

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

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

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

# 2022

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

|  |   |  |  |
|--|---|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>UNITED WAY OF GREATER TOLEDO</b>                                |  | <b>D</b> Employer identification number<br><b>34-4427947</b>   |
|  | Doing business as   |  | <b>E</b> Telephone number<br><b>(419) 248-2424</b>   |
|  | Number and street (or P.O. box if mail is not delivered to street address)                          | Room/suite                               | <b>G</b> Gross receipts \$ <b>17,898,275.</b>  |
|  | <b>1001 MADISON AVE STE 100</b>   |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>TOLEDO, OH 43604</b> |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |
| <b>F</b> Name and address of principal officer: <b>WENDY PESTRUE</b><br><b>SAME AS C ABOVE</b>   |   | If "No," attach a list. See instructions |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |  |  |
| <b>J</b> Website: <b>WWW.UNITEDWAYTOLEDO.ORG</b>   |   |  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |   |  | <b>L</b> Year of formation: <b>1918</b>  |
|  |   |  | <b>M</b> State of legal domicile: <b>OH</b>  |

## Part I Summary

|   |  |  |  |
|---|--|--|--|
| Activities & Governance   | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>UNITED WAY OF GREATER TOLEDO UNITES THE CARING POWER OF PEOPLE TO IMPROVE LIVES.</b> |  |  |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                             |  |  |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   | <b>18</b>                                |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | <b>18</b>                                |
|   | <b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)  | <b>5</b>   | <b>49</b>                                |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>   | <b>200</b>                               |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | <b>0.</b>                                |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11             | <b>7b</b>  | <b>0.</b>  |  |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b><br><b>10,082,626.</b>                                    | <b>Current Year</b><br><b>6,764,643.</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>0.</b>  | <b>0.</b>                                |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>1,068,064.</b>  | <b>1,047,200.</b>                        |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>91,877.</b>   | <b>56,223.</b>                           |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>11,242,567.</b>   | <b>7,868,066.</b>                        |
|   | Expenses   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <b>4,870,947.</b>                        |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |  | <b>0.</b>  | <b>0.</b>                                |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |  | <b>2,106,453.</b>  | <b>2,131,753.</b>                        |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |  | <b>0.</b>  | <b>0.</b>                                |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>868,417.</b>          |  |  |  |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      |  | <b>2,986,974.</b>  | <b>1,737,128.</b>                        |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | <b>9,964,374.</b>  | <b>7,829,074.</b>  |  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | <b>1,278,193.</b>  | <b>38,992.</b>   |  |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16)   | <b>Beginning of Current Year</b><br><b>26,573,866.</b>                     | <b>End of Year</b><br><b>27,425,610.</b> |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <b>4,228,453.</b>  | <b>4,131,158.</b>                        |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>22,345,413.</b>   | <b>23,294,452.</b>                       |

## 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.

|   |   |                             |                                 |   |                  |
|---|---|-----------------------------|---------------------------------|---|------------------|
| <b>Sign Here</b>  | Signature of officer                                      |                             | Date                            |   |                  |
|   | <b>WENDY PESTRUE, CEO</b><br>Type or print name and title |                             |                                 |   |                  |
| <b>Paid Preparer Use Only</b>                                       | Print/Type preparer's name                                | Preparer's signature        | Date                            | Check <input type="checkbox"/> if self-employed | PTIN             |
|   | <b>KRISTEN G. MORSE, CPA</b>                              | <b>KRISTEN G. MORSE, CP</b> | <b>02/12/24</b>                 | <input checked="" type="checkbox"/>             | <b>P01034447</b> |
| Firm's name <b>REHMANN ROBSON LLC</b>                               |   |                             | Firm's EIN <b>38-3635706</b>    |   |                  |
| Firm's address <b>7124 W CENTRAL AVE</b><br><b>TOLEDO, OH 43617</b> |   |                             | Phone no. <b>(419) 865-8118</b> |   |                  |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF GREATER TOLEDO UNITES THE CARING POWER OF PEOPLE TO IMPROVE LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

