORTS UW MISSION
(32) BREASTFEEDING OUTREACH FOR OUR BEAUTIFUL SISTERS-BOOBS 891 W NORTH BEND ROAD, CINCINNATI, OH 45224	47-4052943	501(C)(3)	30,000				SUPPORTS UW MISSION
(33) BRICK GARDENS FOUNDATION PO BOX 17189, CINCINNATI, OH 45217	85-3716829	501(C)(3)	32,000				SUPPORTS UW MISSION
(34) BRIGHTON CENTER, INC. PO BOX 325, NEWPORT, KY 41072	61-0673886	501(C)(3)	1,283,595				SUPPORTS UW MISSION
(35) BRIGHTON PROPERTIES P.O. BOX 325, NEWPORT, KY 41072	31-1535241	501(C)(3)	75,000				SUPPORTS UW MISSION
(36) BROWN HANDS LITERACY 8715 PRINGLE DRIVE, CINCINNATI, OH 45231	88-2769896	501(C)(3)	43,495				SUPPORTS UW MISSION
(37) BUILDING BLOCKS OF INDIANA 414 SE 4TH ST., EVANSVILLE, IN 47713	31-0971740	501(C)(3)	83,918				SUPPORTS UW MISSION
(38) C. FOWLER VISION COACHING AND CONSULTING LLC 3284 WEST NORTHBEND RD, CINCINNATI, OH 45239	88-1015138		10,000				COMMUNITY EMPOWERMENT WORKS
(39) CARACOLE, INC. 4138 HAMILTON AVE, CINCINNATI, OH 45223	31-1210524	501(C)(3)	155,000				SUPPORTS UW MISSION
(40) CATHOLIC CHARITIES SOUTHWESTERN OHIO 7162 READING RD, CINCINNATI, OH 45237	31-0536968	501(C)(3)	550,000				SUPPORTS UW MISSION
(41) CENTER FOR EMPLOYMENT OPPORTUNITIES 50 BROADWAY, NEW YORK, NY 10004	13-3843322	501(C)(3)	150,000				SUPPORTS UW MISSION
(42) CENTER FOR GREAT NEIGHBORHOODS OF COVINGTON 321 W MLK BLVD/12TH ST, COVINGTON, KY 41011	61-0733046	501(C)(3)	150,000				SUPPORTS UW MISSION
(43) CENTER FOR HEALING THE HURT PO BOX 32355, CINCINNATI, OH 45255	84-2180237	501(C)(3)	41,000				SUPPORTS UW MISSION
(44) CENTRAL CLINIC 2825 BURNET AVENUE, CINCINNATI, OH 45219	31-1411744	501(C)(3)	200,000				SUPPORTS UW MISSION
(45) CHILD FOCUS, INC. 551-B CINCINNATI-BATAVIA PIKE, CINCINNATI, OH 45244	31-0952668	501(C)(3)	550,000				SUPPORTS UW MISSION
(46) CHILDREN'S LAW CENTER, INC. 1002 RUSSELL ST, COVINGTON, KY 41011	61-1167352	501(C)(3)	325,000				SUPPORTS UW MISSION
(47) CHILDREN OF HOPE LEARNING CENTER 1430 SPRING LAWN AVENUE, CINCINNATI, OH 45223	31-1332840	501(C)(3)	75,000				SUPPORTS UW MISSION

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(48) THE CINCINNATI EYE INSTITUTE FOUNDATION 1945 CEI DRIVE, CINCINNATI, OH 45242	20-4418334	501(C)(3)	50,000				SUPPORTS UW MISSION
(49) CINCINNATI MUSIC ACCELERATOR 1311 VINE ST, CINCINNATI, OH 45202	82-1422268	501(C)(3)	25,500				SUPPORTS UW MISSION
(50) CINCINNATI PARENT EMPOWERMENT NETWORK (CPEN) 2145 CENTRAL PARKWAY AVE, CINCINNATI, OH 45214	86-2461424	501(C)(3)	65,000				SUPPORTS UW MISSION
(51) CINCINNATI PEACE MOVEMENT 294 MOHAWK ST, CINCINNATI, OH 45212	83-0638811		32,000				SUPPORTS UW MISSION
(52) CINCINNATI RECREATION COMMISSION 805 CENTRAL AVE., CINCINNATI, OH 45202	31-6000064	GOV'T	70,763				SUPPORTS UW MISSION
(53) CINCINNATI UNION BETHEL (HER) 2401 READING RD, CINCINNATI, OH 45202	31-0536655	501(C)(3)	300,000				SUPPORTS UW MISSION
(54) CINCINNATI URBAN PROMISE, INC. 2420 HARRISON AVE., CINCINNATI, OH 45211	80-0472009	501(C)(3)	97,119				SUPPORTS UW MISSION
(55) CINCINNATI USA REGIONAL CHAMBER FOUNDATION 3 E. 4TH STREET, CINCINNATI, OH 45202	31-1276563	501(C)(3)	650,000				SUPPORTS UW MISSION
(56) CINCINNATI VIBRANT YOUTH PROJECT 10273 ROBERTA DRIVE, CINCINNATI, OH 45215	99-4781475	501(C)(3)	56,400				SUPPORTS UW MISSION
(57) CINCINNATI WORKS 708 WALNUT ST, CINCINNATI, OH 45202	31-1656186	501(C)(3)	200,000				SUPPORTS UW MISSION
(58) CINCINNATI YOUTH COLLABORATIVE 301 OAK ST, CINCINNATI, OH 45219-2508	31-1204406	501(C)(3)	250,000				SUPPORTS UW MISSION
(59) CINCINNATI-HAMILTON COUNTY COMMUNITY ACTION AGENCY 1740 LANGDON FARM RD, CINCINNATI, OH 45237-3817	31-6053035	501(C)(3)	150,000				SUPPORTS UW MISSION
(60) CINCY NICE SOCIAL HOUSE, LLC 2411 GILBERT AVENUE, CINCINNATI, OH 45206	85-0494170		10,000				SUPPORTS UW MISSION
(61) CITY GOSPEL MISSION 1805 DALTON AVENUE, CINCINNATI, OH 45214	31-0538515	501(C)(3)	75,000				SUPPORTS UW MISSION
(62) CITY OF BLUE ASH 4343 COOPER ROAD, BLUE ASH, OH 45242	31-6007293	GOV'T	24,416				SUPPORTS UW MISSION
(63) CITY OF CINCINNATI HEALTH DEPARTMENT 3101 BURNET AVENUE, CINCINNATI, OH 45229	31-6000064	GOV'T	46,958				SUPPORTS UW MISSION
(64) CLERMONT COUNTY COMMUNITY SERVICE 3003 HOSPITAL DR, BATAVIA, OH 45103	31-1111703	501(C)(3)	275,000				SUPPORTS UW MISSION
(65) COMMUNITY MATTERS 2110 SAINT MICHAEL ST, CINCINNATI, OH 45204	47-1191643	501(C)(3)	125,000				SUPPORTS UW MISSION

