** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury

▶ 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. 2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change UNITED WAY OF GREATER TOLEDO Name change 34-4427947 Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ termin-ated (419) 248-2424 1001 MADISON AVE STE 100 16,629,010. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return TOLEDO, OH 43604 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: WENDY PESTRUE for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.UNITEDWAYTOLEDO.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other -L Year of formation: 1918 M State of legal domicile: OH Trust Part I Summary Briefly describe the organization's mission or most significant activities: UNITED WAY OF GREATER TOLEDO **Activities & Governance** UNITES THE CARING POWER OF PEOPLE TO IMPROVE LIVES. if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 3 Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 38 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 200 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 10,931,397. 10,082,626. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) 1,253,603. 1,068,064. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,394. 91,877. 11 12,203,394. 11,242,567. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 5,268,702. 4,870,947. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,060,103. 2,106,453. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,152,469. 2,986,974. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,481,274. 9,964,374. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,722,120. 1,278,193. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 5 31,295,856. 26,573,866. 20 Total assets (Part X, line 16) 5,263,096. 4,228,453. 21 Total liabilities (Part X, line 26) 三年 26,032,760. 22,345,413 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign WENDY PESTRUE, PRESIDENT & CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature KRISTEN G. MORSE, CP 01/17/23 self-employed P01034447 KRISTEN G. MORSE, CPA Paid Firm's name REHMANN ROBSON LLC Firm's EIN **▶** 38-3635706 Preparer

X Yes

Phone no. (419) 865-8118

TOLEDO, OH 43617

Firm's address ▶ 7124 W CENTRAL AVE

May the IRS discuss this return with the preparer shown above? See instructions

Use Only

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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8	, ,			x
•	Schedule D, Part III	8		
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?	_		\ . ,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 7 a		
D				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		_V
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> X</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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? If "Yes." complete Schedule I, Parts I and II	21	X	

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Part IV Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	X X X
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	X
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	X
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	X
Schedule K. If "No," go to line 25a	X
Schedule K. If "No," go to line 25a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	
any tax-exempt bonds?	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	x
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	<u> x</u>
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete	X
Schedule L, Part I	
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	x
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	x
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	
instructions for applicable filing thresholds, conditions, and exceptions):	
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	
"Yes," complete Schedule L, Part IV	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	Х
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	
"Yes," complete Schedule L, Part IV	x
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	
contributions? If "Yes," complete Schedule M	x
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	
Schedule N, Part II	x
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	x
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	
Part V, line 1	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Х
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	
If "Yes," complete Schedule R, Part V, line 2	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	
Note: All Form 990 filers are required to complete Schedule O	
Check if Schedule O contains a response or note to any line in this Part V	
Ye	s No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	
(gambling) winnings to prize winners?	0 (2021)