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

4a (Code: ) (Expenses \$ 3,963,868. including grants of \$ 2,738,600. ) (Revenue \$ ) UNITED WAY OF GREATER TOLEDO UNCOVERS ROOT-CAUSE ISSUES THAT KEEP COMMUNITY MEMBERS FROM REACHING KEY PROGRAMS THAT HELP THEM LIVE THE ROBUST LIFE THEY DESERVE. UNITED WAY HAS TRANSITIONED TO A COLLABORATIVE IMPACT MODEL WITH FOUR FOCUSES: EDUCATION, FINANCIAL STABILITY, HEALTH, AND SHELTER / HOUSING STABILITY. THE PURPOSE OF THIS MODEL IS TO CREATE A SHARED-COMMUNITY-VISION, WHICH WILL LEVERAGE FUNDING, RESOURCES AND EXPERTISE FROM BUSINESS, PHILANTHROPIC AND ACADEMIC PARTNERS. THIS IS ACCOMPLISHED VIA STAFF, VOLUNTEERS AND PARTNERS WORKING TO DISCOVER COMMUNITY CONDITIONS THAT NEED IMPROVEMENT, ACCOMPANIED WITH THE DESIGNING AND BUILDING OF LONGTERM SOLUTIONS. FOR DETAILS, PLEASE VISIT US AT WWW.UNITEDWAYTOLEDO.ORG.

4b (Code: ) (Expenses \$ 1,221,593. including grants of \$ 1,221,593. ) (Revenue \$ ) DONOR DESIGNATIONS: THROUGH THE CAMPAIGN PLEDGING PROCESS, DONORS ARE GIVEN THE OPPORTUNITY TO DIRECT ALL OR PART OF THEIR CONTRIBUTION TO ANOTHER QUALIFIED AGENCY. AS PLEDGES ARE COLLECTED THESE DESIGNATIONS ARE PAID QUARTERLY.

4c (Code: ) (Expenses \$ 674,819. including grants of \$ ) (Revenue \$ ) UNITED WAY 2-1-1 IS A FREE, 24/7, 365-DAY HEALTH AND HUMAN SERVICES RESOURCE AVAILABLE TO ANYONE IN LUCAS, OTTAWA AND WOOD COUNTY. TO SPEAK WITH A LIVE COMMUNITY RESOURCE ADVISOR, SIMPLY DIAL TWO, ONE, ONE; TEXT YOUR ZIP CODE TO 898-211; INSTANT MESSAGE US ONLINE BY VISITING WWW.211NWO.ORG AND CLICK "CHAT."

4d Other program services (Describe on Schedule O.) (Expenses \$ 532,105. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,392,385.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 18; 1b Enter the number of voting members included on line 1a... 18; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] 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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MATT MORRIS - (419) 254-4779
1001 MADISON AVE STE 100, TOLEDO, OH 43604

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

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

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

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

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

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

| (A)<br>Name and title                         | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) WENDY PESTRUE<br>CEO                      | 40.00   |   |                       | X       |              |                              |        | 168,339.  | 0.   | 8,711.  |
| (2) MATT MORRIS<br>CHIEF FINANCE & OPERATIONS | 40.00   |   |                       | X       |              |                              |        | 115,002.  | 0.   | 7,885.  |
| (3) BOB BAXTER<br>TRUSTEE                     | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (4) ALEX GERKEN<br>TRUSTEE                    | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (5) JAMES KAMSICKAS<br>TRUSTEE                | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (6) JILL KEGLER<br>TRUSTEE                    | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (7) BRAD TOFT<br>TRUSTEE                      | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (8) ASHA BARNES<br>TRUSTEE                    | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (9) JOEL JERGER<br>CHAIR OF THE BOARD         | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (10) BETH DEAKINS<br>TRUSTEE                  | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (11) CRAIG TEAMER<br>TREASURER                | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (12) BOB CASALETТА<br>TRUSTEE                 | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (13) VINCE DIPOFI<br>TRUSTEE                  | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) BRIAN VALENTINE<br>TRUSTEE               | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (15) STU GOLDBERG, ESQ.<br>TRUSTEE            | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (16) MARYLOUISE BOWE<br>TRUSTEE               | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (17) ANGELA CARTER<br>TRUSTEE                 | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) ERIC HEINTSCHEL<br>TRUSTEE                                | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) ANGELA LUCAS<br>TRUSTEE                                   | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) ANDREW NEWBY<br>TRUSTEE                                   | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 283,341.  | 0.   | 16,596.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 283,341.  | 0.   | 16,596.   |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0



