

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)

2021

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

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF GREATER TOLEDO Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1001 MADISON AVE STE 100 City or town, state or province, country, and ZIP or foreign postal code TOLEDO, OH 43604 F Name and address of principal officer: WENDY PESTRUE SAME AS C ABOVE	D Employer identification number 34-4427947 E Telephone number (419) 248-2424 G Gross receipts \$ 16,629,010. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNITEDWAYTOLEDO.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1918 M State of legal domicile: OH

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF GREATER TOLEDO UNITES THE CARING POWER OF PEOPLE TO IMPROVE LIVES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	38
	6 Total number of volunteers (estimate if necessary)	6	200
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 10,931,397.
9 Program service revenue (Part VIII, line 2g)		0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,253,603.	1,068,064.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,394.	91,877.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,203,394.	11,242,567.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,268,702.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,060,103.	2,106,453.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 866,330.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,152,469.	2,986,974.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,481,274.	9,964,374.	
19 Revenue less expenses. Subtract line 18 from line 12	2,722,120.	1,278,193.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 31,295,856.	End of Year 26,573,866.
	21 Total liabilities (Part X, line 26)	5,263,096.	4,228,453.
	22 Net assets or fund balances. Subtract line 21 from line 20	26,032,760.	22,345,413.

Part II Signature Block

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

Sign Here	Signature of officer WENDY PESTRUE, PRESIDENT & CEO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name KRISTEN G. MORSE, CPA	Preparer's signature KRISTEN G. MORSE, CP	Date 01/17/23	Check if self-employed <input type="checkbox"/>	PTIN P01034447
	Firm's name ▶ REHMANN ROBSON LLC Firm's address ▶ 7124 W CENTRAL AVE TOLEDO, OH 43617	Firm's EIN ▶ 38-3635706	Phone no. (419) 865-8118		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF GREATER TOLEDO UNITES THE CARING POWER OF PEOPLE TO IMPROVE 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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,940,088. including grants of \$ 3,409,585.) (Revenue \$) UNITED WAY OF GREATER TOLEDO UNCOVERS ROOT-CAUSE ISSUES THAT KEEP COMMUNITY MEMBERS FROM REACHING KEY PROGRAMS THAT HELP THEM LIVE THE ROBUST LIFE THEY DESERVE. UNITED WAY HAS TRANSITIONED TO A COLLABORATIVE IMPACT MODEL WITH FOUR FOCUSES: EDUCATION, FINANCIAL STABILITY, HEALTH, AND SHELTER / HOUSING STABILITY. THE PURPOSE OF THIS MODEL IS TO CREATE A SHARED-COMMUNITY-VISION, WHICH WILL LEVERAGE FUNDING, RESOURCES AND EXPERTISE FROM BUSINESS, PHILANTHROPIC AND ACADEMIC PARTNERS. THIS IS ACCOMPLISHED VIA STAFF, VOLUNTEERS AND PARTNERS WORKING TO DISCOVER COMMUNITY CONDITIONS THAT NEED IMPROVEMENT, ACCOMPANIED WITH THE DESIGNING AND BUILDING OF LONGTERM SOLUTIONS. FOR DETAILS, PLEASE VISIT US AT WWW.UNITEDWAYTOLEDO.ORG.

4b (Code:) (Expenses \$ 1,461,362. including grants of \$ 1,461,362.) (Revenue \$) DONOR DESIGNATIONS: THROUGH THE CAMPAIGN PLEDGING PROCESS, DONORS ARE GIVEN THE OPPORTUNITY TO DIRECT ALL OR PART OF THEIR CONTRIBUTION TO ANOTHER QUALIFIED AGENCY. AS PLEDGES ARE COLLECTED THESE DESIGNATIONS ARE PAID QUARTERLY.

4c (Code:) (Expenses \$ 637,269. including grants of \$) (Revenue \$) UNITED WAY 2-1-1 IS A FREE, 24/7, 365-DAY HEALTH AND HUMAN SERVICES RESOURCE AVAILABLE TO ANYONE IN LUCAS, OTTAWA AND WOOD COUNTY. TO SPEAK WITH A LIVE COMMUNITY RESOURCE ADVISOR, SIMPLY DIAL TWO, ONE, ONE; TEXT YOUR ZIP CODE TO 898-211; INSTANT MESSAGE US ONLINE BY VISITING WWW.211NWO.ORG AND CLICK "CHAT."

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,435,416. including grants of \$) (Revenue \$)

4e Total program service expenses 8,474,135.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
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>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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>	9	X
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>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
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>	12a X	
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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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>	14b	X
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>	15	X
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>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21 X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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.		
	1a	19	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	19	
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 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 **MATT MORRIS - (419) 254-4779**
1001 MADISON AVE STE 100, TOLEDO, OH 43604