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

2a Exter the number of employees reported on Form WS. Transmittation Wage and Tax Statements. 186 for the calendar year ending with or within the year covered by this statum. 2 38 bit if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b If we fill the sum of lines it a and 2a is greater than 250, you may be required to 4-a, 5bee instructions. 3c Id the organization have unrelated bousiness gross income of \$1,000 or more during the year? 3c Id the very financial concount in a foreign country (such as a bank account, securities account in a foreign country (such as a bank account, securities account in a foreign country (such as a bank account, securities account in a foreign country (such as a bank account, securities account in a foreign country (such as a bank account, securities account in a foreign country (such as a bank account, securities account in a foreign country (such as a bank account, securities account in a foreign country (such as a bank account, securities account in a foreign country (such as a bank account, securities account in a foreign country (such as a bank account, securities account in a foreign country (such as a bank account, securities account in a foreign country (such as a bank account, securities account in a foreign country (such as a bank account, securities account in a foreign country (such as a bank account in a foreign country (such as a bank account) and such accounts (FBAP). 5c Was the organization soft organization file foreign country (such as a such account in a foreign country (such as a such account in a foreign country (such as a such account) and such accounts (FBAP). 5c Was the organization individual problems as a such account in a such accounts (FBAP). 5c Was the organization individual problems account in a foreign country (such accounts of such accounts of such accounts (FBAP). 5c Was the organization individual problems accounts (FBAP). 5c Was the organization individual problems account in				Yes	No
the for the calendary year entiting with or within the year covered by this return by if all least one is reported on line 24, did the organization file all regulared indearal employment tax returns? Note: If the sum of lines 14 and 24 is greater than 250, you may be required to e.e.fig. See instructions. 30 Lift the organization have unrelated business gross income of \$1,000 or more during the year? 50 Lift have granted to hairwest present income of \$1,000 or more during the eartherity over, a financial account in a foreign country yeuch as a stank account, securities account, or other financial accountry ever, a financial account in a foreign country yeuch as a stank account, securities account, or other financial accountry ever, a financial account in a foreign country yeuch as a stank account, securities account, or other financial accountry ever, a financial accountry in a financial accountry (and the presentation of the financial accountry (and the presentation and accountry) and the presentation of the financial accountry (and the presentation and accountry) and the presentation and party to a prohibited tax where transaction at any time during the tax year? 50 Was the organization aparty to a prohibited tax where the accountry of the presentation of the financial accountry (and the presentation and party fore) the financial accountry (and the organization solicit any contributions and party for presentation and party for the presentation and party for the presentation and party for the organization solicit any contributions and party for goods and services provided to the payor? 50 Was 11 May 12 Was 11 Was 12 Wa	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.		100	110
b I at least one is reported on line 2a, did the organization file all required tederal employment fax returns? Note: If the sum of lines 1a and 2s in greater than 505, your may be required to e-jife. See instructions. 2a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Kee," Interest the 3 from 990° To this year? If "No" to line 3b, provide an explanation on Schedule 0 3c At any time during the calendary war, did the organization have necessary and such as a bank account, or other financial account? 4a At any time during the calendary war, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country by a "Nee", even the name of the regin country by a "Nee", and the regin account in a foreign country by a "Nee", and the regin account in a foreign country by a "Nee", and the regin account in a foreign country by a prohibited tax shelter transaction? 5a Was the organization shelt organization face in the same strength of the s					
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-rise, See instructions. 3	b	, , , , , , , , , , , , , , , , , , , ,	2b	Х	
3a DX by If Yes,* This filted a Form 900 for the Tiley 347 Pt V for files 8b, provide an explanation of Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? 5a Pi Yes ** The security of the Security (such as a bank account, securities account, or other financial accountry? 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes ** To line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes ** To line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes ** To line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes ** To line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes ** To line 5a or 5b, did the organization shelt was year a party to a prohibited tax shelter transaction? 5c If Yes ** To line 5a or 5b, did the organization shelt was year a party to goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes ** Indicate the number of Forms £282 field during the year 1b If Yes ** Indicate the number of Forms £282 field during the year 1c If Yes ** Indicate the number of Forms £282 field during the year 1c If Yes ** Indicate the number of Forms £282 field during the year 1c If Yes ** Indicate the number of Forms £282 field during the year 1c If Yes ** Indicate the number of Forms £282 field during the year 1d If Yes ** Indicate the number of Forms £282 field during the year 1d If Yes ** Indicate the number of Forms £282 field during the year 1d	-				
b If Yes, 'Inset if leed a Form 990-T for this year? If 'No' 1' for ine 3b, provide an explanation on Schedule 0 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry) 5 If 'Yes,' enter the name of the foreign country (such as a bank account, securities account, or other financial accountry) 5 See instructions for filing requirements for FinCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 West the organization a party to a prohibitor tax shelter transaction at any time during the tax year? 5 Life Yes' to line 5a or 5b, did the organization file Form 8886 17? 6 Does the organization in mould pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the were not tax deductible as charitable contributions? 6 If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization include a payment in excess of \$73 made party six a contribution and party for goods and services provided for the payor? 7 If Yes,' did the organization notify the domor of the value of the goods: or services provided? 8 If Yes, 'Indicate the number of Forms 8882 filed during the year 9 If If Yes, 'Indicate the number of Forms 8882 filed during the year 1 Did the organization eceived an contribution of qualified intellectual property, did the organization file a Form 8898 are required? 1 Did the organization received an contribution of a custified with the organization file Form 8899 as required? 1 The organization received an contribution of custodings at any time during the year? 9 Sponsoring organizations make a distribution to a donor, donor advised fund maintained by the sponsoring organization h	За		За		Х
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial accounts (FBAR). b if "Yes," either the name of the foreign country See instructions for filing requirements for FinCEN from 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b If "Yes to line for 5b, did the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes to line for 5b, did the organization the firm 8886-7. 5c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles a charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b If "Yes," indicate the number of Forms 82822 filed during the year 1c Did the organization received a contribution of group of the year and the goods or services provided? 7c If If Did the organization received a contribution of property, did the organization file a Form 1098 C? 8 Sponsoring organization received a contribution of property, did the organization file a Form 1098 C? 9 Sponsoring organization makes and statistical intellectual property, did the organization file a Form 1098 C? 9 Sponsoring organizations maintaining donor advised funds. Did a chorn advised fund maintained by the sponsoring organizations makes any taxabilided intellectual property, di					
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If Yes', return the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any stateb party notify the organization file Form 8886-17? 6c If Yes' to line 5a or 5b, did the organization file Form 8886-17? 6d Does the organization and party to a prohibited tax shelter transaction? 5c If Yes' to line 5a or 5b, did the organization file Form 8886-17? 6d Does the organization and party to a prohibited tax shelter transaction solicit any contributions that many larges sceptible that are normally greater than \$100,000, and did the organization solicit any contributions that many receive deductible contributions? 6a X 7b Organizations that many receive deductible contributions under section 170(c). 7c Did the organization receive a payment in excess of \$75 made party is a contribution and party for goods and services provided 7 7c Did the organization neglectic analysis of the value of the goods or services provided? 7c Did the organization received analysis of the value of the goods or services provided? 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization received an contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088 C? 7d Sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization name any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organization services or shareholders 9c Section 501(c)(17) organizatio					
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Page 6 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			X
Sec	tion 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 19			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.4		
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0		
а	The governing body?	8a	Х	
h	Each committee with authority to act on behalf of the governing body?	8b	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	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This decide by requests information about policies not required by the internal networks decide.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	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?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	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?	16a		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?	16b		
Sec	tion 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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X 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	financ	cial	
	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	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Posi			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week	-	Cei aii	u a u	recio	i / ii us	(66)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	ım per		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co	Je.	·		organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) WENDY PESTRUE	40.00								_	
PRESIDENT & CEO				Х				161,646.	0.	8,711.
(2) MATT MORRIS	40.00	1								
CHIEF FINANCE & OPERATIONS				Х				116,647.	0.	7,816.
(3) BILL MCDONNELL	1.00									
TRUSTEE		Х						0.	0.	0.
(4) FRANK BLOOMQUIST	1.00	ļ								•
TRUSTEE	1 00	Х				_		0.	0.	0.
(5) KEVIN DALTON	1.00	.,							_	0
TRUSTEE	1 00	Х						0.	0.	0.
(6) BOB BAXTER	1.00	3,7							_	0
TRUSTEE (7) ANDY DALE	1 00	Х						0.	0.	0.
(7) ANDY DALE TRUSTEE	1.00	Х						0.	0.	0.
(8) ALEX GERKEN	1.00	Δ						0.	0.	<u> </u>
TRUSTEE	1.00	Х						0.	0.	0.
(9) JAMES KAMSICKAS	1.00	72						0.	0.	<u></u>
TRUSTEE	1.00	х						0.	0.	0.
(10) JILL KELLERMEYER KEGLER	1.00							•	•	
CHAIR OF THE BOARD		х						0.	0.	0.
(11) BRAD TOFT	1.00								•	
TRUSTEE		Х						0.	0.	0.
(12) ASHA BARNES	1.00									
TRUSTEE		Х						0.	0.	0.
(13) JOEL JERGER	1.00									
BOARD VICE CHAIR		Х						0.	0.	0.
(14) BETH DEAKINS	1.00									
TRUSTEE		Х						0.	0.	0.
(15) CRAIG TEAMER	1.00									
TREASURER		Х						0.	0.	0.
(16) BOB CASALETTA	1.00									
TRUSTEE		Х						0.	0.	0.
(17) VINCE DIPOFI	1.00	. .						_	_	_
TRUSTEE		Х						0.	0.	0.

132007 12-09-21 Form **990** (2021)

Form 990 (2021) UNITED WA	Y OF GF	REA	TE	R	TO	LE	DO)	34-44	279) 47	Pa	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Em	oloy	ees,	and	l Hiç	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average	(do		Posi	ition		one	(D) Reportable	(E) Reportable			(F) imate	d
	hours per week (list any hours for related	tee or director go o	, unle cer ar	ss per	rson i	is botl or/trus	n an tee)	compensation from the organization (W-2/1099-MISC/	compensation from related organizations (W-2/1099-MISO 1099-NEC)	s/	comp fro	ount on other pensate om the anizati	tion e
(18) BRIAN VALENTINE	organizations below line)	In dividual trus	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)				relate	
TRUSTEE		Х						0.	(0.			0.
(19) LAMAR ANDERSON TRUSTEE	1.00	Х						0.	ı	0.			0.
(20) STU GOLDBERG, ESQ. TRUSTEE	1.00	Х						0.	1	0.			0.
(21) LES THOMPSON TRUSTEE	1.00	Х						0.		0.			0.
		-											
Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	l, Section A						→	278,293. 0. 278,293.		0. 0.		5,52	0.
2 Total number of individuals (including but no compensation from the organization							io re	· · · · · · · · · · · · · · · · · · ·	000 of reportable	•			2
 Did the organization list any former officer, 	director, trust	ee, k	кеу е	empl	oye	e, or	· higi	hest compensated emp	loyee on	ſ	,	Yes	No
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su	uch individual									[3		X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a),000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	J fo	or such individual			4	Х	
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	6100,000 of compe	nsat	ion froi		
the organization. Report compensation for t	the calendar ye	ear e	endir	ng wi	ith c	or wi	thin	the organization's tax y (B)	ear.		(C)		
Name and business	address	NO	ONE	3				Description of s	services	C	ompen		1
Total number of independent contractors (ir	ncluding but n	ot lir	nited	d to t	_	_	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation)					Form 9	190 (2001)