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(66) CONNECTING FOR IMPACT LLC 1323 BURDETTE AVE, CINCINNATI, OH 45206	85-1345764	501(C)(3)	17,000				SUPPORTS UW MISSION
(67) CONSORTIUM OF AFRICAN AMERICAN EARLY CHILDHOOD EDUCATORS 3804 ZINSLE AVENUE, CINCINNATI, OH 45213	88-2865204	501(C)(3)	80,000				SUPPORTS UW MISSION
(68) CORNERSTONE RENTER EQUITY 1537 RACE ST, CINCINNATI, OH 45202	31-1170803	501(C)(3)	329,175				SUPPORTS UW MISSION
(69) CORPORATION FOR OHIO APPALACHIAN DEVELOPMENT PO BOX 787, ATHENS, OH 45764	31-0811788	501(C)(3)	60,000				SUPPORTS UW MISSION
(70) COUNCIL ON CHILD ABUSE OF SOUTHERN OHIO, INC. 2600 VICTORY PARKWAY, CINCINNATI, OH 45206	31-0942232	501(C)(3)	100,000				SUPPORTS UW MISSION
(71) COVINGTON PARTNERS DBA PARTNERS FOR CHANGE 257 WEST PIKE STREET, COVINGTON, KY 41011	20-1515753	501(C)(3)	300,000				SUPPORTS UW MISSION
(72) DEARBORN COUNTY CLEARINGHOUSE FOR EMERGENCY AID P.O. BOX 478, AURORA, IN 47001	31-1158133	501(C)(3)	60,000				SUPPORTS UW MISSION
(73) DIEUDONNE FOUNDATION 2126 N PENNSYLVANIA ST, INDIANAPOLIS, IN 46202	92-3074969	501(C)(3)	30,000				SUPPORTS UW MISSION
(74) EASLEY BLESSED INSPIRE 4507 W. 8TH STREET, CINCINNATI, OH 45238	84-4694699	501(C)(3)	42,500				SUPPORTS UW MISSION
(75) EASTERSEALS REDWOOD 2901 GILBERT AVE, CINCINNATI, OH 45206	31-0873433	501(C)(3)	400,000				SUPPORTS UW MISSION
(76) EC LEARN 8020 VETERANS MEMORIAL DRIVE, FLORENCE, KY 41042	85-2800315	501(C)(3)	180,000				SUPPORTS UW MISSION
(77) EDUCATENKY, INC 50 E. RIVERCENTER BLVD., SUITE 250, COVINGTON, KY 41011	93-1526341	501(C)(3)	500,000				SUPPORTS UW MISSION
(78) EKKLESIA DEVELOPMENT CORPORATION 1920 TENNESSEE AVENUE, CINCINNATI, OH 45237	31-1755065	501(C)(3)	32,546				SUPPORTS UW MISSION
(79) ELEMENTZ 1640 RACE ST, CINCINNATI, OH 45202	04-3698700	501(C)(3)	40,000				SUPPORTS UW MISSION
(80) ENVISION CORPORATION 13744 FALLSPRINGS WAY, MANOR, TX 78653	80-0184362	501(C)(3)	30,000				SUPPORTS UW MISSION
(81) EVERY CHILD SUCCEEDS 3333 BURNET AVE, CINCINNATI, OH 45229-3026	31-1628467	501(C)(3)	1,100,000				SUPPORTS UW MISSION
(82) FAMILY NURTURING CENTER OF KENTUCKY 5 SPIRAL DRIVE, STE. #100, FLORENCE, KY 41042	31-1011326	501(C)(3)	200,000				SUPPORTS UW MISSION

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(83) FINANCIALLYU 6238 MONTGOMERY ROAD, CINCINNATI, OH 45213	82-2783629		10,000				SUPPORTS UW MISSION
(84) FLYWHEEL SOCIAL ENTERPRISE HUB 2900 READING ROAD, CINCINNATI, OH 45206	46-0889572	501(C)(3)	9,000				SUPPORTS UW MISSION
(85) FOREVER KINGS INC. 3270 NORTHBEND ROAD, CINCINNATI, OH 45239	84-2848713	501(C)(3)	100,000				SUPPORTS UW MISSION
(86) FOUND HOUSE INTERFAITH HOUSING NETWORK 990 NASSAU STREET, CINCINNATI, OH 45206	31-1335474	501(C)(3)	135,000				SUPPORTS UW MISSION
(87) FOUND VILLAGE INC. 1215 WILLIAM HOWARD TAFT RD., CINCINNATI, OH 45206	81-4106901	501(C)(3)	267,500				SUPPORTS UW MISSION
(88) FRAMEWORKS INSTITUTE 1333 H STREET NW, WASHINGTON, DC 20005	71-0891642	501(C)(3)	60,000				SUPPORTS UW MISSION
(89) FREESTORE FOODBANK 3401 ROSENTHAL WAY, CINCINNATI, OH 45204	23-7122205	501(C)(3)	241,115				SUPPORTS UW MISSION
(90) GENERATION NOW 2900 READING ROAD, CINCINNATI, OH 45206	47-2418233	501(C)(3)	50,000				SUPPORTS UW MISSION
(91) GIRLS HEALTH PERIOD PO BOX 12740, CINCINNATI, OH 45212	83-3218683	501(C)(3)	34,000				SUPPORTS UW MISSION
(92) GIVE LIKE A MOTHER 4601 EASTGATE BLVD, CINCINNATI, OH 45245	82-3666599	501(C)(3)	78,000				SUPPORTS UW MISSION
(93) GOD'S FAVOR MOBILE MEALS MINISTRY 5536 E. GALBRAITH RD, CINCINNATI, OH 45236	82-1611492	501(C)(3)	44,200				SUPPORTS UW MISSION
(94) GOD'S LITTLE ANGELS LEARNING CENTER LLC 3361 MCHENRY AVE, CINCINNATI, OH 45225	11-3721185		10,000				SUPPORTS UW MISSION
(95) GRAD CINCINNATI, INC. 301 OAK ST, CINCINNATI, OH 45219	31-1816376	501(C)(3)	125,000				SUPPORTS UW MISSION
(96) GRAY ROAD CHURCH OF CHRIST 4826 GRAY ROAD, CINCINNATI, OH 45232	31-0945916	501(C)(3)	32,500				SUPPORTS UW MISSION
(97) GREAT OAKS CAREER CAMPUSES 110 GREAT OAKS DRIVE, CINCINNATI, OH 45241	31-6000880	SCHOOL	50,000				SUPPORTS UW MISSION
(98) GREATER CINCINNATI BEHAVIORAL HEALTH SERVICES 1501 MADISON RD, CINCINNATI, OH 45206	31-0802647	501(C)(3)	1,050,000				SUPPORTS UW MISSION
(99) GREATER CINCINNATI FOUNDATION 720 E. PETE ROSE WAY, CINCINNATI, OH 45202	31-0669700	501(C)(3)	438,325				SUPPORTS UW MISSION