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) WENDY PESTRUE PRESIDENT & CEO	40.00			X				161,646.	0.	8,711.
(2) MATT MORRIS CHIEF FINANCE & OPERATIONS	40.00			X				116,647.	0.	7,816.
(3) BILL MCDONNELL TRUSTEE	1.00	X						0.	0.	0.
(4) FRANK BLOOMQUIST TRUSTEE	1.00	X						0.	0.	0.
(5) KEVIN DALTON TRUSTEE	1.00	X						0.	0.	0.
(6) BOB BAXTER TRUSTEE	1.00	X						0.	0.	0.
(7) ANDY DALE TRUSTEE	1.00	X						0.	0.	0.
(8) ALEX GERKEN TRUSTEE	1.00	X						0.	0.	0.
(9) JAMES KAMSICKAS TRUSTEE	1.00	X						0.	0.	0.
(10) JILL KELLERMAYER KEGLER CHAIR OF THE BOARD	1.00	X						0.	0.	0.
(11) BRAD TOFT TRUSTEE	1.00	X						0.	0.	0.
(12) ASHA BARNES TRUSTEE	1.00	X						0.	0.	0.
(13) JOEL JERGER BOARD VICE CHAIR	1.00	X						0.	0.	0.
(14) BETH DEAKINS TRUSTEE	1.00	X						0.	0.	0.
(15) CRAIG TEAMER TREASURER	1.00	X						0.	0.	0.
(16) BOB CASALETTA TRUSTEE	1.00	X						0.	0.	0.
(17) VINCE DIPOFI TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) BRIAN VALENTINE TRUSTEE	1.00	X						0.	0.	0.
(19) LAMAR ANDERSON TRUSTEE	1.00	X						0.	0.	0.
(20) STU GOLDBERG, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(21) LES THOMPSON TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								278,293.	0.	16,527.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								278,293.	0.	16,527.

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 **2**

	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>		X
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>	X	
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>		X

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
NONE		

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 **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,806,382.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,276,244.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,003,606.			
	h	Total. Add lines 1a-1f		10,082,626.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		462,685.		462,685.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				1,311,981.	466,324.7.		
	7 b	Less: cost or other basis and sales expenses		271,383.	509,846.6.		
	7 c	Gain or (loss)		1,040,598.	-435,219.		
d	Net gain or (loss)		605,379.		605,379.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18			62,515.			
		8 b	Less: direct expenses		16,594.		
c	Net income or (loss) from fundraising events		45,921.		45,921.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9 b	Less: direct expenses				
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10 b	Less: cost of goods sold				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a	MISCELLANEOUS	900099	45,956.	45,956.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		45,956.			
12	Total revenue. See instructions		11,242,567.	45,956.	0.	1113985.	

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	4,870,947.	4,870,947.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	299,155.	112,520.	138,199.	48,436.
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	1,454,875.	679,223.	239,797.	535,855.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	86,227.	44,036.	15,837.	26,354.
9 Other employee benefits	134,415.	51,638.	42,234.	40,543.
10 Payroll taxes	131,781.	58,519.	28,594.	44,668.
11 Fees for services (nonemployees):				
a Management	92,158.	92,158.		
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	46,230.	11,213.	34,632.	385.
12 Advertising and promotion				
13 Office expenses	225,807.	128,693.	49,858.	47,256.
14 Information technology				
15 Royalties				
16 Occupancy	158,672.	103,789.	20,473.	34,410.
17 Travel	6,631.	2,928.	240.	3,463.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,966.	9,258.	2,137.	11,571.
20 Interest	8,022.	6,046.	754.	1,222.
21 Payments to affiliates	109,435.	87,172.	8,495.	13,768.
22 Depreciation, depletion, and amortization	17,575.	13,791.	1,094.	2,690.
23 Insurance	35,111.	19,070.	7,496.	8,545.
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 SPECIAL ASSISTANCE	1,248,559.	1,248,559.		
b CONTRACTED SERVICES	967,385.	901,718.	29,670.	35,997.
c PROFESSIONAL DEVELOPMEN	17,018.	9,044.	1,224.	6,750.
d DUES/SUBSCRIPTIONS	16,638.	10,249.	2,771.	3,618.
e All other expenses	14,767.	13,564.	404.	799.
25 Total functional expenses. Add lines 1 through 24e	9,964,374.	8,474,135.	623,909.	866,330.
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	406,210.	1	205,818.
	2 Savings and temporary cash investments	196,510.	2	931,495.
	3 Pledges and grants receivable, net	4,338,342.	3	3,549,022.
	4 Accounts receivable, net	207,484.	4	0.
	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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	92,684.	9	88,560.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 142,636.		
	b Less: accumulated depreciation	10b 106,158.	4,519.	10c 36,478.
	11 Investments - publicly traded securities	19,005,412.	11	19,829,817.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,044,695.	15	1,932,676.
16 Total assets. Add lines 1 through 15 (must equal line 33)	31,295,856.	16	26,573,866.	
Liabilities	17 Accounts payable and accrued expenses	550,356.	17	356,751.
	18 Grants payable		18	
	19 Deferred revenue		19	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties	611,074.	23	250,000.
	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	4,101,666.	25	3,621,702.
	26 Total liabilities. Add lines 17 through 25	5,263,096.	26	4,228,453.
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	19,845,796.	27	17,224,364.
	28 Net assets with donor restrictions	6,186,964.	28	5,121,049.
	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	26,032,760.	32	22,345,413.
	33 Total liabilities and net assets/fund balances	31,295,856.	33	26,573,866.

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	11,242,567.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,964,374.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,278,193.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,032,760.
5	Net unrealized gains (losses) on investments	5	-4,665,875.
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	-299,665.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,345,413.