Form 990 (2021) UNITED
Part VIII Statement of Revenue

			Check if Schedule O contains	s a response o	or note to any lin	e in this Part VIII			
			Officer if Generalie G contains	s a response t	or flote to arry iii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
									Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns						
iz a			Membership dues						
s, C		С	Fundraising events	1c					
ä		d	Related organizations	. 1d					
s, C		е	Government grants (contributions) 1e	1,806,382.				
is is		f	All other contributions, gifts, grants, a	nd					
ort He			similar amounts not included above	1f	8,276,244.				
Ē		q	Noncash contributions included in lines 1a-1f		2,003,606.				
Son		_	Total. Add lines 1a-1f	,	•	10,082,626.			
<u> </u>					Business Code				
	2	2							
je	2								
er, ne		b							_
m S		C							
ar Be		d							
Program Service Revenue		е							
<u> </u>			All other program service revenue						
_			Total. Add lines 2a-2f						
	3		Investment income (including divi						
			other similar amounts)			462,685.			462,685.
	4		Income from investment of tax-ex	empt bond pi	roceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
			Net rental income or (loss)						
			` ') Securities	(ii) Other				
				1,311,981.	4663247.				
		h	Less: cost or other basis						
ō		~	and sales expenses 7b	271,383.	5098466.				
ı ı		_		1,040,598.	-435,219.				
Revenue			Net gain or (loss)		,	605,379.			605,379.
her B			Gross income from fundraising events						
Oth	0	а	including \$	· I					
٦			contributions reported on line 1c)						
				I .	62,515.				
			Part IV, line 18		16,594.				
			Less: direct expenses		10,394.	4F 021			45 021
			Net income or (loss) from fundrais		······	45,921.			45,921.
	9	а	Gross income from gaming activity						
			Part IV, line 19						
			Less: direct expenses						
		С	Net income or (loss) from gaming	activities	<u></u>				
	10	а	Gross sales of inventory, less retu	ırns					
			and allowances	10a					
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of	inventory	>				
					Business Code				
šno e	11	а	MISCELLANEOUS		900099	45,956.	45,956.		
ane and		b							
ele eve		С							
Miscellaneous Revenue		d	All other revenue						
2			Total. Add lines 11a-11d			45,956.			
	12		Total revenue. See instructions			11,242,567.	45,956.	0.	1113985.

Form 990 (2021) UNITED WAY OF Part IX Statement of Functional Expenses

Do no	Check if Schedule O contains a response tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations	4,870,947.	4,870,947.		
	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic	4,070,547.	4,070,547.		
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
t	rustees, and key employees	299,155.	112,520.	138,199.	48,436
6 (Compensation not included above to disqualified				
þ	persons (as defined under section 4958(f)(1)) and				
þ	persons described in section 4958(c)(3)(B)				
7 (Other salaries and wages	1,454,875.	679,223.	239,797.	535,855
	Pension plan accruals and contributions (include	22.22		4 - 44 -	24.55
	section 401(k) and 403(b) employer contributions)	86,227.	44,036.	15,837.	26,354
	Other employee benefits	134,415.	51,638.	42,234.	40,543
	Payroll taxes	131,781.	58,519.	28,594.	44,668
	Fees for services (nonemployees):	00 150	00 150		
	Management	92,158.	92,158.		
	_egal				
	Accounting				
	_obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	46,230.	11,213.	34,632.	385
	column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion	40,250.	11,213.	34,032.	303
	Office expenses	225,807.	128,693.	49,858.	47,256
	nformation technology	22370071	120,0331	1370301	17,23
	Royalties				
	Decupancy	158,672.	103,789.	20,473.	34,410
	Fravel	6,631.	2,928.	240.	3,463
	Payments of travel or entertainment expenses	,	,		•
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	22,966.	9,258.	2,137.	11,571
	nterest	8,022.	6,046.	754.	1,222
1 F	Payments to affiliates	109,435.	87,172.	8,495.	13,768
	Depreciation, depletion, and amortization	17,575.	13,791.	1,094.	2,690
3 1	nsurance	35,111.	19,070.	7,496.	8,545
a I	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
	SPECIAL ASSISTANCE	1,248,559.	1,248,559.		
_	CONTRACTED SERVICES	967,385.	901,718.	29,670.	35,997
_	PROFESSIONAL DEVELOPMEN	17,018.	9,044.	1,224.	6,750
_	OUES/SUBSCRIPTIONS	16,638.	10,249.	2,771.	3,618
-	All other expenses	14,767.	13,564.	404.	799
	Fotal functional expenses. Add lines 1 through 24e	9,964,374.	8,474,135.	623,909.	866,330
	loint costs. Complete this line only if the organization	•	•	•	•
	eported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pal	IL A	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	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					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	tion 4958(c)(3)(B)		6	
ξ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	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				12	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14	1 222 4-4		
	15	Other assets. See Part IV, line 11			7,044,695.	15	1,932,676.
	16	Total assets. Add lines 1 through 15 (must ed			31,295,856.	16	26,573,866.
	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. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
ja;		controlled entity or family member of any of the			611 074	22	250 000
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·	611,074.	23	250,000.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X	4,101,666.	0.5	3,621,702.
	06	of Schedule D			5,263,096.		4,228,453.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl			3,203,090.	26	4,220,433.
S		and complete lines 27, 28, 32, and 33.	neck nere				
ű	27				19,845,796.	27	17,224,364.
ala	28	Net assets with donor restrictions Net assets with donor restrictions			6,186,964.	28	5,121,049.
ē	20	Organizations that do not follow FASB ASC			0,100,304.	20	3,121,043.
핊		and complete lines 29 through 33.	956, CHE	ck liefe			
5	29	Capital stock or trust principal, or current fund		29			
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
et/	32	Total net assets or fund balances			26,032,760.	32	22,345,413.
Z	33	Total liabilities and net assets/fund balances		1	31,295,856.	33	26,573,866.
	- 55	Total habilities and het assets/fullu balafices			22,233,030.	55	Farm 990 (0001

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8 9	11 9 1 26 -4	, 242 , 964 , 273 , 032 , 665	2,5 4,3 8,1 2,7 5,8	74. 93. 60. 75.
9 10	Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	9		۷).	, 0	03.
10	column (B))	10	22	, 34!	5.4	13.
Pai	rt XII Financial Statements and Reporting			,	- , -	
	Check if Schedule O contains a response or note to any line in this Part XII					X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ [Yes	No
_	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule		- 1			v
2a b	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	on a		2a 2b	Х	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	basis,				
	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Scho			2c	Х	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?	-		За	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits	ed audit	<u></u>	3b	X	(2021)
				⊢orm	33 0	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization UNITED WAY OF GREATER TOLEDO 34-4427947 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(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.)