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(100) GREATER CINCINNATI MICROENTERPRISE INITIATIVE 1740 LANGDON FARM RD, CINCINNATI, OH 45237	31-1595820	501(C)(3)	150,000				SUPPORTS UW MISSION
(101) GREEN TOWNSHIP 6303 HARRISON AVENUE, CINCINNATI, OH 45247	31-6000576	501(C)(3)	113,681				SUPPORTS UW MISSION
(102) GREENLIGHT FUND 4089 LANGLAND ST., CINCINNATI, OH 45223	20-0407083	501(C)(3)	25,000				SUPPORTS UW MISSION
(103) GUIDING LIGHT MENTORING/FISCAL AGENT FOR BLACK NURSE NETWORK 6240 HAMILTON AVENUE, CINCINNATI, OH 45224	47-1683576	501(C)(3)	13,500				SUPPORTS UW MISSION
(104) HEALTH CARE ACCESS NOW 7162 READING RD, CINCINNATI, OH 45237	26-4042151	501(C)(3)	50,000				SUPPORTS UW MISSION
(105) HEARTFELT TIDBITS, INC. 2030 FAIRFAX, CINCINNATI, OH 45215	81-2806786	501(C)(3)	50,000				SUPPORTS UW MISSION
(106) HEARTS IN THE PARK 1314 KEYRIDGE DR, CINCINNATI, OH 45240	93-3860998	501(C)(3)	41,000				SUPPORTS UW MISSION
(107) HIGH ACHIEVERS AIM HIGH 7942 GLEN ORCHARD DRIVE, CINCINNATI, OH 45237	81-4155643	501(C)(3)	250,000				SUPPORTS UW MISSION
(108) HOLLY HILL CHILD & FAMILY SOLUTIONS 9599 SUMMER HILL RD, CALIFORNIA, KY 41007	61-0461729	501(C)(3)	150,000				SUPPORTS UW MISSION
(109) HOME 2400 READING RD, CINCINNATI, OH 45202	31-6062015	501(C)(3)	275,000				SUPPORTS UW MISSION
(110) HOPE IGNITES CINCINNATI 2333 UPLAND PLACE, CINCINNATI, OH 45206	31-1054816	501(C)(3)	9,000				SUPPORTS UW MISSION
(111) IKRON CORPORATION 2347 VINE STREET, CINCINNATI, OH 45219	31-1059137	501(C)(3)	200,000				SUPPORTS UW MISSION
(112) IMMIGRANT AND REFUGEE LAW CENTER PO BOX 27012, CINCINNATI, OH 45227	82-2744813	501(C)(3)	100,000				SUPPORTS UW MISSION
(113) INTERNATIONAL CENTER OF GREATER CINCINNATI 4215 LEEPER ST, CINCINNATI, OH 45223	57-1156886	501(C)(3)	40,000				SUPPORTS UW MISSION
(114) ISAIAH 55 INC. 2232 BURNET AVENUE, CINCINNATI, OH 45219	45-5598105	501(C)(3)	30,000				SUPPORTS UW MISSION
(115) ISLAMIC EDUCATIONAL COUNCIL 8092 PLANTATION DR, WEST CHESTER, OH 45069	31-1398745	501(C)(3)	119,300				SUPPORTS UW MISSION
(116) JAMAA HEALTH 4015 PEREGRINE PASS DRIVE, COLUMBUS, OH 45230	84-4865894	501(C)(3)	65,000				SUPPORTS UW MISSION
(117) JAZJORDAN, INC. 9910 COVENTRY COURT, MASON, OH 45040	46-4687760	501(C)(3)	10,000				SUPPORTS UW MISSION

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(118) JEWISH FAMILY SERVICE- CINCINNATI 8487 RIDGE RD, CINCINNATI, OH 45236	31-0744786	501(C)(3)	153,750				SUPPORTS UW MISSION
(119) JEWISH FEDERATION OF CINCINNATI 8499 RIDGE RD, CINCINNATI, OH 45236	31-0537174	501(C)(3)	75,000				SUPPORTS UW MISSION
(120) JURISDICTION-WIDE RESIDENT ADVISORY BOARD 1811 LOSANTIVILLE AVE, CINCINNATI, OH 45237	20-4351820	501(C)(3)	165,000				SUPPORTS UW MISSION
(121) LAST MILE FOOD RESCUE, INC. 1775 MENTOR AVENUE, CINCINNATI, OH 45212	83-4495745	501(C)(3)	175,000				SUPPORTS UW MISSION
(122) LAWRENCEBURG COMMUNITY SCHOOL CORP. 300 TIGER BLVD, LAWRENCEBURG, IN 47025	35-1147459	SCHOOL	74,953				SUPPORTS UW MISSION
(123) LEAD TRAINING 132 W ELDER ST, CINCINNATI, OH 45202	83-0909806	501(C)(3)	150,000				SUPPORTS UW MISSION
(124) LEARNING GROVE 333 MADISON AVE, COVINGTON, KY 41011	31-0910787	501(C)(3)	1,550,000				SUPPORTS UW MISSION
(125) LEGAL AID OF THE BLUEGRASS 104 EAST SEVENTH ST, COVINGTON, KY 41011	61-0668572	501(C)(3)	600,000				SUPPORTS UW MISSION
(126) LEGAL AID SOCIETY OF GREATER CINCINNATI 215 E NINTH ST, CINCINNATI, OH 45202	31-0536673	501(C)(3)	850,000				SUPPORTS UW MISSION
(127) LETTERS 2 LITERACY 77 NORTH DEPOT LANE, BATAVIA, OH 45103	99-0752075	501(C)(3)	125,000				SUPPORTS UW MISSION
(128) LIFE CENTER AT WHITEWATER 5771 HAMILTON CLEVES ROAD, CLEVES, OH 45002	87-1466983	501(C)(3)	16,250				SUPPORTS UW MISSION
(129) LIFE LEARNING CENTER 20 WEST 18TH ST, COVINGTON, KY 41011	20-3454261	501(C)(3)	485,000				SUPPORTS UW MISSION
(130) LIGHTHOUSE YOUTH & FAMILY SERVICES 401 EAST MCMILLIAN ST, CINCINNATI, OH 45206	23-7046229	501(C)(3)	250,000				SUPPORTS UW MISSION
(131) LINCOLN HEIGHTS OUTREACH, INC. 9913 WAYNE AVENUE, LINCOLN HEIGHTS, OH 45215	46-0674309	501(C)(3)	150,000				SUPPORTS UW MISSION
(132) LISC 28 LIBERTY STREET, NEW YORK, NY 10005	13-3030229	501(C)(3)	750,000				SUPPORTS UW MISSION
(133) LOVE IN ACTION 1585 COMPTON ROAD, CINCINNATI, OH 45231	85-1238743	501(C)(3)	65,000				SUPPORTS UW MISSION
(134) LYNCH ENTERPRISES 7830 HIGHWAY 42, FLORENCE, KY 41042	61-1163958		9,747				SUPPORTS UW MISSION
(135) MADISONVILLE EDUCATION AND ASSISTANCE CENTER 4600 ERIE AVE, CINCINNATI, OH 45227	31-1218223	501(C)(3)	304,144				SUPPORTS UW MISSION