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?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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	X	

Form 990 (2021)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10076842.	9421819.	8977322.	10481441.	9783978.	48741402.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10076842.	9421819.	8977322.	10481441.	9783978.	48741402.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						48741402.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	10076842.	9421819.	8977322.	10481441.	9783978.	48741402.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	329,940.	330,247.	354,365.	309,067.	462,685.	1786304.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	45,966.					45,966.
11 Total support. Add lines 7 through 10						50573672.
12 Gross receipts from related activities, etc. (see instructions)					12	81,987.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	96.38 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	96.25 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b 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>		
c 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>		
b 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>		
c 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>		
b 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?		
c 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>		
b 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>		
c 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>		
b 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)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization operation.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, officers, and significant voice.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2a, 2b, 3a, 3b regarding the Integral Part Test and Activities Test.

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

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

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

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

UNITED WAY OF GREATER TOLEDO

Employer identification number

34-4427947

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

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	_____ _____ _____	\$ <u>273,284.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>932,334.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>230,798.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>398,871.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>224,007.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>1,664,657.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
7	_____ _____ _____	\$ <u>249,411.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>243,887.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>1,991,871.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>660,000.</u>	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.)

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

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

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

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

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 info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

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.

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

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

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

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

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

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

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

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.
- 2 Political campaign activity expenditures ► \$ _____
- 3 Volunteer hours for political campaign activities _____

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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

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

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)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		
j Total. Add lines 1c through 1i			0.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 expenditure 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

UNITED WAY OF GREATER TOLEDO PUBLICLY SUPPORTED LEGISLATIVE ITEMS WHICH ADVANCE THE COMMON GOOD AND HELP CREATE A BETTER LIFE FOR ALL, SUCH AS SCHOOL LEVIES AND SOCIAL SERVICE LEVIES. NO MONETARY SUPPORT WAS GIVEN, HOWEVER UNITED WAY OF GREATER TOLEDO SUPPORTED SUCH LEVIES THROUGH RADIO COMMENTARY, SOCIAL MEDIA SUPPORT, AND CALL CENTER TIME VIA

Part IV Supplemental Information *(continued)*

VOLUNTEERS. UNITED WAY OF GREATER TOLEDO ALSO ALLOWED USE OF OUR NAME
AS A SUPPORTER IN MATERIALS CREATED BY OTHERS. STAFF TIME SPENT
SUPPORTING THESE ACTIVITIES WAS INSIGNIFICANT AND WAS PERFORMED FOR NO
ADDITIONAL COMPENSATION.

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,407,738.	1,066,424.	1,310,350.	1,323,792.	1,242,550.
b Contributions					
c Net investment earnings, gains, and losses	-276,458.	341,314.	-243,926.	-13,442.	81,242.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,131,280.	1,407,738.	1,066,424.	1,310,350.	1,323,792.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 89.0000 %
 - b Permanent endowment 11.0000 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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				
b Buildings				
c Leasehold improvements		13,800.	1,680.	12,120.
d Equipment		128,836.	104,478.	24,358.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				36,478.

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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUST	1,932,676.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,932,676.

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) COMMUNITY INVESTMENTS PAYABLE	2,828,013.
(3) DESIGNATIONS PAYABLE	793,689.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,621,702.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	4,723,507.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-4,665,875.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-299,665.	
e	Add lines 2a through 2d	2e		-4,965,540.
3	Subtract line 2e from line 1	3		9,689,047.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	92,158.	
b	Other (Describe in Part XIII.)	4b	1,461,362.	
c	Add lines 4a and 4b	4c		1,553,520.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		11,242,567.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	8,410,854.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		8,410,854.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	92,158.	
b	Other (Describe in Part XIII.)	4b	1,461,362.	
c	Add lines 4a and 4b	4c		1,553,520.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		9,964,374.

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.

PART V, LINE 4:

THESE ENDOWMENT ACCOUNTS WERE ESTABLISHED TO PROPERLY ACCOUNT FOR DONOR RESTRICTED GIFTS. THE CORPUS OF THE GIFT IS HELD IN PERPETUITY AND AUTHORIZED PROCEEDS ARE USED FOR DONOR SPECIFIED/DESIGNATED PURPOSES, SUCH AS DECREASED HOMELESSNESS, SERVICES BENEFITING CHILDREN, AND OTHER PROGRAMS IDENTIFIED BY OUR VOLUNTEERS THROUGH ANNUAL GRANT DECISIONS.

PART X, LINE 2:

THE ORGANIZATION HAS EVALUATED ITS INCOME TAX FILING POSITIONS FOR FISCAL YEARS 2019 THROUGH 2022, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION AS OF JUNE 30, 2022. THE ORGANIZATION CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE

Part XIII Supplemental Information (continued)

ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY CHANGE IN THE NEXT TWELVE MONTHS. THE ORGANIZATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTBS AT JUNE 30, 2022 OR 2021, AND IS NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNCOLLECTIBLE PLEDGES	-298,648.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST	-434,269.
REVERSAL OF PRIOR YEAR UNREALIZED LOSS OF PROPERTY HELD FOR SALE	433,252.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-299,665.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	1,461,362.
--------------------	------------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	1,461,362.
--------------------	------------