Sec	tion A. Public Support						
Cale	ndar 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 organ-						
	ization'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.
	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.
	tion B. Total Support						120122020
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		10076842.	9421819.		10481441.		48741402.
	Gross income from interest,						
Ū	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	323,3200	330,21,0	331,3331	303,0070	102,0000	2700001
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	·	45,966.					45,966.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	43,3001					50573672.
	Gross receipts from related activities,	oto (oco instructio	.no)			12	81,987.
	First 5 years. If the Form 990 is for the	•	,	iourth or fifth tax v			01,307.
13	organization, check this box and stop	-		· · · · · · · · · · · · · · · · · · ·			\sim
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	96.38 %
	Public support percentage from 2020		•			15	96.25 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						. 37
h	33 1/3% support test - 2020. If the o		-				
-	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
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h	10% -facts-and-circumstances test	-	•	* **	-	7a and line 15 is	
J	more, and if the organization meets the	_					.570 01
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19	· ·						······································
10	Private foundation. If the organization	in did not check a t		a, 100, 17a, 0r 17b	, check this box at	iu see iristructions	<u> </u>

Schedule A (Form 990) 2021

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.)

Calendar year (or fiscal year teginning in) Calendar year (or f	quality under the tests listed be Section A. Public Support	ow, please comp	piete i ait ii.j				
1 Giffs, grants, contributions, and membership tees received. (Do not include any "nunsual grants.") 2 Gross necepts from achievations of the properties of the programment of the programment of seal vesses to the programment of the programm	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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18 Investment income percentage from 2020 Schedule A, Part III, line 17 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	Section D. Computation of Invest	ment Income	e Percentage				
Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment incom	17 Investment income percentage for 202	21 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	1
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							
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							
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							▶□
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		=	-		• •		L
. .	• • • • • • • • • • • • • • • • • • • •	•			•	•	

Т..

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- **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? If "Yes." provide detail in **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	NO
1		
•		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
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5b 5c		
3C		
6		
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8		
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9a		
9b		
9c		
10a		
104		
10b		
 	- 000	2004

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Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instruction	1 '	N.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2021

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2021

Part VI	Supplemental Information				
T dit 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, ne 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.)				

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

34-4427947

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation							
	•	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	ŭ	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	X 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						
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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					

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

UNITED WAY OF GREATER TOLEDO

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 X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 932,334.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 398,871.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 224,007.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$ <u>1,664,657</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

UNITED WAY OF GREATER TOLEDO

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		\$ 249,411.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>1,991,871</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Nume, address, and Zii + 4	\$ 660,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

UNITED WAY OF GREATER TOLEDO

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123/153 11-11.	04		Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** UNITED WAY OF GREATER TOLEDO 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I

(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

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

<u> </u>	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
		WAY OF GREATER T			34-4427947
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	> \$	
	Enter the amount of any excise tax				
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
	of "Yes," describe in Part IV.	oni-ation is avament and	or costion FO1(s)	avaout anation FO1/a	\(a\
_	art I-C Complete if the org	<u>-</u>			
	Enter the amount directly expended	, , ,	·		
2	Enter the amount of the filing organ				
2	exempt function activities				
3	line 17b				
4					
5	Enter the names, addresses and en				
•	made payments. For each organiza				
	contributions received that were pro-	omptly and directly delivered to	a separate political orga	anization, such as a separat	e segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	vide 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

LHA

132041 11-03-21

Part II-A Complete if the org		mpt under section			ection under
section 501(h)).		eu-t	Dark N. Carala affiliate d		daluara - FINI
		filiated group (and list in	Part IV each affiliated	group member's nam	ie, address, EIN,
	re of excess lobbying	•	. data a a a a a b		
Limi	its on Lobbying Expe	and "limited control" pro enditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion	(grassroots lobbying)			
b Total lobbying expenditures to infl	•	also (allows at Ladalas da a)	[
	-				
	Cotal lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures				
e Total exempt purpose expenditure	[
f Lobbying nontaxable amount. Ent	•				
If the amount on line 1e, column (a) o	• •	bbying nontaxable am	ount is:		
Not over \$500,000 20% of the amount on line 1e.					
Over \$500,000 but not over \$1,00		000 plus 15% of the exc			
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.			ss over \$1,500,000.		
Over \$17,000,000					
g Grassroots nontaxable amount (er	·				
h Subtract line 1g from line 1a. If zer					
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than ze reporting section 4911 tax for this	•	,			Yes No
reporting section 4311 tax for this		veraging Period Under			1es 140
(Some organizations t	hat made a section		have to complete all o	f the five columns b	elow.
	Lobbying Expe	enditures During 4-Yea	ar 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))					

Schedule C (Form 990) 2021

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)	
of the lobbying activity. Yes					unt
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:				
а	Volunteers?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
С	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		X		
е	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?	37	Х		
i	Other activities?	X			^
J	Total. Add lines 1c through 1i		х		0.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	o). or sec	tion	
	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?		····		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	o), or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part I	II-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 expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	/				
b	Carryover from last year		2b		
С	Total		2c		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
_	expenditure next year?		4		
5 Par	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5		
		E-th D-th	A 15	1.0./0	
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	ilst); Part II-	A, lines 1 ar	na 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:				
PAL	I II-B, DINE I, DOBBIING ACTIVITIES:				
TINTT	TTED WAY OF GREATER TOLEDO PUBLICLY SUPPORTED LEGISI	. ልጥፐህፑ	ттымс	WHICH	
0111	THE WAT OF GREATER TOLLEGE TOLLICET SOFTORTED LEGIST	IVI I A F	TIEMS	WIIICII	
AD7	VANCE THE COMMON GOOD AND HELP CREATE A BETTER LIFE	FOR AT	J. SU	TH AS	
	INCO IND COMMON COOP IND NAME CREATED IN DEFINITION CONTRACTOR OF COOPERATION CONTRACTOR OF COOPERATION COOPERATION CONTRACTOR OF COOPERATION COOPERAT	1011 111	11 10	<u> </u>	
SCE	HOOL LEVIES AND SOCIAL SERVICE LEVIES. NO MONETARY S	SUPPORT	WAS (GIVEN.	
				,	
HOW	VEVER UNITED WAY OF GREATER TOLEDO SUPPORTED SUCH LE	EVIES T	HROUG	H	
RAI	DIO COMMENTARY, SOCIAL MEDIA SUPPORT, AND CALL CENTE	ER TIME	VIA		
	·			le C (Form	990) 2021