**Part VIII Statement of Revenue**

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

|   |   |                      | (A)            | (B)                                | (C)                        | (D)  |  |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
|   |   |                      | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts  | <b>1 a</b> Federated campaigns  | <b>1a</b>            |                |                                    |                            |  |  |
|   | <b>b</b> Membership dues  | <b>1b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Fundraising events   | <b>1c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Related organizations  | <b>1d</b>            |                |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>            | 532,863.       |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>            | 6,231,780.     |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>            | \$ 7,769.      |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f   |                      |                | 6,764,643.                         |                            |  |  |
| Program Service Revenue   | <b>2 a</b> _____  | <b>Business Code</b> |                |                                    |                            |  |  |
|   | <b>b</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>c</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>d</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>e</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue  |                      |                |                                    |                            |  |  |
|   | <b>g Total.</b> Add lines 2a-2f   |                      |                |                                    |                            |  |  |
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |                      | 474,376.       |                                    |                            | 474,376.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds                             |                      |                |                                    |                            |  |  |
|   | <b>5</b> Royalties  |                      |                |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents  | <b>6a</b>            | (i) Real       |                                    |                            |  |  |
|   |   |                      | (ii) Personal  |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: rental expenses  | <b>6b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Net rental income or (loss)  |                      |                |                                    |                            |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory                       | <b>7a</b>            | (i) Securities | 10,543,078.                        |                            |  |  |
|   |   |                      | (ii) Other     |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses                                   | <b>7b</b>            | 9,968,004.     | 2,250.                             |                            |  |  |
|   | <b>c</b> Gain or (loss)   | <b>7c</b>            | 575,074.       | -2,250.                            |                            |  |  |
|   | <b>d</b> Net gain or (loss)   |                      |                | 572,824.                           |                            | 572,824.   |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |                      | 116,178.       |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>8b</b>   |                      | 59,955.        |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events   |   |                      | 56,223.        |                                    | 56,223.                    |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  | <b>9a</b>   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>9b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities  |   |                      |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances   | <b>10a</b>  |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold   | <b>10b</b>  |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory   |   |                      |                |                                    |                            |  |  |
| Miscellaneous Revenue   | <b>11 a</b> _____   | <b>Business Code</b> |                |                                    |                            |  |  |
|   | <b>b</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>c</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>d</b> All other revenue  |                      |                |                                    |                            |  |  |
|   | <b>e Total.</b> Add lines 11a-11d   |                      |                |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions   |   |                      | 7,868,066.     | 0.                                 | 0.                         | 1103423.   |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 3,960,193.            | 3,960,193.                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   | 325,971.              | 121,021.                        | 154,261.                               | 50,689.                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages   | 1,403,543.            | 714,537.                        | 179,642.                               | 509,364.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 84,890.               | 45,468.                         | 11,233.                                | 28,189.                     |
| <b>9</b> Other employee benefits  | 155,465.              | 69,649.                         | 35,992.                                | 49,824.                     |
| <b>10</b> Payroll taxes   | 161,884.              | 79,016.                         | 31,170.                                | 51,698.                     |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management   |                       |                                 |  |                             |
| <b>b</b> Legal  |                       |                                 |  |                             |