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		ADOPT-A-FAMILY (event type)	WOMEN'S INITIATIVE A (event type)	6 (total number)		
Revenue	1	Gross receipts	25,596.	16,987.	19,932.	62,515.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	25,596.	16,987.	19,932.	62,515.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	9,120.	1,901.	5,573.	16,594.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				16,594.
11	Net income summary. Subtract line 10 from line 3, column (d)				45,921.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LOCAL INITIATIVES SUPPORT CORPORATION	13-3030229		518,831.	0.			TOLEDO FINANCIAL OPPORTUNITY CENTER NETWORK, SIEMER FAMILY STABILITY, LEAD PARTNER,
YMCA/JCC OF GREATER TOLEDO	34-4428262		205,499.	0.			COMMUNITY CENTER-BASED HUBS, SCHOOL-BASED COMMUNITY HUBS (TOLEDO PUBLIC SCHOOLS), GENERAL
BOYS & GIRLS CLUBS OF TOLEDO	34-4427933		203,575.	0.			BUILDING COMPETENCIES, GENERAL OPERATIONS
LIBRARY LEGACY FOUNDATION	34-1632308		201,686.	0.			DOLLY PARTON IMAGINATION LIBRARY - LUCAS CO, GENERAL OPERATIONS
YWCA NORTHWEST OHIO	34-4428265		199,547.	0.			BABY TALK, CHILD CARE RESOURCE AND REFERRAL SUPPORT SERVICES, DOMESTIC VIOLENCE
ST. PAUL'S COMMUNITY CENTER	34-1252554		138,054.	0.			EMERGENCY SHELTER, GENERAL OPERATIONS