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

Inspection

Name of the organization

UNITED WAY OF GREATER TOLEDO

Employer identification number 34-4427947

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		unds or Ad	counts. Complete if the
	Organization driented (150 or) or other observations	(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 w	riting that the assets held in dono	or advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pu	ırpose conferr	ing
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Forn	n 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preserva	ation of a histo	orically important land area
	Protection of natural habitat	Preserva	ation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	e form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at	•		
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated	by the organi	zation during the tax
_	year >			
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·		
5	Does the organization have a written policy regarding the periodic r		· ·	Yes No
6	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcin	ig conservatio	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing co	neonyation oa	coments during the year
′	\$\\$\$ \$\$ \$\$	ing of violations, and emorcing co	i isei valioi i ea	sements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	on 170(h)(4)(R)	(i)
Ü	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservatio			
•	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	oto to the organization o imanolar t		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures,	or Other S	imilar 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	3, not to report in its revenue state	ment and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or researc	ch in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes the	se items.	·
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statemer	nt and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				L 4
2	If the organization received or held works of art, historical trea	sures, or other similar assets for fi	inancial gain, _l	
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

	t III Organizations Maintaining Coll				Other 9			21) 1 1	
3	Using the organization's acquisition, accession,							(COILLING	<u> 180) </u>
3	collection items (check all that apply):	and other records	s, check any or the r	ollowing that	make sigi	illicarit u	SE OI ILS		
_	Public exhibition	d	L aan ar aya	hanaa neaasa					
a									
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's collection						e in Part	XIII.	
5	During the year, did the organization solicit or re							٦.,	
Dor	to be sold to raise funds rather than to be maint t IV Escrow and Custodial Arrange							Yes	No_
Fai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part X		ete if the organizatio	n answered "	Yes" on F	orm 990,	Part IV, I	ine 9, or	
						. I al a al			
па	Is the organization an agent, trustee, custodian							7	
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII and	complete the foll	lowing table:					A marint	
							Amount		
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Form		*		•	?	L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII. Ch								
Par	9911,0101011111								
		a) Current year	(b) Prior year	(c) Two years					years back
1a	Beginning of year balance	1,407,738.	1,066,424.	1,310	,350.	1,32	23,792.	1,:	242,550.
b	Contributions								
С	Net investment earnings, gains, and losses	-276,458.	341,314.	-243	,926.	-1	L3,442.		81,242.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	1,131,280.	1,407,738.	1,066	,424.	1,31	L0,350.	1,	323,792.
2	Provide the estimated percentage of the current	year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment > 8	9.0000	%						
b	Permanent endowment ► 11.0000	%							
С	Term endowment ▶ .0000 %								
	The percentages on lines 2a, 2b, and 2c should	egual 100%.							
За	Are there endowment funds not in the possession	on of the organiza	tion that are held an	nd administere	ed for the	organiza	tion		
	by:	· ·				Ü		[Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	ns listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the org								
Par	t VI Land, Buildings, and Equipmen								
	Complete if the organization answered "	es" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X, lin	ie 10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Acc	umulate	d	(d) Book	value
	becompained of property	basis (investm		(other)		eciation	_	(u) Book	value
	Land	,	,	. ,					
	Buildings								
	Leasehold improvements		1	3,800.		1,68	10.	12	2,120.
				8,836.	1 ($\frac{1}{04}, 47$,358.
	Equipment Other			5,550.		, . /			,,,,,,,,
	Other	15 000 5	V / / (2) //	0 - 1			•	3.6	7478.
ı otal	. Add lines 1a through 1e. (Column (d) must equa	u ⊢orm 990. Part)	<u>к. соіитп (В). line 1(</u>	UC.)				20	, = / U •

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 UNITED WAY Part VII Investments - Other Securities.	OF GREATER TO	<u> </u>	-4427947 Page 3
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)			
otal. (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.	
` `	Description		(b) Book value
(1) BENEFICIAL INTEREST IN TR	UST		1,932,676
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	>	1,932,676
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) COMMUNITY INVESTMENTS PAY	ABLE		2,828,013
(3) DESIGNATIONS PAYABLE			793,689
(4)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

Schedule D (Form 990) 2021

3,621,702.

(5) (6) (7) (8) (9)

								_					_
orm 990	202	21	UNITED	\mathtt{WAY}	OF	GF	REATER	'	го	$_{ m LED}$	0		

Pai	t XI	Reconciliation of Revenue per Audited Financial Statement	s Wit	h Revenue per Ret	urn.	9-
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	evenue, gains, and other support per audited financial statements			1	4,723,507.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a	-4,665,875.		
b	Donate	ed services and use of facilities	2b			
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d	-299,665.		
е	Add lir	nes 2a through 2d			2e	-4,965,540.
3	Subtra	act line 2e from line 1			3	9,689,047.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b		92,158. 1,461,362.		
b	Other	(Describe in Part XIII.)	4b	1,461,362.		
С	Add lir	nes 4a and 4b			4c	1,553,520.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u></u>		5	11,242,567.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemen	its W	ith Expenses per R	eturi	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1		expenses and losses per audited financial statements			1	8,410,854.
2		nts included on line 1 but not on Form 990, Part IX, line 25:				
а		ed services and use of facilities	2a			
b	Prior y	rear adjustments	2b			
С	Other	losses	2c			
d		(Describe in Part XIII.)				•
е		nes 2a through 2d			2e	0.
3	Subtra	act line 2e from line 1			3	8,410,854.
4		nts included on Form 990, Part IX, line 25, but not on line 1:		00.450		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	92,158.		
		(Describe in Part XIII.)	4b	1,461,362.		4
		nes 4a and 4b		F	4c	1,553,520.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,964,374.
		Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,			Part)	X, line 2; Part XI,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal inf	ormation.		
		I TNT - 4				

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

Schedule D (Form 990) 2021

34-442794<u>7 Page 5</u> UNITED WAY OF GREATER TOLEDO Schedule D (Form 990) 2021 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.