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(136) MADISONVILLE MISSION MINISTRIES 5717 PRENTICE STREET, CINCINNATI, OH 45227	31-1806837	501(C)(3)	93,800				SUPPORTS UW MISSION
(137) MAKING A CHANGE CINCY 7005 READING RD., CINCINNATI, OH 45237	46-0953456	501(C)(3)	75,000				SUPPORTS UW MISSION
(138) MEN HELPING MEN CINCY LLC 3539 READING RD, CINCINNATI, OH 45229	93-2126258		10,000				SUPPORTS UW MISSION
(139) MENTAL HEALTH AMERICA OF NKY & SWOH 11238 CORNELL PARK DRIVE, BLUE ASH, OH 45242	61-0712473	501(C)(3)	150,000				SUPPORTS UW MISSION
(140) MENTORS PO BOX 14975, CINCINNATI, OH 45250	84-3276269	501(C)(3)	30,000				SUPPORTS UW MISSION
(141) MERCY NEIGHBORHOOD MINISTRIES 1602 MADISON RD, CINCINNATI, OH 45206	31-1376693	501(C)(3)	252,500				SUPPORTS UW MISSION
(142) MIND ON THE MATTER, LTD. 2639 ERIE AVE, CINCINNATI, OH 45208	99-3618569	501(C)(3)	10,000				COMMUNITY EMPOWERMENT WORKS
(143) MINDFUL MOMMY LLC 3700 FRANCES AVE, CINCINNATI, OH 45211	29-6926794		10,000				SUPPORTS UW MISSION
(144) MORTAR CINCINNATI 2344 KEMPER LANE, CINCINNATI, OH 45206	47-2431620	501(C)(3)	112,107				SUPPORTS UW MISSION
(145) MONTE'S PLACE 434 FOREST AVE, CINCINNATI, OH 45229	33-2241794	501(C)(3)	50,000				SUPPORTS UW MISSION
(146) MOTHERHOOD & MENTAL HEALTH 2300 MONTANA AVE, CINCINNATI, OH 45211	92-1946903	501(C)(3)	40,000				SUPPORTS UW MISSION
(147) MY BROTHER'S KEEPER CINCINNATI, INC 1122 KENILWORTH DR, TOWSON, MD 21204	27-6601178	501(C)(3)	82,500				SUPPORTS UW MISSION
(148) NATIONAL COMMISSION FOR BLACK ARTS & ENTERTAINMENT 3 GLENVIEW PLACE, CINCINNATI, OH 45205	92-1172641	501(C)(3)	12,500				COMMUNITY EMPOWERMENT WORKS
(149) NEVER THE LESS INC 7162 READING ROAD, CINCINNATI, OH 45237	90-0743626	501(C)(3)	65,000				SUPPORTS UW MISSION
(150) NEW CONCEPTS HEALTHCARE 2868 COMPTON ROAD, CINCINNATI, OH 45251	81-3901859	501(C)(3)	40,000				SUPPORTS UW MISSION
(151) NEW HORIZONS REHABILITATION, INC. 237 SIX PINE RANCH RD, BATESVILLE, IN 47006	35-1169221	501(C)(3)	100,000				SUPPORTS UW MISSION
(152) NEW PATH (SJO KIDS) 5400 EDALBERT DRIVE, CINCINNATI, OH 45239	84-2733413	501(C)(3)	50,000				SUPPORTS UW MISSION
(153) NEW PROSPECT BAPTIST CHURCH 1580 SUMMIT ROAD, CINCINNATI, OH 45237	31-0676519	501(C)(3)	49,950				SUPPORTS UW MISSION
(154) NICOLE BAILEY CONSULTING LLC 5531 KIPLINGTON DR, CINCINNATI, OH 45239	93-3006509		75,000				SUPPORTS UW MISSION

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(155) NORTH RHINE II LP 114 W. 14TH ST., CINCINNATI, OH 45202	31-1272434	501(C)(3)	50,000				SUPPORTS UW MISSION
(156) NORTHERN KENTUCKY COMMUNITY ACTION COMMISSION 717 MADISON AVE., COVINGTON, KY 41011	61-0667805	501(C)(3)	517,500				SUPPORTS UW MISSION
(157) NORTHERN KENTUCKY AREA DEVELOPMENT DISTRICT 22 SPIRAL DR., FLORENCE, KY 41075	61-0719369	501(C)(3)	175,000				SUPPORTS UW MISSION
(158) NYRA R. SHAW-HEMPHILL MEMORIAL SCHOLARSHIP FUND 16 ALDON LANE, CINCINNATI, OH 45236	84-3394613	501(C)(3)	10,000				COMMUNITY EMPOWERMENT WORKS
(159) ONE COMMUNITY ONE FAMILY, INC. 920 COUNTY LINE ROAD, BATESVILLE, IN 47006	46-4339778	501(C)(3)	25,000				SUPPORTS UW MISSION
(160) ONESOURCE CENTER FOR NONPROFIT EXCELLENCE 936 DALTON AVENUE, CINCINNATI, OH 45203	31-1364553	501(C)(3)	10,000				SUPPORTS UW MISSION
(161) OUR SPROUTING MINDS 6545 MARKET AVENUE N, NORTH CANTON, OH 44721	85-4018842	501(C)(3)	40,000				SUPPORTS UW MISSION
(162) OUR TRIBE LLC 4496 MOGUL LANE, LIBERTY TOWNSHIP, OH 45011	88-1426584	501(C)(3)	41,000				SUPPORTS UW MISSION
(163) PATIENTPOINT FOUNDATION 5901 E GALBRAITH RD, CINCINNATI, OH 45236	88-1839209	501(C)(3)	10,000				SUPPORTS UW MISSION
(164) PEASLEE NEIGHBORHOOD CENTER 215 EAST 14TH STREET, CINCINNATI, OH 45202	31-1268160	501(C)(3)	40,000				SUPPORTS UW MISSION
(165) PEOPLES CHURCH CINCINNATI 220 WM HOWARD TAFT RD., CINCINNATI, OH 45219	31-0543275	501(C)(3)	44,800				SUPPORTS UW MISSION
(166) PER SCHOLAS, INC. 804 E 138TH ST, BRONX, NY 10454	04-3252955	501(C)(3)	9,000				SUPPORTS UW MISSION
(167) PHILAUTIA TD 9132 PEACH BLOSSOM CT., CINCINNATI, OH 45231	92-2172651	501(C)(3)	10,000				SUPPORTS UW MISSION
(168) PILGRIM BAPTIST CHURCH 1525 LINCOLN AVENUE, CINCINNATI, OH 45206	31-1038190	501(C)(3)	46,300				SUPPORTS UW MISSION
(169) PRESTON BROWN FOUNDATION, INC. 10235 W SAMPLE RD, CORAL SPRINGS, FL 33065	82-5385320	501(C)(3)	40,000				SUPPORTS UW MISSION
(170) PRICE HILL WILL 3301 PRICE AVENUE, CINCINNATI, OH 45205	20-1452663	501(C)(3)	25,000				SUPPORTS UW MISSION
(171) PRO SENIORS, INC. 7162 READING RD, CINCINNATI, OH 45237	31-0887471	501(C)(3)	175,000				SUPPORTS UW MISSION
(172) RABIAH'S HOUSE OF LEARNING, INC. 858 BLAIR AVE, CINCINNATI, OH 45229	31-1662760	501(C)(3)	65,000				SUPPORTS UW MISSION