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

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
TOLEDO PUBLIC SCHOOLS	34-6401449		134,521.	0.			GENERAL OPERATIONS, PANDEMIC TECHNOLOGY
FAMILY AND CHILD ABUSE PREVENTION CENTER	34-1375936		124,063.	0.			CHILDREN'S ADVOCACY CENTER, DOMESTIC VIOLENCE ADVOCACY, GENERAL OPERATIONS
TOLEDO DAY NURSERY	34-4465880		116,723.	0.			EARLY CARE & EDUCATION, GENERAL OPERATIONS
WOOD COUNTY EDUCATIONAL SERVICE CENTER	34-6401606		108,146.	0.			STARS, MAUMEE MAKERS, GENERAL OPERATIONS
BEACH HOUSE FAMILY SHELTER, INC.	34-4428659		96,588.	0.			STEPS TO HOME HOUSING PROGRAM, GENERAL OPERATIONS
CATHOLIC CLUB	34-4428936		94,802.	0.			CLUB CARE 0-5, GENERAL OPERATIONS
OTTAWA COUNTY COMMUNITY SUPPORT SERVICES	34-1744958		94,133.	0.			COMMUNITY SUPPORT SERVICES, RUTH ANN'S HOUSE, GENERAL OPERATIONS
HOSPITAL COUNCIL OF NORTHWEST OHIO	34-1116795		85,814.	0.			HEALTHY LUCAS COUNTY (COMMUNITY HEALTH IMPROVEMENT PLAN), THE GETTING HEALTHY ZONE,
NEIGHBORWORKS TOLEDO REGION	34-1230687		74,684.	0.			SIEMER/TANF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
THE PINWOOD TABERNACLE CHURCH	52-2288427		73,346.	0.			COMMUNITY CENTER-BASED HUBS, SCHOOL-BASED COMMUNITY HUBS (TOLEDO PUBLIC SCHOOLS), GENERAL
GRACE COMMUNITY CENTER INC.	34-1262055		71,330.	0.			CLOSING THE FOOD INSECURITY & HEALTH DISPARITY GAP, GENERAL OPERATIONS, FOOD/HYGIENE
TOLEDO-LUCAS COUNTY HOMELESSNESS BOARD	72-1604255		70,339.	0.			HOUSING PROBLEM-SOLVING COLLABORATION, LEAD PARTNER, GENERAL OPERATIONS
HARBOR BEHAVIORAL HEALTH	34-4434924		68,784.	0.			SUPPORTING EARLY EMOTIONAL DEVELOPMENT (SEED), GENERAL OPERATIONS
DENTAL CENTER OF NORTHWEST OHIO	34-4441883		66,156.	0.			COMPREHENSIVE DENTAL CARE, GENERAL OPERATIONS
UNITED WAY FOR SOUTHEASTERN MICHIGAN	20-3099071		60,933.	0.			GENERAL OPERATIONS
ZEPF CENTER	34-1168947		59,148.	0.			SAFETY NET, GENERAL OPERATIONS
THE COCOON	20-1011222		55,518.	0.			ACCESS TO SAFETY AND HEALING FOR SURVIVORS OF DOMESTIC AND SEXUAL VIOLENCE, GENERAL
ADVOCATES FOR BASIC LEGAL EQUALITY, INC. (ABLE)	23-7376131		53,100.	0.			MOTHERS WITH HEALTH EQUITY, RESILIENCE AND STABILITY, GENERAL OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
TOLEDO-LUCAS COUNTY CARENET	43-1986672		50,975.	0.			ACCESS TO HEALTH CARE, GENERAL OPERATIONS
FAMILY HOUSE	34-1556086		48,557.	0.			EMERGENCY FAMILY SHELTER, GENERAL OPERATIONS
TUTOR SMART GREATER TOLEDO	82-3147832		43,560.	0.			MAKE EVERY HOUR COUNT, GENERAL OPERATIONS
UNITED WAY OF ALLEN COUNTY, IN	35-0867932		42,321.	0.			GENERAL OPERATIONS
OTTAWA COUNTY FAMILY ADVOCACY CENTER	26-1457631		41,778.	0.			COURT APPOINTED SPECIAL ADVOCATE (CASA), TIL NEXT TIME MENTORING (TNT), GRAND LOVE, GENERAL
EQUITAS HEALTH	31-1126780		40,275.	0.			EMPOWERMENT FOR A HEALTHY TOLEDO, GENERAL OPERATIONS
TOLEDO GROWS AGENCY	34-1350559		36,557.	0.			NUTRITION AND GARDEN EDUCATION, AND SUPPORT, GENERAL OPERATIONS
SOFIA QUINTERO ART & CULTURAL CENTER	34-1925216		36,028.	0.			CULINARY EDUCATION NUTRITION & RESPONSIBLE EATING (CENARE), GENERAL OPERATIONS
TOLEDO EARLY LEARNING COALITION, INC.	83-3522504		34,893.	0.			SHARED SERVICES ALLIANCE FOR KINDERGARTEN READINESS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES, DIOCESE OF TOLEDO	34-4428254		33,485.	0.			GENERAL OPERATIONS
PARTNERS IN EDUCATION OF TOLEDO	34-1772429		32,216.	0.			MENTORS IN TOLEDO SCHOOLS
GREAT LAKES COMMUNITY ACTION PARTNERSHIP	34-0975934		31,719.	0.			WOOD COUNTY FINANCIAL OPPORTUNITY CENTER
UNITED WAY OF WEST TENNESSEE	62-0590257		31,671.	0.			GENERAL OPERATIONS
AMERICAN RED CROSS-35170 OF NORTHWEST OHIO	53-0196605		27,378.	0.			FAMILY EMERGENCY RESPONSE SERVICES - WOOD COUNTY, GENERAL OPERATIONS
MOM'S HOUSE	34-1710362		27,288.	0.			EARLY CHILDHOOD EDUCATION, GENERAL OPERATIONS
CONNECTING KIDS TO MEALS, INC.	34-1969461		26,608.	0.			SUMMER AND AFTER SCHOOL MEAL PROGRAM, GENERAL OPERATIONS, FOOD SUPPLIES
UNITED WAY WORLDWIDE	13-1635294		26,167.	0.			GENERAL OPERATIONS
CHILDREN'S RESOURCE CENTER	34-1191237		25,291.	0.			EARLY CHILDHOOD FAMILY & PARENT EDUCATION, GENERAL OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY CHURCH	35-2484010		22,622.	0.			HEALTHY FOOD FOR HEALTHY FAMILIES, SCHOOL-BASED COMMUNITY HUBS (TOLEDO PUBLIC SCHOOLS) ,
UNITED WAY OF WAYNE AND HOLMES COUNTIES, INC.	34-0946973		22,127.	0.			GENERAL OPERATIONS
HABITAT FOR HUMANITY OF WOOD COUNTY OHIO	91-2043423		18,737.	0.			HOMEOWNER REPAIR PROGRAM, GENERAL OPERATIONS
LUCAS METROPOLITAN HOUSING AUTHORITY	46-3415835		18,504.	0.			LEAD PARTNER, GENERAL OPERATIONS
BIG BROTHERS BIG SISTERS OF NORTHWESTERN OHIO	34-1396251		15,959.	0.			BEYOND SCHOOL WALLS, GENERAL OPERATIONS
MOBILE MEALS OF TOLEDO, INC.	34-1019610		15,031.	0.			GENERAL OPERATIONS
UNITED WAY OF GREATER LAFAYETTE & TIPPECANOE COUNTY	35-0891621		14,592.	0.			GENERAL OPERATIONS
GLIDING STARS, INC.	16-1467439		14,398.	0.			GENERAL OPERATIONS
UNITED WAY OF LICKING COUNTY	31-4379455		14,300.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TOLEDO FOUNDATION	34-6555110		12,513.	0.			REACH OUT AND READ WOOD CO, GENERAL OPERATIONS
LA CONEXION DE WOOD COUNTY	46-3222812		12,283.	0.			SOLIDARIOS: BRIDGING THE GAP, GENERAL OPERATIONS
UNITED WAY OF GREATER LIMA	34-4466356		11,315.	0.			GENERAL OPERATIONS
UNITED WAY OF KERSHAW COUNTY	57-0717334		10,955.	0.			GENERAL OPERATIONS
PORT CLINTON CITY SCHOOLS DISTRICT	34-6401093		10,509.	0.			CHAMPIONS FOR CHILDREN, KINDERGARTEN CAMP, GENERAL OPERATIONS
SOCIAL SERVICES FOR THE ARAB COMMUNITY	45-5580082		10,267.	0.			ADVANCE EMPLOYMENT & TRAINING PROGRAM
BOY SCOUTS OF AMERICA, ERIE SHORES COUNCIL, INC. #460	34-4427945		10,140.	0.			GENERAL OPERATIONS
UNITED WAY OF WILSON COUNTY AND THE UPPER CUMBERLAND	62-1660029		10,030.	0.			GENERAL OPERATIONS
JEWISH FEDERATION OF TOLEDO	34-4428259		9,957.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
HEART OF KENTUCKY UNITED WAY	23-7166092		9,587.	0.			GENERAL OPERATIONS
OTTAWA COUNTY SENIOR RESOURCES	34-6401025		9,000.	0.			HOME CARE ASSISTANCE PROGRAM
UNITED WAY OF HENDERSON CO, KY	61-0444700		8,368.	0.			GENERAL OPERATIONS
UNITED WAY OF THE COLUMBIA-WILLAMETTE	93-0582124		8,198.	0.			GENERAL OPERATIONS
SPECIAL OLYMPICS MICHIGAN	52-0889518		8,195.	0.			GENERAL OPERATIONS
BENTON CARROLL SALEM LOCAL SCHOOL DISTRICT	34-1015664		8,041.	0.			ACORN ALLEY, LAUNCH PAD, GENERAL OPERATIONS
UNITED WAY OF ST. CLAIR COUNTY	38-1357996		7,649.	0.			GENERAL OPERATIONS
ST. JUDE'S CHILDREN'S RESEARCH HOSPITAL- MEMPHIS	62-0646012		7,065.	0.			GENERAL OPERATIONS
HEARTBEAT OF TOLEDO	23-7404777		7,025.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MONROE/LENAWE COUNTY, INC.	38-1437937		6,778.	0.			GENERAL OPERATIONS
HEART OF MISSOURI UNITED WAY	43-0735827		6,642.	0.			GENERAL OPERATIONS
UNITED WAY OF GREATER ATLANTA	58-0566194		6,494.	0.			GENERAL OPERATIONS
CHERRY STREET MISSION	34-1133369		6,414.	0.			GENERAL OPERATIONS
EBEID INSTITUTE	34-1517671		6,356.	0.			SIEMER/TANF
LIGHT HOUSE SOBER LIVING	47-1713184		6,168.	0.			SOBER LIVING FACILITY
METRO UNITED WAY	61-0444680		6,148.	0.			GENERAL OPERATIONS
WOOD COUNTY HUMANE SOCIETY	34-1119409		6,042.	0.			GENERAL OPERATIONS
ALZHEIMER'S ASSOCIATION, NORTHWEST OHIO CHAPTER	13-3039601		5,730.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY GREATER PHILADELPHIA SOUTHERN NEW JERSEY	23-1556045		5,709.	0.			GENERAL OPERATIONS
UNITED WAY OF HANCOCK COUNTY	34-6408694		5,616.	0.			GENERAL OPERATIONS
LEGAL AID OF WESTERN OHIO (LAWO)	34-1485732		5,608.	0.			GENERAL OPERATIONS
LUTHERAN SOCIAL SERVICES OF NORTHWESTERN OHIO	34-4428225		5,255.	0.			SCHOOL-BASED COMMUNITY HUBS (TOLEDO PUBLIC SCHOOLS) , GENERAL OPERATIONS, SIEMER/TANF
WITETNBERG UNIVERSITY	31-0537177		5,040.	0.			GENERAL OPERATIONS
WOOD COUNTY AREA MINISTRIES	30-0610079		5,000.	0.			EMERGENCY RESPONSE FUND - HOUSING
DONOR DESIGNATIONS TO AGENCIES - UNDER \$5,000			842,493.	0.			SUPPORT FOR VARIOUS AGENCIES