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

	WAY OF GREATER TOL				34-4427	
Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
T.1.1	I	1				
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	<u>l</u> gistration
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Z .	Schedule	G (Form 990) 2021

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

		of fundraising event contributions and gro		EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ADOPT-A-FAMI	WOMEN'S		` '
			LY	INITIATIVE A	6	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			71 /	(), ,	,	
Revenue	4	Cross respirts	25,596.	16,987.	19,932.	62,515.
Вè	1	Gross receipts	25,550.	10,507.	17,752.	02,313.
	2	Less: Contributions				
			05 506	16 005	10 000	60 545
	3	Gross income (line 1 minus line 2)	25,596.	16,987.	19,932.	62,515.
	4	Cash prizes				
	5	Noncash prizes				
es						
ŠUŠ	6	Rent/facility costs				
Direct Expenses	-					
共	7	Food and beverages				
<u>ie</u>	'	rood and beverages				
	۱.					
	8	Entertainment	9,120.	1,901.	5,573.	16,594.
	9	Other direct expenses		•		
	10					16,594.
_		Net income summary. Subtract line 10 from li				45,921.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				-
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Ž			(a) Billigo	bingo/progressive bingo	(e) out of garming	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
	2	Cash prizes				
ses						
Direct Expenses	3	Noncash prizes				
$\overline{\Sigma}$						
e St	4	Rent/facility costs				
ڃ	•	Tient/lacinty costs				
	_	Other direct expenses				
	5	Other direct expenses	V = 0/			
	_		Yes %	Yes %	Yes %	
	6	Volunteer labor	L No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu				
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b) If "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax v	rear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·	-		
-						
	_					

132082 10-21-21 Schedule G (Form 990) 2021

Sch	nedule G (Form 990) 2021 UNITED WAY OF GREATER TOLEDO 34-	4427947	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	<u>%</u>
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990) UNITED WAY OF GREATER TOLEDO	34-442/94/ Page 4
Schedule G (Form 990) UNITED WAY OF GREATER TOLEDO Part IV Supplemental Information (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

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) (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 funds in the United States. (h) Purpose of grant funds in the United States. (h) Purpose of grant funds in the United States. (a) Amount of noncash assistance (b) EIN (c) IRC section (if applicable) (c) IRC section (if applicable) (d) Amount of noncash assistance (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (if applicable) (if app	UNITED WA	UNITED WAY OF GREATER TOLEDO										
Criteria used to award the grants or assistance? X Yes No	Part I General Information on Grants a	nd Assistance										
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) 1 (a) Part II (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) 1 (a) Amount of cash grant (b) EIN (c) IRC section (if applicable) 1 (a) Amount of cash grant (b) EIN (c) IRC section (if applicable) 1 (a) Amount of cash grant (c) Amount of colored (c) Amount of cash grant (c) Amount of colored (c) Amount o	1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti					
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 (d) Amount of noncash assistance (e) Amount of noncash assistance (g) Description of noncash assistance ToLedo FINANCIAL OPPORTUNITY CENTER NETWORK, SIEMER FAMILY STABILITY, LEAD PARTNER, COMMUNITY CENTER BASED HUBS, SCHOOL-BASED COMMUNITY HUBS (TOLEDO PUBLIC SCHOOLS), GENERAL BUILDING COMPETENCIES,	criteria used to award the grants or assis	stance?						X Yes No				
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 (g) Description of noncash assistance (h) Purpose of grant or assistance Toledo Financial Opportunity Center Network, Siemer Family Stability, Lead Partner, CORPORATION 13-3030229 518,831. 0. (g) Description of noncash assistance Toledo Financial Opportunity Center Network, Siemer Family Stability, Lead Partner, COMMUNITY CENTER-BASED HUBS, SCHOOL-BASED COMMUNITY HUBS (TOLEDO PUBLIC SCHOOLS), GENERAL YMCA/JCC OF GREATER TOLEDO 34-4428262 205,499. 0. BUILDING COMPETENCIES,												
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) ToleDo Financial opportunity center Network, Siemer Family Stability, Lead Partner, Componation 13-3030229 518,831. 0. (g) Description of noncash assistance (h) Purpose of grant or assistance ToleDo Financial opportunity center Network, Siemer Family Stability, Lead Partner, Community Center-Based Hubs, School-Based Community Hubs (ToleDo Fublic Schools), General		•				anization answered "\	es" on Form 990, Part	IV, line 21, for any				
or government (b) Eliv (c) Hio section (if applicable) (ash grant or gash grant or government (b) Eliv (c) Hio section (cash grant or gash gra		1	-	<u> </u>		(f) Mathad of	Т	1				
OPPORTUNITY CENTER NETWORK, SIEMER FAMILY STABILITY, LEAD PARTNER, COMMUNITY CENTER-BASED HUBS, SCHOOL-BASED COMMUNITY HUBS (TOLEDO YMCA/JCC OF GREATER TOLEDO 34-4428262 205,499. 0. DPPORTUNITY CENTER NETWORK, SIEMER FAMILY STABILITY, LEAD PARTNER, COMMUNITY CENTER-BASED HUBS, SCHOOL-BASED COMMUNITY HUBS (TOLEDO PUBLIC SCHOOLS), GENERAL BUILDING COMPETENCIES,		(b) EIN			noncash	valuation (book, FMV, appraisal,						
LOCAL INITIATIVES SUPPORT CORPORATION 13-3030229 518,831. 0. STABILITY, LEAD PARTNER, COMMUNITY CENTER-BASED HUBS, SCHOOL-BASED COMMUNITY HUBS (TOLEDO PUBLIC SCHOOLS), GENERAL BUILDING COMPETENCIES,								TOLEDO FINANCIAL				
CORPORATION 13-3030229 518,831. 0. STABILITY, LEAD PARTNER, COMMUNITY CENTER-BASED HUBS, SCHOOL-BASED COMMUNITY HUBS (TOLEDO PUBLIC SCHOOLS), GENERAL BUILDING COMPETENCIES,								OPPORTUNITY CENTER				
COMMUNITY CENTER-BASED HUBS, SCHOOL-BASED COMMUNITY HUBS (TOLEDO PUBLIC SCHOOLS), GENERAL BUILDING COMPETENCIES,	LOCAL INITIATIVES SUPPORT							NETWORK, SIEMER FAMILY				
HUBS, SCHOOL-BASED COMMUNITY HUBS (TOLEDO PUBLIC SCHOOLS), GENERAL BUILDING COMPETENCIES,	CORPORATION	13-3030229		518,831.	0.			STABILITY, LEAD PARTNER,				
YMCA/JCC OF GREATER TOLEDO 34-4428262 205,499. 0. COMMUNITY HUBS (TOLEDO PUBLIC SCHOOLS), GENERAL BUILDING COMPETENCIES,								COMMUNITY CENTER-BASED				
YMCA/JCC OF GREATER TOLEDO 34-4428262 205,499. 0. PUBLIC SCHOOLS), GENERAL BUILDING COMPETENCIES,								HUBS, SCHOOL-BASED				
BUILDING COMPETENCIES,								COMMUNITY HUBS (TOLEDO				
	YMCA/JCC OF GREATER TOLEDO	34-4428262		205,499.	0.			PUBLIC SCHOOLS) , GENERAL				
30YS & GIRLS CLUBS OF TOLEDO 34-4427933 203,575. 0. GENERAL OPERATIONS								BUILDING COMPETENCIES,				
	BOYS & GIRLS CLUBS OF TOLEDO	34-4427933		203,575.	0.			GENERAL OPERATIONS				
DOLLY PARTON IMAGINATION								DOLLY PARTON IMAGINATION				
LIBRARY - LUCAS CO,								LIBRARY - LUCAS CO,				
LIBRARY LEGACY FOUNDATION 34-1632308 201,686. 0. GENERAL OPERATIONS	LIBRARY LEGACY FOUNDATION	34-1632308		201,686.	0.			GENERAL OPERATIONS				
BABY TALK, CHILD CARE								BABY TALK, CHILD CARE				
RESOURCE AND REFERRAL								RESOURCE AND REFERRAL				
SUPPORT SERVICES,								SUPPORT SERVICES,				
YWCA NORTHWEST OHIO 34-4428265 199,547. 0. DOMESTIC VIOLENCE	YWCA NORTHWEST OHIO	34-4428265		199,547.	0.			DOMESTIC VIOLENCE				
EMERGENCY SHELTER,								EMERGENCY SHELTER				
	ST. PAUL'S COMMUNITY CENTER	34-1252554		138,054.	0.			1				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2 Enter total number of section 501(c)(3) a	nd government ord	anizations listed in th				1	<u> </u>				
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.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