| <b>c</b> Accounting   |                       |                                 |  |                             |
| <b>d</b> Lobbying   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees   | 87,892.               | 87,892.                         |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 67,955.               | 25,317.                         | 40,843.                                | 1,795.                      |
| <b>12</b> Advertising and promotion   |                       |                                 |  |                             |
| <b>13</b> Office expenses   | 220,340.              | 125,049.                        | 42,138.                                | 53,153.                     |
| <b>14</b> Information technology  |                       |                                 |  |                             |
| <b>15</b> Royalties   |                       |                                 |  |                             |
| <b>16</b> Occupancy   | 138,024.              | 75,344.                         | 23,530.                                | 39,150.                     |
| <b>17</b> Travel  | 8,550.                | 3,783.                          | 554.                                   | 4,213.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings  | 23,503.               | 10,979.                         | 2,086.                                 | 10,438.                     |
| <b>20</b> Interest  | 3,224.                | 2,374.                          | 277.                                   | 573.                        |
| <b>21</b> Payments to affiliates  | 82,945.               | 61,559.                         | 6,974.                                 | 14,412.                     |
| <b>22</b> Depreciation, depletion, and amortization   | 10,461.               | 8,065.                          | 941.                                   | 1,455.                      |
| <b>23</b> Insurance   | 23,527.               | 11,790.                         | 4,434.                                 | 7,303.                      |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| <b>a</b> <b>CONTRACTED SERVICES</b>   | 819,632.              | 760,721.                        | 27,379.                                | 31,532.                     |
| <b>b</b> <b>SPECIAL ASSISTANCE</b>  | 209,926.              | 209,926.                        |  |                             |
| <b>c</b> <b>PROFESSIONAL DEVELOPMENTS</b>   | 18,799.               | 11,085.                         | 4,283.                                 | 3,431.                      |
| <b>d</b> <b>DUES/SUBSCRIPTIONS</b>  | 16,250.               | 6,120.                          | 1,681.                                 | 8,449.                      |
| <b>e</b> All other expenses   | 6,100.                | 2,497.                          | 854.                                   | 2,749.                      |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 7,829,074.            | 6,392,385.                      | 568,272.                               | 868,417.                    |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 205,818.                 | <b>1</b>    | 410,666.           |
|   | <b>2</b> Savings and temporary cash investments .....  | 931,495.                 | <b>2</b>    | 1,194,472.         |
|   | <b>3</b> Pledges and grants receivable, net .....  | 3,549,022.               | <b>3</b>    | 2,231,802.         |
|   | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>    | 188,170.           |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                    |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 88,560.                  | <b>9</b>    | 74,051.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 126,070.      |             |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 102,303.      | 36,478.     | <b>10c</b> 23,767. |
|   | <b>11</b> Investments - publicly traded securities .....   | 19,829,817.              | <b>11</b>   | 20,759,348.        |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 1,932,676.               | <b>15</b>   | 2,543,334.         |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 26,573,866.  | <b>16</b>                | 27,425,610. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 356,751.                 | <b>17</b>   | 302,757.           |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                    |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>   |                    |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                    |
|   | <b>22</b> Loans and other payables to 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 .....     |                          | <b>22</b>   |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 250,000.                 | <b>23</b>   | 0.                 |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 3,621,702.               | <b>25</b>   | 3,828,401.         |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 4,228,453.               | <b>26</b>   | 4,131,158.         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | 17,224,364.              | <b>27</b>   | 18,041,416.        |
|   | <b>28</b> Net assets with donor restrictions .....   | 5,121,049.               | <b>28</b>   | 5,253,036.         |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                    |
|   | <b>32</b> Total net assets or fund balances .....  | 22,345,413.              | <b>32</b>   | 23,294,452.        |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 26,573,866.              | <b>33</b>   | 27,425,610.        |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 7,868,066.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 7,829,074.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 38,992.     |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 22,345,413. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 1,015,926.  |
| 6  | Donated services and use of facilities   | 6  |             |
| 7  | Investment expenses  | 7  |             |
| 8  | Prior period adjustments   | 8  |             |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | -105,879.   |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 23,294,452. |