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

UNITED WAY OF GREATER TOLEDO'S PROGRAM MONITORING PROCESS INCLUDES WRITTEN REPORTS OF PROGRAM OUTPUTS, PROGRAM EFFICACY MEASUREMENT REPORTS, DEMOGRAPHIC CHARACTERISTICS OF CLIENTS SERVED, AND FINANCIAL REPORTING ON PROGRAM REVENUE AND EXPENSES. ALL REPORTS ARE ENTERED BY AGENCIES THROUGH A WEB-BASED REPORTING SYSTEM.

GROUPS OF COMMUNITY VOLUNTEERS REVIEW THE WRITTEN REPORTS, REGULARLY VISIT PROGRAMS IN ACTION AND VIEW PROGRAM DOCUMENTATION. THE INFORMATION

Part IV Supplemental Information

OBTAINED IS USED TO EVALUATE HOW EACH PROGRAM IS FUNCTIONING ACCORDING TO THE PROGRAM PLAN SUBMITTED BY THE AGENCY. THE VOLUNTEER GROUPS MAY ELECT TO ADJUST, HOLD, OR END FUNDING TO A PROJECT BASED ON UNSATISFACTORY REPORTS OR SITE VISITS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: LOCAL INITIATIVES SUPPORT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TOLEDO FINANCIAL OPPORTUNITY CENTER NETWORK, SIEMER FAMILY STABILITY, LEAD PARTNER, GENERAL OPERATIONS, SIEMER/TANF

NAME OF ORGANIZATION OR GOVERNMENT: YMCA/JCC OF GREATER TOLEDO

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY CENTER-BASED HUBS, SCHOOL-BASED COMMUNITY HUBS (TOLEDO PUBLIC SCHOOLS) , GENERAL OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA NORTHWEST OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: BABY TALK, CHILD CARE RESOURCE AND REFERRAL SUPPORT SERVICES, DOMESTIC VIOLENCE SHELTER, EARLY CHILDHOOD PARTNERSHIP, RAPE CRISIS CENTER (FORMERLY THE HOPE CENTER), GENERAL OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT: HOSPITAL COUNCIL OF NORTHWEST OHIO

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTHY LUCAS COUNTY (COMMUNITY HEALTH IMPROVEMENT PLAN), THE GETTING HEALTHY ZONE, LEAD PARTNER, GENERAL OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT: THE PINWOOD TABERNACLE CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY CENTER-BASED HUBS,

Part IV Supplemental Information

SCHOOL-BASED COMMUNITY HUBS (TOLEDO PUBLIC SCHOOLS) , GENERAL OPERATIONS,
FOOD/HYGIENE SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: GRACE COMMUNITY CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CLOSING THE FOOD INSECURITY & HEALTH
DISPARITY GAP, GENERAL OPERATIONS, FOOD/HYGIENE SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: THE COCOON