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			
							CHILDREN'S ADVOCACY CENTER, DOMESTIC VIOLENCE			
FAMILY AND CHILD ABUSE PREVENTION CENTER	34-1375936		124,063.	0.			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			
							STEPS TO HOME HOUSING PROGRAM, GENERAL			
BEACH HOUSE FAMILY SHELTER, INC.	34-4428659		96,588.	0.			OPERATIONS			
CATHOLIC CLUB	34-4428936		94,802.	0.			CLUB CARE 0-5, GENERAL OPERATIONS			
							COMMUNITY SUPPORT			
OTTAWA COUNTY COMMUNITY SUPPORT SERVICES	34-1744958		94,133.	0.			SERVICES, RUTH ANN'S HOUSE, GENERAL OPERATIONS			
			,				HEALTHY LUCAS COUNTY (COMMUNITY HEALTH			
HOSPITAL COUNCIL OF NORTHWEST OHIO	34-1116795		85,814.	0.			IMPROVEMENT PLAN), THE GETTING HEALTHY ZONE,			
NEIGHBORWORKS TOLEDO REGION	34-1230687		74,684.	0.			SIEMER/TANF			

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		
							COMMUNITY CENTER-BASED		
							HUBS, SCHOOL-BASED		
							COMMUNITY HUBS (TOLEDO		
THE PINEWOOD TABERNACLE CHURCH	52-2288427		73,346.	0.			PUBLIC SCHOOLS) , GENERAL		
							CLOSING THE FOOD		
							INSECURITY & HEALTH		
							DISPARITY GAP, GENERAL		
GRACE COMMUNITY CENTER INC.	34-1262055		71,330.	0.			OPERATIONS, FOOD/HYGIENE		
							HOUSING PROBLEM-SOLVING		
							COLLABORATION, LEAD		
TOLEDO-LUCAS COUNTY HOMELESSNESS							PARTNER, GENERAL		
BOARD	72-1604255		70,339.	0.			OPERATIONS		
							SUPPORTING EARLY		
							EMOTIONAL DEVELOPMENT		
							(SEED), GENERAL		
HARBOR BEHAVIORAL HEALTH	34-4434924		68,784.	0.			OPERATIONS		
							COMPREHENSIVE DENTAL		
DENTAL CENTER OF NORTHWEST OHIO	34-4441883		66,156.	0.			CARE, GENERAL OPERATIONS		
			,						
UNITED WAY FOR SOUTHEASTERN	00 2000071		60.000						
MICHIGAN	20-3099071		60,933.	0.			GENERAL OPERATIONS		
							SAFETY NET, GENERAL		
ZEPF CENTER	34-1168947		59,148.	0.			OPERATIONS		
							ACCESS TO SAFETY AND		
							HEALING FOR SURVIVORS OF		
							DOMESTIC AND SEXUAL		
THE COCOON	20-1011222		55,518.	0.			VIOLENCE, GENERAL		
							MOTHERS WITH HEALTH		
							EQUITY, RESILIENCE AND		
ADVOCATES FOR BASIC LEGAL							STABILITY, GENERAL		
EQUALITY, INC. (ABLE)	23-7376131		53,100.	0.			OPERATIONS		
	•				•	•			

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,	83-3522504		34,893.	0.			SHARED SERVICES ALLIANCE FOR KINDERGARTEN READINESS			

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 FAMILY EMERGENCY RESPONSE			
AMERICAN RED CROSS-35170 OF NORTHWEST OHIO	53-0196605		27,378.	0.			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			

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							HOMEOWNER REDAIN DROCKAM			
COUNTY OHIO	91-2043423		18,737.	0.			HOMEOWNER REPAIR PROGRAM, GENERAL OPERATIONS			
LUCAS METROPOLITAN HOUSING	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			

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		
							REACH OUT AND READ WOOD		
UNIVERSITY OF TOLEDO FOUNDATION	34-6555110		12,513.	0.			CO, GENERAL OPERATIONS		
				_			SOLIDARIOS: BRIDGING THE		
LA CONEXION DE WOOD COUNTY	46-3222812		12,283.	0.			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		
							CHAMPIONS FOR CHILDREN,		
							KINDERGARTEN CAMP,		
PORT CLINTON CITY SCHOOLS DISTRICT	34-6401093		10,509.	0.			GENERAL OPERATIONS		
SOCIAL SERVICES FOR THE ARAB	45 5500000		10.067	0.			ADVANCE EMPLOYMENT &		
COMMUNITY	45-5580082		10,267.	0.			TRAINING PROGRAM		
DOW GROWING OF AMERICA. TRUE GUODEG									
BOY SCOUTS OF AMERICA, ERIE SHORES COUNCIL, INC. #460	34-4427945		10,140.	0.			GENERAL OPERATIONS		
<u> </u>			,						
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		

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							ACORN ALLEY, LAUNCH PAD,			
DISTRICT	34-1015664		8,041.	0.			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			

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			
CUEDDLY CEDITED WIGGIN	24 1122260		6 414	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			

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			
			2,772							
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			