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2022)



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020  | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|-----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 9421819. | 8977322. | 10481441. | 9783978. | 6596509. | 45261069. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |           |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |           |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 9421819. | 8977322. | 10481441. | 9783978. | 6596509. | 45261069. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |           |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |           |          |          | 45261069. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018 | (b) 2019 | (c) 2020  | (d) 2021 | (e) 2022 | (f) Total                |
|---|----------|----------|-----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 9421819. | 8977322. | 10481441. | 9783978. | 6596509. | 45261069.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 330,247. | 354,365. | 309,067.  | 462,685. | 474,376. | 1930740.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |           |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |          |          |           |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |           |          |          | 47191809.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |           |          | 12       | 81,987.                  |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |           |          |          | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 95.91 %                             |
| <b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....  | <b>15</b> | 96.38 %                             |
| <b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....     |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                         |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....    |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3.   | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2022 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2022</b> | <b>(iii)<br/>Distributable<br/>Amount for 2022</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2022 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2022   |                                     |   |  |
| <b>a</b> From 2017   |                                     |   |  |
| <b>b</b> From 2018   |                                     |   |  |
| <b>c</b> From 2019   |                                     |   |  |
| <b>d</b> From 2020   |                                     |   |  |
| <b>e</b> From 2021   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2022 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2017 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2022 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2022 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2018  |                                     |   |  |
| <b>b</b> Excess from 2019  |                                     |   |  |
| <b>c</b> Excess from 2020  |                                     |   |  |
| <b>d</b> Excess from 2021  |                                     |   |  |
| <b>e</b> Excess from 2022  |                                     |   |  |

**Part VI**

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

Horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

Name of the organization

UNITED WAY OF GREATER TOLEDO

Employer identification number

34-4427947

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

|   |   |
|---|---|
| Name of organization<br><br><b>UNITED WAY OF GREATER TOLEDO</b> | Employer identification number<br><br><b>34-4427947</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          | _____<br>_____<br>_____           | \$ <u>259,054.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | _____<br>_____<br>_____           | \$ <u>534,461.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | _____<br>_____<br>_____           | \$ <u>151,604.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | _____<br>_____<br>_____           | \$ <u>379,592.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | _____<br>_____<br>_____           | \$ <u>175,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 6          | _____<br>_____<br>_____           | \$ <u>171,005.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><br><b>UNITED WAY OF GREATER TOLEDO</b> | Employer identification number<br><br><b>34-4427947</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 7          | <hr/> <hr/> <hr/>                 | \$ 272,932.                | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | <hr/> <hr/> <hr/>                 | \$ 142,255.                | Person <input checked="" type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |

|   |   |
|---|---|
| Name of organization<br><br><b>UNITED WAY OF GREATER TOLEDO</b> | Employer identification number<br><br><b>34-4427947</b> |
|---|---|

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

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



|   |   |
|---|---|
| Name of organization<br><br><b>UNITED WAY OF GREATER TOLEDO</b> | Employer identification number<br><br><b>34-4427947</b> |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| 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

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Name of organization

UNITED WAY OF GREATER TOLEDO

Employer identification number

34-4427947

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures
3 Volunteer hours for political campaign activities

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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

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

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)  | (a) Filing organization's totals                   | (b) Affiliated group totals        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:    | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:                 |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000  | 20% of the amount on line 1e.                      |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000.   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000. |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000   | \$1,000,000.                                       |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....  | <input type="checkbox"/> Yes                       | <input type="checkbox"/> No        |                    |                               |   |  |   |  |  |   |                   |              |  |  |