(H) PURPOSE OF GRANT OR ASSISTANCE: ACCESS TO SAFETY AND HEALING FOR
SURVIVORS OF DOMESTIC AND SEXUAL VIOLENCE, GENERAL OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT: OTTAWA COUNTY FAMILY ADVOCACY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: COURT APPOINTED SPECIAL ADVOCATE
(CASA), TIL NEXT TIME MENTORING (TNT), GRAND LOVE, GENERAL OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT: THE UNIVERSITY CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTHY FOOD FOR HEALTHY FAMILIES,
SCHOOL-BASED COMMUNITY HUBS (TOLEDO PUBLIC SCHOOLS) , SCHOOL-BASED
COMMUNITY HUBS (TOLEDO PUBLIC SCHOOLS)

**SCHEDULE J
(Form 990)**

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

2021

Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER TOLEDO

Employer identification number

34-4427947

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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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) WENDY PESTRUE PRESIDENT & CEO	(i)	151,254.	10,392.	0.	8,049.	662.	170,357.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	2,003,606.	AVG PRICE ON DAY OF
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

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 the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER TOLEDO

Employer identification number

34-4427947

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SCHOOLS AS COMMUNITY HUBS, DATA ANALYTICS, UNITED WAY VOLUNTEER CENTER,
UNITED WAY PUBLIC POLICY/ADVOCACY, COMMUNITY IMPACT

EXPENSES \$ 2,435,416. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS COMPLETED BY THE INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY
UNITED WAY OF GREATER TOLEDO MANAGEMENT. THE BOARD TREASURER AND MEMBERS
OF THE FINANCE/AUDIT COMMITTEE REVIEW AND ACCEPT THE RETURN. UPON
ACCEPTANCE, THE FINAL DRAFT IS SENT VIA E-MAIL TO THE ENTIRE BOARD OF
TRUSTEES FOR THEIR REVIEW ONE WEEK PRIOR TO THE FILING DUE DATE.

FORM 990, PART VI, SECTION B, LINE 12C:

DISCLOSURE REQUIREMENTS ARE INCLUDED WITHIN THE CONFLICT OF INTEREST POLICY
WHICH IS DISTRIBUTED ANNUALLY TO THE BOARD AND STAFF. WE ACQUIRE SIGNED
ACKNOWLEDGEMENT OF THE POLICY AND MONITOR TO 100% PARTICIPATION.

FORM 990, PART VI, SECTION B, LINE 15:

PROGRAM PHILOSOPHY AND OBJECTIVES

UNITED WAY OF GREATER TOLEDO'S ("UWGT" OR "THE ORGANIZATION") PRIMARY
OBJECTIVE IS TO PROVIDE A REASONABLE AND COMPETITIVE EXECUTIVE TOTAL
COMPENSATION OPPORTUNITY CONSISTENT WITH MARKET-BASED COMPENSATION
PRACTICES FOR INDIVIDUALS POSSESSING THE EXPERIENCE AND SKILLS NEEDED TO
ADVANCE THE MISSION AND IMPROVE THE OVERALL PERFORMANCE OF THE
ORGANIZATION.

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

Schedule O (Form 990) 2021

132211 11-11-21

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

UWGT'S EXECUTIVE COMPENSATION PROGRAM IS DESIGNED TO:

- ENCOURAGE THE ATTRACTION AND RETENTION OF HIGH CALIBER EXECUTIVES.
- PROVIDE A COMPETITIVE TOTAL COMPENSATION PACKAGE, INCLUDING BENEFITS.
- STRONGLY SUPPORT AND FURTHER TRANSITION TO A "PAY FOR PERFORMANCE" CULTURE THROUGH THE USE OF INCENTIVES FOR KEY EMPLOYEES.
- REINFORCE THE GOALS FOR THE ORGANIZATION BY SUPPORTING TEAMWORK AND COLLABORATION.
- ENSURE PAY IS PERCEIVED TO BE FAIR AND EQUITABLE.
- BE FLEXIBLE TO REWARD INDIVIDUAL ACCOMPLISHMENTS AS WELL AS ORGANIZATIONAL SUCCESS.
- ENSURE THE PROGRAM IS EASY TO EXPLAIN, UNDERSTAND AND ADMINISTER.
- BALANCE THE NEED TO BE COMPETITIVE WITH THE LIMITS OF AVAILABLE FINANCIAL RESOURCES.
- ENSURE THE PROGRAM COMPLIES WITH STATE AND FEDERAL LEGISLATION.

EXECUTIVE COMPENSATION PROGRAM

PROGRAM ELEMENTS

ELEMENTS OF THE EXECUTIVE COMPENSATION PROGRAM INCLUDE: BASE SALARY, SHORT TERM INCENTIVES, LONG TERM INCENTIVES, PERQUISITES, BENEFITS, EXECUTIVE SUPPLEMENTAL BENEFITS, SUPPLEMENTAL RETIREMENT PLANS, BONUSES, DEFINED BENEFITS, DEFINED CONTRIBUTION, AND ANY AND ALL BENEFITS USED AS COMPENSATION OR INCENTIVES FOR THE EXECUTIVES.