(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
(173) RED BIKE 600 CENTRAL AVE., CINCINNATI, OH 45202	46-4043546	501(C)(3)	50,000				SUPPORTS UW MISSION
(174) REDS COMMUNITY FUND 100 JOE NUXHALL WAY, CINCINNATI, OH 45202	31-1790195	501(C)(3)	25,000				SUPPORTS UW MISSION
(175) REFUGEECONNECT 2692 MADISON ROAD, CINCINNATI, OH 45208	82-4193107	501(C)(3)	125,000				SUPPORTS UW MISSION
(176) RELIABLE PLUS HEATING AND AIR 3441 READING RD, CINCINNATI, OH 45229	87-2655079		32,000				SUPPORTS UW MISSION
(177) RESCUE TEMPLE CHURCH OF GOD IN CHRIST 824 MANN PLACE, CINCINNATI, OH 45229	31-0740724	501(C)(3)	70,000				SUPPORTS UW MISSION
(178) RESCUE TEMPLE HOUSING CORPORATION 835 GLENWOOD AVENUE, CINCINNATI, OH 45229	31-1502021	501(C)(3)	30,000				SUPPORTS UW MISSION
(179) REVIVE BLACK 1114 CALIFORNIA AVE, CINCINNATI, OH 45237	92-2397947	501(C)(3)	50,000				SUPPORTS UW MISSION
(180) REVOLUTION DANCE THEATRE 1569 CHASE AVENUE, CINCINNATI, OH 45223	82-3185042	501(C)(3)	85,000				SUPPORTS UW MISSION
(181) ROBERT O'NEAL MULTICULTURAL ARTS CENTER (ROMAC) P.O. BOX 82, CINCINNATI, OH 45201	84-2428196	501(C)(3)	30,000				SUPPORTS UW MISSION
(182) ROOTS SEEDS & OILS 8439 READING RD, CINCINNATI, OH 45215	26-8722934		10,000				COMMUNITY EMPOWERMENT WORKS
(183) ROSEMARY'S BABIES CO 4439 READING RD, CINCINNATI, OH 45229	81-3727709	501(C)(3)	85,000				SUPPORTS UW MISSION
(184) SAFE PASSAGE INC. PO BOX 235, BATESVILLE, IN 47006	35-2056072	501(C)(3)	65,000				SUPPORTS UW MISSION
(185) SANTA MARIA COMMUNITY SERVICES 617 STEINER AVE, CINCINNATI, OH 45204	31-0537141	501(C)(3)	987,008				SUPPORTS UW MISSION
(186) SECURE YOUR GOLD 4805 CHAPEL RIDGE DRIVE, CINCINNATI, OH 45223	82-4032617		24,000				SUPPORTS UW MISSION
(187) SEVEN HILLS NEIGHBORHOOD HOUSES 901 FINDLAY STREET, CINCINNATI, OH 45214	31-0648619	501(C)(3)	175,000				SUPPORTS UW MISSION
(188) SOUL PALETTE 10119 ARNOLD DRIVE, CINCINNATI, OH 45215	83-4651356	501(C)(3)	40,500				SUPPORTS UW MISSION
(189) SOUTHEASTERN INDIANA ECONOMIC OPPORTUNITY CORP. PO BOX 240, AURORA, IN 47001	35-1118476	501(C)(3)	100,000				SUPPORTS UW MISSION
(190) SQUARE1, INC 794 LAUREN DRIVE, VILLA HILLS, KY 41017	45-4663525	501(C)(3)	60,760				SUPPORTS UW MISSION
(191) STERLING RAPID RESPONSE 129 WEST KEMPER RD, CINCINNATI, OH 45246	85-3997035		34,000				SUPPORTS UW MISSION

(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
(192) STRATEGIES TO END HOMELESSNESS 2368 VICTORY PARKWAY, CINCINNATI, OH 45206	20-8286347	501(C)(3)	100,000				SUPPORTS UW MISSION
(193) SUPERSEEDS 10142 SPRINGFIELD PIKE, CINCINNATI, OH 45215	46-1952948	501(C)(3)	155,000				SUPPORTS UW MISSION
(194) SWEET SISTAH SPLASH 1218 SYCAMORE ST., CINCINNATI, OH 45202	45-4993074	501(C)(3)	25,000				SUPPORTS UW MISSION
(195) TALBERT HOUSE 2600 VICTORY PARKWAY, CINCINNATI, OH 45206	31-0713350	501(C)(3)	175,000				SUPPORTS UW MISSION
(196) THE BAIL PROJECT PO BOX 750, VENICE, CA 90294	81-4985512	501(C)(3)	50,000				SUPPORTS UW MISSION
(197) THE DAD INITIATIVE, INC 260 NORTHLAND BLVD, SPRINGDALE, OH 45246	90-1131034	501(C)(3)	125,000				SUPPORTS UW MISSION
(198) THE EMPOWERMENT FOUNDATION 5586 REGIMENTAL PLACE, CINCINNATI, OH 45239	92-2950819	501(C)(3)	53,600				SUPPORTS UW MISSION
(199) THE HEALING CENTER 11345 CENTURY CIRCLE WEST, CINCINNATI, OH 45246	31-1655576	501(C)(3)	75,000				SUPPORTS UW MISSION
(200) THE HEIGHTS MOVEMENT 726 ADAMS STREET, LINCOLN HEIGHTS, OH 45215	85-2171901	501(C)(3)	170,000				SUPPORTS UW MISSION
(201) THE ION CENTER FOR VIOLENCE PREVENTION, INC 835 MADISON AVE., COVINGTON, KY 41011	61-0908752	501(C)(3)	250,000				SUPPORTS UW MISSION
(202) THE MOTHERSHIP INSTITUTE 4365 READING RD., CINCINNATI, OH 45229	26-2934248	501(C)(3)	60,000				SUPPORTS UW MISSION
(203) THEIR VOICE OF GREATER CINCINNATI 10979 REED HARTMAN HWY, CINCINNATI, OH 45242	82-4799324	501(C)(3)	40,000				SUPPORTS UW MISSION
(204) THINK ABOUT IT LLC 9424 HADDINGTON CT., CINCINNATI, OH 45251	47-5497497		10,000				COMMUNITY EMPOWERMENT WORKS
(205) TRAZANA A STAPLES FOUNDATION 5 KRUG AVENUE #1, CINCINNATI, OH 45216	87-1161764	501(C)(3)	30,000				SUPPORTS UW MISSION
(206) UC FOUNDATION - PARTNER FOR ACHIEVING PO BOX 19970, CINCINNATI, OH 45219-0970	31-0896555	501(C)(3)	9,000				SUPPORTS UW MISSION
(207) UPSRING P.O. BOX 23300, CINCINNATI, OH 45223	31-1628027	501(C)(3)	84,000				SUPPORTS UW MISSION
(208) UPTOWN CONSORTIUM, INC. 3440 BURNET AVENUE, CINCINNATI, OH 45229	20-0688727	501(C)(3)	9,000				SUPPORTS UW MISSION
(209) URBAN LEAGUE OF GREATER SOUTHWESTERN OHIO (ULGSO) 3458 READING RD, CINCINNATI, OH 45229	31-0565428	501(C)(3)	1,398,472				SUPPORTS UW MISSION