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete il the	organization answe	ered Yes on Form's	90, Part IV, line 22.	
(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
		3			
Part IV Supplemental Information. Provide the information rec	uirod in Part Llin	o 2: Part III. column	(b): and any other ac	Iditional information	
·	ulled III Fait I, IIII	e z, Fait III, coluilli	(b), and any other ac	iditional information.	
PART I, LINE 2:					
UNITED WAY OF GREATER TOLEDO'S PRO	GRAM MONI	TORING PRO	CESS INCLU	DES WRITTEN	
REPORTS OF PROGRAM OUTPUTS, PROGRAM	M EFFICAC	Y MEASUREN	MENT REPORT	S,	
DEMOGRAPHIC CHARACTERISTICS OF CLI	ENTS SERV	ED AND FI	INANCTAL RE	PORTING ON	
PROGRAM REVENUE AND EXPENSES. ALL	REPORTS	ARE ENTERE	ED BY AGENC	IES THROUGH	
A WEB-BASED REPORTING SYSTEM.					
GROUPS OF COMMUNITY VOLUNTEERS REV	IEW THE W	RITTEN REF	PORTS. REGU	LARLY VISIT	
PROGRAMS IN ACTION AND VIEW PROGRA	M DOCUMEN	MOITATION.	THE INFORMA	TION	

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 PINEWOOD TABERNACLE CHURCH

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

Schedule I (Form 990)

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)

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

UNITED WAY OF GREATER TOLEDO

Employer identification number 34-4427947

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
				l
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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
				l
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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
		5a		X
b	, , , , , , , , , , , , , , , , , , , ,	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			l
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:			37
		6a		X
b	Any related organization?	6b		X
	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			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(B)(i)-(D) in column				
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990			
(1) WENDY PESTRUE	(i)	151,254.	10,392.	0.	8,049.	662.	170,357.	0.			
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.			
	(i)										
	(ii)										
	(i)										
	(ii)										
	(i)										
	(ii)										
	(i) (ii)										
-	(i)										
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	(i)										
	(ii)										
	(i)										
	(ii)										
	(i)										
	(ii)										

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

(a) Check if applicable varieties applicable varieties - Publicly traded X 5 2,003,606 AVG PRICE ON DATE on trust interests (a) Check if applicable varieties - Partnership, LLC, or trust interests (a) Check if applicable varieties - Partnership, LLC, or trust interests (b) Number of contribution are reported on Form 990, Part VIII, line 1g varieties - Partnership, LLC, or trust interests (b) Noncash contribution amounts reported on Form 990, Part VIII, line 1g varieties - Partnership, LLC, or trust interests (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g varieties - Partnership, LLC, or trust interests (d) Method of determining mounts reported on Form 990, Part VIII, line 1g varieties - Partnership to varieties - Variet		
2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Partnership, LLC, or trust interests 11 Securities - Miscellaneous 12 Securities - Miscellaneous 13 Qualified conservation contribution -	_	
2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Partnership, LLC, or trust interests 11 Securities - Miscellaneous 12 Securities - Miscellaneous 13 Qualified conservation contribution -		
3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -		
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 DATE ON DATE OF THE PRICE OF THE PR		
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 DATE OF The Avg Price of trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -		
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 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution		
7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded X 5 2,003,606 • AVG PRICE ON DAY 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -		
8 Intellectual property 9 Securities - Publicly traded X 5 2,003,606 • AVG PRICE ON DAY 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -		
9 Securities - Publicly traded X 5 2,003,606 • AVG PRICE ON DATE ON DA		
10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -	Y OF	F
11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -		
12 Securities - Miscellaneous 13 Qualified conservation contribution -		
13 Qualified conservation contribution -		
Historic structures		
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		
<u>Y</u>	'es N	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?		<u>X</u>
b If "Yes," describe the arrangement in Part II.		
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? 32a		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.		

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

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE 0 (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY OF GREATER TOLEDO

Employer identification number 34-4427947

LINE 4D, OTHER PROGRAM SERVICES: FORM 990, PART III, 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 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. SECTION B, LINE 15: FORM 990, PART VI, 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

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

Schedule O (Form 990) 2021

ORGANIZATION.

<u>Schedule O (Form 990) 2021</u> Page **2**

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

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** 34-4427947

UNITED WAY OF GREATER TOLEDO

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.

<u>Schedule O (Form 990) 2021</u>

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

Schedule O (Form 990) 2021 Page **2**

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)

Related Organizations and Unrelated Partnerships

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

UNITED WAY OF GREATER TOLEDO

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

34-4427947

(a)	(b)	(c)	(d)	(e))		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity Legal domicile (state or foreign country)		1	Total income End-of-year a		Direct c	9	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, k	pecause it had one	or more	related tax-exer	mpt	
(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		(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
UPIC SOLUTIONS, INC 61-1386122 2146 CHAMBER CENTER DRIVE	PROVIDES ADMINISTRATIVE SHARED SERVICES TO LOCAL							
FORT MITCHELL, KY 41017	UNITED WAYS.	KENTUCKY	501(C)(3)	509(A)(3)	N/A			Х

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

Schedule R (Form 990) 2021

		0 11 1611 1 11	", " = 000	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 34, because it h	ad one or more related
Partill	organizations treated as a partnership during the tax year.				
	organizations treated as a partnership daring the tax year.				

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or Perc ging er?	(k) rcentage vnership
		country)		000000000000000000000000000000000000000			res	NO	111111111111111111111111111111111111111	163	10	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Page 3

Yes No

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

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

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

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

b Giπ, grant, or capital contribution to related organization(s)					מו		_^
c Gift, grant, or capital contribution from related organization	(s)				1c		X
d Loans or loan guarantees to or for related organization(s)					1d		X
e Loans or loan guarantees by related organization(s)					1e		Х
f Dividends from related organization(s)					1f		X
g Sale of assets to related organization(s)					1g		Х
h Purchase of assets from related organization(s)					1h		Х
i Exchange of assets with related organization(s)					1i		X
j Lease of facilities, equipment, or other assets to related org	ganization(s)				1j		X
k Lease of facilities, equipment, or other assets from related	organization(s)				1k		X
I Performance of services or membership or fundraising solid					11		X
m Performance of services or membership or fundraising solid					1m	Х	
n Sharing of facilities, equipment, mailing lists, or other asset					1n		X
					10		X
p Reimbursement paid to related organization(s) for expenses	s				1p		X
q Reimbursement paid by related organization(s) for expense					1q		X
r Other transfer of cash or property to related organization(s))				1r		Х
s Other transfer of cash or property from related organization					1s		X
2 If the answer to any of the above is "Yes," see the instruction							
(a) Name of related organization		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
1) UPIC SOLUTIONS, INC.		М	137,430.	ACTUAL PAYMENTS MADE FOR	R SEI	RVIC	CES
2)							
3)							
,							
4)							
•							
5)							
6)							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?		Gener mana partn	(Hal or Perce ping owne	k) entage ership
								Ochodolo			