PROGRAM MARKET POSITION

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

UNITED WAY OF GREATER TOLEDO CONSIDERS RELEVANT MARKET POSITIONS OF COMPARABLE NATIONAL, REGIONAL AND/OR LOCAL ORGANIZATIONS, AS REPORTED IN INDEPENDENT SURVEYS, IN ESTABLISHING THE MARKET ANALYSIS USED TO DETERMINE THE ORGANIZATION'S PAY GRADES AND PAY RANGES. TARGET COMPARATORS ARE COMPARABLE TO UWGT IN SIZE AND OPERATIONAL COMPLEXITY. COMPARATORS SHALL BE COMPRISED PRIMARILY OF NOT-FOR-PROFIT ORGANIZATIONS; HOWEVER, FOR-PROFIT ORGANIZATIONS MAY ALSO BE CONSIDERED FOR FUNCTIONALLY COMPARABLE POSITIONS.

UWGT CONDUCTS A COMPLETE REVIEW OF ITS TOTAL COMPENSATION STRUCTURE EVERY THREE TO FIVE YEARS TO ASSESS ITS COMPETITIVENESS.

UNDERSTANDING THE MARKET FOR EXECUTIVE TALENT MAY BE BROADER, THE EXECUTIVE COMPENSATION COMMITTEE MAY CHOOSE TO USE ADDITIONAL MARKET SEGMENTS AND PUBLISHED COMPENSATION SURVEYS AS A SUPPLEMENT TO THE STANDARD MARKET POSITION COMPARATORS. TOGETHER THESE MARKET SEGMENTS MAY BE USED TO FORM A 'MARKET COMPOSITE' TO ASSESS THE COMPETITIVENESS OF EXECUTIVE COMPENSATION.

UWGT MANAGES ITS BASE PAY AROUND THE 50TH PERCENTILE OF RELEVANT MARKET POSITIONS. PROGRAMS ARE DESIGNED TO BE FLEXIBLE; SO, COMPENSATION CAN BE ABOVE OR BELOW THE 50TH PERCENTILE BASED ON EXPERIENCE, PERFORMANCE AND BUSINESS NEEDS TO ATTRACT AND RETAIN SPECIFIC TALENT.

INCENTIVE PLAN COMPENSATION FOR CEO

TO REINFORCE A PAY-FOR-PERFORMANCE CULTURE, INCENTIVE COMPENSATION MAY BE OFFERED AT 5% ANNUAL TARGET. AWARDS UNDER THE PLAN WILL BE BASED ON SUCCESSFUL ACHIEVEMENT OF PREDETERMINED GOALS AND OBJECTIVES WHICH ALIGN WITH THE MISSION AND VALUES OF UWGT.

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

GOVERNANCE AND PROCESS

UNITED WAY OF GREATER TOLEDO'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE EXECUTIVE COMPENSATION COMMITTEE. THE EXECUTIVE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE EXECUTIVE COMPENSATION PROGRAM FOR THE CEO, AS WELL AS ANY KEY EMPLOYEE WHOSE COMPENSATION FALLS WITHIN THE UPPER THIRD OF THE ESTABLISHED PAY GRADE.

THE EXECUTIVE COMPENSATION COMMITTEE MEETS ANNUALLY TO REVIEW THE EXECUTIVE COMPENSATION PROGRAM. THE COMMITTEE UTILIZES THE ORGANIZATION'S COMPENSATION PROGRAM MARKET POSITION PROCESS AND ESTABLISHED PAY GRADES AND PAY RANGES TO EVALUATE THE EXECUTIVE COMPENSATION PROGRAM, AND ENSURE IT FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS. THE COMMITTEE MAKES RECOMMENDATIONS FOR ANY EXECUTIVE COMPENSATION PROGRAM CHANGES TO THE BOARD OF TRUSTEES, AS APPROPRIATE.

THE COMMITTEE DETERMINES BASE SALARY AND ANNUAL INCENTIVE ADJUSTMENTS, IN ACCORDANCE WITH THE COMPENSATION PROGRAM PARAMETERS AS STATED HEREIN, BASED ON THE RESULTS OF THE CEO'S ANNUAL PERFORMANCE EVALUATION CONDUCTED FOR THE FISCAL YEAR ENDING JUNE 30. THE COMMITTEE RECOMMENDS TO THE BOARD OF TRUSTEES FOR THEIR APPROVAL, SALARY AND INCENTIVE AWARDS FOR THE CEO WHICH WILL BE RETROACTIVE TO JULY 1.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON

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

REQUEST AND THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNCOLLECTIBLE PLEDGES	-298,648.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST	-434,269.
REVERSAL OF PRIOR YEAR UNREALIZED LOSS OF PROPERTY SOLD IN	
CURRENT YEAR	433,252.
TOTAL TO FORM 990, PART XI, LINE 9	-299,665.

FORM 990, PART XII, LINE 2C:

THE PROCESS USED HAS NOT CHANGED.

**SCHEDULE R
(Form 990)**

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

2021

Open to Public Inspection

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

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

(a) Name, address, and EIN (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

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
UPIC SOLUTIONS, INC. - 61-1386122 2146 CHAMBER CENTER DRIVE FORT MITCHELL, KY 41017	PROVIDES ADMINISTRATIVE SHARED SERVICES TO LOCAL UNITED WAYS.	KENTUCKY	501(C)(3)	509(A)(3)	N/A		X

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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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) UPIC SOLUTIONS, INC.	M	137,430.	ACTUAL PAYMENTS MADE FOR SERVICES
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.