(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
(210) VILLAGES AT ROLL HILL COMMUNITY CENTER 3691 PRESIDENT DRIVE, CINCINNATI, OH 45225	27-4676214	501(C)(3)	36,750				SUPPORTS UW MISSION
(211) VISION WORKS, INC. 8172 MISTY SHORE DRIVE, WEST CHESTER, OH 45069	20-4646970	501(C)(3)	100,000				SUPPORTS UW MISSION
(212) WALNUT HILLS REDEVELOPMENT FOUNDATION 2453 GILBERT AVENUE, SUITE 203, CINCINNATI, OH 45206	31-0921713	501(C)(3)	12,455				SUPPORTS UW MISSION
(213) WE ROCK THE SPECTRUM CINCINNATI 4060 E GALBRAITH RD, CINCINNATI, OH 45236	84-2154591	501(C)(3)	40,000				SUPPORTS UW MISSION
(214) WE SHALL OVERCOME FOUNDATION 1682 E. SEYMOUR AVE., CINCINNATI, OH 45237	46-0778407	501(C)(3)	30,000				SUPPORTS UW MISSION
(215) WELCOME HOUSE INC 1132 GREENUP STREET, COVINGTON, KY 41011-3256	61-1020382	501(C)(3)	312,020				SUPPORTS UW MISSION
(216) WOMEN HELPING WOMEN 215 E. 9TH ST., CINCINNATI, OH 45202	31-0864991	501(C)(3)	75,000				SUPPORTS UW MISSION
(217) WOMEN WARRIORS ASSOCIATION (WWA) 2360 ROXANNA DRIVE, CINCINNATI, OH 45231	93-2290733	501(C)(3)	40,000				SUPPORTS UW MISSION
(218) WORKFORCE COUNCIL OF SOUTHWEST OHIO 1916 CENTRAL PARKWAY, CINCINNATI, OH 45214	30-0252370	501(C)(3)	125,000				SUPPORTS UW MISSION
(219) WORKING IN NEIGHBORHOODS (WIN) 1814 DREMAN AVE, CINCINNATI, OH 45223	31-0962007	501(C)(3)	217,552				SUPPORTS UW MISSION
(220) YMCA OF GREATER CINCINNATI 1105 ELM ST, CINCINNATI, OH 45202	31-0537178	501(C)(3)	200,000				SUPPORTS UW MISSION
(221) YOUTH AT THE CENTER 500 READING RD, CINCINNATI, OH 45202	47-5658812	501(C)(3)	65,000				SUPPORTS UW MISSION
(222) YOUTH ENCOURAGEMENT SERVICES INC 11636 COUNTY FARM RD, AURORA, IN 47001	31-0991515	501(C)(3)	60,000				SUPPORTS UW MISSION
(223) YWCA OF GREATER CINCINNATI 898 WALNUT ST, CINCINNATI, OH 45202	31-0537518	501(C)(3)	250,000				SUPPORTS UW MISSION
(224) ZION GLOBAL MISSIONS 9180 CINCINNATI COLUMBUS RD., WEST CHESTER, OH 45069	45-0918209	501(C)(3)	41,300				SUPPORTS UW MISSION

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	UNITED WAY OF GREATER CINCINNATI MAKES ALLOCATION DECISIONS BASED ON IMPACT, ALIGNMENT, ACCOUNTABILITY AND LEARNING. FUNDED PARTNERS REPORT ON IMPACT ANNUALLY, INCLUDING DEMOGRAPHICS SERVED AND RESULTS ACHIEVED. ANNUAL REPORTS ARE REVIEWED BY STAFF AND FOLLOW-UP WITH THE FUNDED PARTNER AS NEEDED. AN ADVISOR COMMITTEE MADE UP OF VOLUNTEERS PROVIDED GUIDANCE ON THE DIRECTION OF THE SYSTEM CHANGE GRANTS. TOTAL GRANT SUPPORT IS APPROVED ANNUALLY BY THE BOARD OF DIRECTORS.
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ADAMS/BROWN COUNTIES ECONOMIC OPPORTUNITIES, INC. 406 WEST PLUM ST, GEORGETOWN, OH 45121
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ADVANCED MANUFACTURING INDUSTRY PARTNERSHIP, INC. 3116 W US HIGHWAY 22, MAINEVILLE, OH 45039
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ABUNDANCE UNIVERSITY: COMMUNITY EMPOWERMENT WORKS

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER CINCINNATI

Employer identification number

31-0537502

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a** **Yes** **No**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** **Yes** **No**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** **Yes** **No**

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:

- a** The organization? **5a** **Yes** **No**
- b** Any related organization? **5b** **Yes** **No**
- 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:

- a** The organization? **6a** **Yes** **No**
- b** Any related organization? **6b** **Yes** **No**
- 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
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	MOIRA WEIR	(i)	450,915	61,000	0	13,800	23,633	549,348	0
	CHIEF EXECUTIVE OFFICER	(ii)	0	0	0	0	0	0	0
2	MICHAEL BAKER	(i)	198,224	0	0	7,131	995	206,350	0
	CHIEF STRATEGY OFFICER	(ii)	0	0	0	0	0	0	0
3	TERRANCE BUSH	(i)	168,558	0	0	7,245	15,952	191,755	0
	CHIEF FINANCIAL OFFICER - EXIT 05/25	(ii)	0	0	0	0	0	0	0
4	ALAINA PRATT	(i)	170,398	0	0	6,251	7,722	184,371	0
	CHIEF EXPERIENCE OFFICER	(ii)	0	0	0	0	0	0	0
5	AMY WEBER	(i)	164,228	0	0	6,736	7,912	178,876	0
	CHIEF IMPACT OFFICER	(ii)	0	0	0	0	0	0	0
6	CHANDRA MATHEWS	(i)	140,727	0	0	2,600	16,860	160,187	0
	CHIEF COMMUNITY & STRATEGIES & ENGAGEMENT OFFICER	(ii)	0	0	0	0	0	0	0
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III

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

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER CINCINNATI

Employer identification number

31-0537502

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	✓	85	592,212	SELLING COST
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 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.		

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

United Way of Greater Cincinnati

Employer identification number

31-0537502

Return Reference - Identifier	Explanation
FORM 990, HEADER, LINE C -	MOIRA WEIR, PRESIDENT/CEO AND TERESA HUXEL, CHIEF FINANCIAL OFFICER, CERTIFY THAT THEY HAVE REVIEWED THE AUDITED FINANCIAL STATEMENTS AND FINANCIAL INFORMATION REPORTED ON THE IRS FORM 990 OF UNITED WAY OF GREATER CINCINNATI (UWGC). BASED ON THEIR KNOWLEDGE, THE FINANCIAL INFORMATION CONTAINED IN THESE DOCUMENTS DO NOT CONTAIN ANY UNTRUE STATEMENT OF MATERIAL FACT OR OMIT ANY MATERIAL FACTS NECESSARY WHICH WOULD MAKE THE STATEMENTS MISLEADING AND, BASED ON THEIR KNOWLEDGE, FAIRLY PRESENT, IN ALL MATERIAL RESPECTS, THE FINANCIAL CONDITION, RESULTS OF OPERATION AND CASH FLOWS OF UWGC AS OF, AND FOR THE YEAR ENDED JUNE 30, 2025.
FORM 990, PART I, LINE 6 -	UWGC VOLUNTEERS INCLUDE BOARD MEMBERS, COMMITTEE MEMBERS, EMPLOYEE CAMPAIGN COORDINATORS, DIRECT SERVICE AND EVENT VOLUNTEERS.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

United Way of Greater Cincinnati

Employer identification number

31-0537502

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A -	<p>COMMUNITY IMPACT SOLUTIONS</p> <p>UNITED WAY OF GREATER CINCINNATI BELIEVES ALL FAMILIES IN OUR REGION DESERVE ECONOMIC WELL-BEING, SO WE BUILD LONG-TERM SOLUTIONS AND ALIGN SYSTEMS TO HELP PEOPLE THRIVE. WE WORK CLOSELY WITH COMMUNITIES TO IDENTIFY PATTERNS, UNCOVER THE GREATEST NEED AND CHANGE SYSTEMS SO MORE PEOPLE HAVE ECONOMIC STABILITY. WE UNITE INDIVIDUALS, COMPANIES AND ORGANIZATIONS TO INVEST THEIR TIME, FINANCIAL RESOURCES AND TALENTS AS PART OF OUR MOVEMENT TO BRING ECONOMIC WELL-BEING TO ALL FAMILIES THROUGHOUT THE REGION.</p> <p>IN 2025, UNITED WAY FOCUSED ON CREATING IMPACT THROUGH THREE KEY STRATEGIES:</p> <ul style="list-style-type: none"> * WE TAKE ACTION. WE DEVELOP AND DEPLOY HIGH-IMPACT SOLUTIONS TO ADDRESS COMMUNITY-IDENTIFIED NEEDS. WE COLLABORATE TO ACHIEVE SHARED OBJECTIVES AND CREATE COMMUNITY-OWNED SOLUTIONS. * WE ADVOCATE. WE AMPLIFY COMMUNITY VOICE AND EXPERIENCE. WE DEVELOP AND ADVANCE RESEARCH, DATA, TOOLS AND RECOMMENDATIONS TO EDUCATE STAKEHOLDERS, AND TO DRIVE ACTION. * WE INVEST. WE SUPPORT INDIVIDUALS AND FAMILIES IN CRISIS. AND, WE FUND PARTNERS TO ADVANCE INNOVATIVE SOLUTIONS AND ADDRESS SYSTEMIC CHALLENGES TO PREVENT FUTURE NEEDS. <p>WE TAKE ACTION AMONG THE ACCOMPLISHMENTS PRODUCED BY THIS STRATEGY IN 2024 INCLUDE:</p> <ul style="list-style-type: none"> * ASSISTED MORE THAN 700 FAMILIES IN BUILDING A STRONGER FINANCIAL FOUNDATION THROUGH UNITED WAY'S PROJECT LIFT, A PUBLIC/PRIVATE PARTNERSHIP THAT HELPS FAMILIES REMOVE BARRIERS TO SECURING SUSTAINABLE INCOME AND ACHIEVING FINANCIAL STABILITY. THE PROGRAM EXPANDED TO SERVE NORTHERN KENTUCKY AND CLERMONT COUNTY. * HELPED MANY FAMILIES NAVIGATE COMMUNITY RESOURCES AND SERVICES. UNITED WAY'S 211 HELPLINE RESPONDED TO MORE THAN 51,000 REQUESTS, CONNECTING PEOPLE TO RESOURCES RELATED TO BASIC NEEDS, HOUSING, UTILITY BILLS AND MORE. * COMPLETED MORE THAN 8,400 TAX RETURNS FOR LOW-TO-MODERATE-INCOME FAMILIES THROUGH UNITED WAY'S FREE TAX PREP INITIATIVE. POWERED BY MORE THAN 400 VOLUNTEERS, FREE TAX PREP SAVED TAXPAYERS MORE THAN \$2.3 MILLION IN TAX PREP FEES AND HELPED THEM OBTAIN NEARLY \$9.7 MILLION IN REFUNDS. * WORKED WITH MORE THAN 980 CINCINNATI AND NORTHERN KENTUCKY FAMILIES ENROLLED IN UNITED WAY'S STABLE FAMILIES PROGRAM; 24% WERE ABLE TO MAINTAIN STABLE HOUSING FOR 12 MONTHS; 15% INCREASED THEIR INCOME. * SUPPORTED MORE THAN 700 PEOPLE, MANY OF THEM KINSHIP CARE FAMILIES, THROUGH THE ADOPT-A-FAMILY EFFORT DURING THE 2025 HOLIDAYS. <p>WE ADVOCATE * UNITED WAY ACCOMPLISHMENTS PRODUCED BY THIS STRATEGY IN 2024 INCLUDE: PARTNERED WITH GROUNDWORK OHIO AND THE PRICHARD COMMITTEE TO ADVANCE EARLY CHILDHOOD EDUCATION IN OHIO AND KENTUCKY, INCLUDING SECURING \$154 MILLION IN PUBLIC INVESTMENT IN CHILD CARE AND PRESCHOOL IN OHIO.</p> <p>* SUPPORTED THE EFFORTS OF THE YOUTH ADVISORY BOARD, A UNITED WAY PARTNER, TO SUPPORT HB 164 FOSTER-TO-COLLEGE SCHOLARSHIP BILL BY SUBMITTING WRITTEN AND VIDEO TESTIMONY.</p> <p>* ANNOUNCED A NEW PARTNERSHIP WITH BROADBAND OHIO TO SERVE AS THE BACKBONE AGENCY FOR THE SOUTHWEST OHIO REGIONAL DIGITAL INCLUSION ALLIANCE AND CONDUCTED A REGIONAL PLANNING PROCESS TO IDENTIFY COMMUNITY ASSETS AND BARRIERS TO CLOSE THE DIGITAL DIVIDE.</p> <p>* ENGAGED THE COMMUNITY THROUGH UNITED WAY'S VOLUNTEER CONNECTION. BEFORE THE 2024-2025 SCHOOL YEAR BEGAN, COLLECTED 3,500 BACKPACKS FILLED WITH SUPPLIES AND DISTRIBUTED THEM TO LOCAL STUDENTS.</p> <p>WE INVEST THE ACCOMPLISHMENTS PRODUCED BY THIS STRATEGY IN 2024 INCLUDE:</p> <ul style="list-style-type: none"> * UNITED WAY INVESTED \$37.2 MILLION IN 2024 TO BUILD A THRIVING COMMUNITY. * THE ABOVE TOTAL INCLUDED \$32.6 MILLION IN NEW SOLUTIONS AND PREVENTION SUPPORT THAT ENCOURAGE ECONOMIC WELL-BEING, AND \$4.6 MILLION IN CRITICAL SERVICES THAT

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

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Inspection**

Name of the organization

United Way of Greater Cincinnati

Employer identification number

31-0537502

Return Reference - Identifier	Explanation								
	<p>ADDRESS IMMEDIATE NEEDS.</p> <ul style="list-style-type: none"> * MORE THAN 330,000 PEOPLE WERE SERVED IN OUR REGION. * MORE THAN 600 COMMUNITY PARTNERS HELPED FAMILIES DAILY. * UNITED WAY ALSO ADMINISTERED \$5.1 MILLION IN PUBLIC FUNDS TO SUPPORT STRATEGIC COMMUNITY INITIATIVES. 								
<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION</p>	<p>DIRECT SERVICES DIRECT SERVICES ARE SERVICES PROVIDED BY UWGC, SUCH AS UNITED WAY 211 AND UNITED WAY VOLUNTEER CONNECTION. UNITED WAY 211 AND CARE COORDINATION LINKS PEOPLE TO SERVICES AND VOLUNTEER OPPORTUNITIES. UNITED WAY 211 IS AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK TO PEOPLE IN: ADAMS, BROWN, BUTLER, CLERMONT, CLINTON, HAMILTON, AND WARREN IN OHIO AND BOONE, KENTON, CAMPBELL, AND GRANT COUNTIES IN KENTUCKY. UNITED WAY VOLUNTEER CONNECTION STRIVES TO INCREASE THE EFFECTIVENESS AND PARTICIPATION OF ALL SEGMENTS OF VOLUNTEER RESOURCES THROUGH RECRUITMENT, TRAINING, EDUCATION, AND RECOGNITION. UNITED WAY VITA PROGRAM PROVIDES FREE INCOME TAX PREPARATION AND FILING SERVICES.</p>								
<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p>	<p>DONOR DESIGNATIONS DONOR DESIGNATIONS AS PART OF THE UWGC CAMPAIGN, DONORS MAY DESIGNATE ALL OR A PORTION OF THEIR PLEDGE TO A UWGC INITIATIVE OR IMPACT AREA, A UWGC AGENCY PARTNER, OR ANOTHER UNITED WAY. SOME DONORS ARE ABLE TO DESIGNATE TO ANY 501(C)(3) ORGANIZATION, BASED ON THEIR COMPANY'S GIVING PLATFORM. ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UWGC UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING. SCREENING INCLUDES VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT AND VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION. DESIGNATIONS RECEIVED IN THE FALL CAMPAIGN ARE DISTRIBUTED THE FOLLOWING YEAR BASED UPON AMOUNTS COLLECTED.</p>								
<p>FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY</p>	<p>FORM 990 WAS PREPARED AND REVIEWED BY BARNES DENNIG, UWGC'S AUDIT FIRM. THE DIRECTOR OF FINANCE AND ACCOUNTING AND THE CHIEF FINANCIAL OFFICER (CFO), THE FINANCE AUDIT AND COMPLIANCE COMMITTEE ALSO REVIEWED PRIOR TO FILING. THE FORM 990 WAS PROVIDED TO THE BOARD FOR THEIR REVIEW PRIOR TO FILLING THE FORM 990 THROUGH A SECURE PORTAL. QUESTIONS OR COMMENTS FROM BOARD MEMBERS REGARDING THE FORM 990 WERE DIRECTED TO THE CFO.</p>								
<p>FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY</p>	<p>BOARD, CABINETS AND SOME COMMITTEES AND UWGC STAFF ARE REQUESTED TO ANNUALLY FILE WITH THE CHIEF EXECUTIVE OFFICER (CEO) WHO FUNCTIONS AS THE ETHICS OFFICER, A DISCLOSURE OF ALL KNOWN POTENTIAL CONFLICTS OF INTEREST. THE CEO 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>								
<p>FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES</p>	<p>UWGC USES THE FOLLOWING PROCESS FOR DETERMINING THE COMPENSATION OF OFFICERS, KEY EMPLOYEES AND THE HIGHEST COMPENSATED EMPLOYEES: THE UWGC CODE OF REGULATIONS STATES THE BOARD IS RESPONSIBLE FOR SUPERVISING ALL ASPECTS OF RUNNING THE BUSINESS, BUT CAN DELEGATE CERTAIN DECISIONS TO THE OFFICERS OF THE ORGANIZATION. THE REVIEW OF COMPENSATION CHANGES AT THE PRESIDENT/CEO LEVEL ARE APPROVED BY THE EXECUTIVE COMMITTEE FORMED FROM THE BOARD WHICH SERVES AS EXECUTIVE COMPENSATION COMMITTEE.</p>								
<p>FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC</p>	<p>UWGC'S MOST RECENTLY AUDITED FINANCIAL STATEMENTS AND FORM 990 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>								
<p>FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES</p>	<table border="1"> <thead> <tr> <th data-bbox="461 1753 1300 1795">(a) Description</th> <th data-bbox="1305 1753 1520 1795">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="461 1801 1300 1829">MARKET ADJUSTMENT BENEFICIAL INTEREST</td> <td data-bbox="1305 1801 1520 1829">54,351</td> </tr> <tr> <td data-bbox="461 1835 1300 1862">UNCOLLECTIBLE PLEDGES</td> <td data-bbox="1305 1835 1520 1862">- 1,641,040</td> </tr> <tr> <td data-bbox="461 1869 1300 1896">TOTAL</td> <td data-bbox="1305 1869 1520 1896">- 1,586,689</td> </tr> </tbody> </table>	(a) Description	(b) Amount	MARKET ADJUSTMENT BENEFICIAL INTEREST	54,351	UNCOLLECTIBLE PLEDGES	- 1,641,040	TOTAL	- 1,586,689
(a) Description	(b) Amount								
MARKET ADJUSTMENT BENEFICIAL INTEREST	54,351								
UNCOLLECTIBLE PLEDGES	- 1,641,040								
TOTAL	- 1,586,689								

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

United Way of Greater Cincinnati

Employer identification number

31-0537502

Return Reference - Identifier	Explanation
FORM 990, PART XII, LINE 2C -	THE FINANCE COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT. THIS PROCESS HAS NOT CHANGED IN THE CURRENT YEAR.
PART IV, LINE 28C -	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.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF GREATER CINCINNATI

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	UNITED WAY OF GREATER CINCINNATI	✓	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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) -----									
(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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)	✓	
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)	✓	
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s 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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Tax Returns from Barnes Dennig


Final Audit Report

May 13, 2026


Created: May 13, 2026
By: Barnes, Dennig & Co., Ltd.(jgeers@barnesdennig.com)
Status: ESigned
Transaction ID: XK03RT2AFFMM3E4FDDE70DEAN8
Documents: UNITED WAY OF GREATER CINCINNATI-UNITED WAY OF GREATER-
CINCINNATI 2024 FORM 990 PUBLIC DISCLOSURE (1).pdf

"Tax Returns from Barnes Dennig" History

- 👁 Document emailed to Paula Hume(phume@barnesdennig.com) for signature
5/13/2026 14:08:18 PM Eastern Daylight Time
- 👁 Document viewed by Paula Hume(phume@barnesdennig.com)
5/13/2026 14:11:01 PM Eastern Daylight Time - IP address: 216.196.129.5
- ✍ Document e-signed by Paula Hume(phume@barnesdennig.com)
Signature Date: 5/13/2026 14:11:29 PM Eastern Daylight Time - IP address: 216.196.129.5
- 👁 Document emailed to Teresa Huxel(teresa.huxel@uwgc.org) for signature
5/13/2026 14:11:29 PM Eastern Daylight Time
- 👁 Document viewed by Teresa Huxel(teresa.huxel@uwgc.org)
5/13/2026 15:22:04 PM Eastern Daylight Time - IP address: 66.42.156.150

 Document e-signed by Teresa Huxel(teresa.huxel@uwgc.org)

Signature Date: 5/13/2026 15:22:40 PM Eastern Daylight Time - IP address: 66.42.156.150

 Document Signed

5/13/2026 15:22:40 PM Eastern Daylight Time