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

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

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

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers?  | X   |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     | X  |        |
| <b>c</b> Media advertisements?  |     | X  |        |
| <b>d</b> Mailings to members, legislators, or the public?   |     | X  |        |
| <b>e</b> Publications, or published or broadcast statements?  |     | X  |        |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     | X  |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     | X  |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | X  |        |
| <b>i</b> Other activities?  | X   |    |        |
| <b>j</b> Total. Add lines 1c through 1i   |     |    | 0.     |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     | X  |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |        |

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

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

**Part IV** Supplemental Information *(continued)*

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

Multiple horizontal lines for supplemental information.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

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

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

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

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

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register ..... | 2d                              |

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

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 2,365,210.       | 1,407,738.     | 1,066,424.         | 1,310,350.           | 1,323,792.          |
| b Contributions                                  |                  | 1,913,245.     |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 153,714.         | -825,400.      | 341,314.           | -243,926.            | -13,442.            |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 9,000.           | 130,373.       |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 2,509,924.       | 2,365,210.     | 1,407,738.         | 1,066,424.           | 1,310,350.          |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 89.0000 %
  - b Permanent endowment 11.0000 %
  - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      | 9,300.                          | 2,790.                       | 6,510.         |
| d Equipment  |                                      | 116,770.                        | 99,513.                      | 17,257.        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 23,767.        |

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                 |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (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)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) |                |   |

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1) <b>BENEFICIAL INTEREST IN TRUST</b>                                   | 1,994,931.     |
| (2) <b>RIGHT-OF-USE ASSETS</b>  | 548,403.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 2,543,334.     |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) <b>COMMUNITY INVESTMENTS PAYABLE</b>                                  | 2,568,054.     |
| (3) <b>DESIGNATIONS PAYABLE</b>   | 711,944.       |
| (4) <b>OPERATING LEASE OBLIGATIONS</b>                                    | 548,403.       |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 3,828,401.     |

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



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

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

|   |   |    |            |            |
|---|---|----|------------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1          | 7,648,718. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |            |
|   | a Net unrealized gains (losses) on investments                                  | 2a | 1,015,926. |            |
|   | b Donated services and use of facilities  | 2b |            |            |
|   | c Recoveries of prior year grants   | 2c |            |            |
|   | d Other (Describe in Part XIII.)  | 2d | 74,211.    |            |
|   | e Add lines 2a through 2d   | 2e |            | 1,090,137. |
| 3 | Subtract line 2e from line 1  |    | 3          | 6,558,581. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |            |            |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b              | 4a | 87,892.    |            |
|   | b Other (Describe in Part XIII.)  | 4b | 1,221,593. |            |
|   | c Add lines 4a and 4b   | 4c |            | 1,309,485. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5          | 7,868,066. |

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

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

|   |  |    |            |            |
|---|--|----|------------|------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1          | 6,699,679. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |            |
|   | a Donated services and use of facilities   | 2a |            |            |
|   | b Prior year adjustments   | 2b |            |            |
|   | c Other losses   | 2c |            |            |
|   | d Other (Describe in Part XIII.)   | 2d | 180,090.   |            |
|   | e Add lines 2a through 2d  | 2e |            | 180,090.   |
| 3 | Subtract line 2e from line 1   |    | 3          | 6,519,589. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |            |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b               | 4a | 87,892.    |            |
|   | b Other (Describe in Part XIII.)   | 4b | 1,221,593. |            |
|   | c Add lines 4a and 4b  | 4c |            | 1,309,485. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5          | 7,829,074. |

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

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

**PART X, LINE 2:**

THE ORGANIZATION HAS EVALUATED ITS INCOME TAX FILING POSITIONS FOR FISCAL YEARS 2020 THROUGH 2023, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION AS OF JUNE 30, 2023. THE ORGANIZATION CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE

Part XIII Supplemental Information (continued)

ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY CHANGE IN THE NEXT TWELVE MONTHS. THE ORGANIZATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTBS AT JUNE 30, 2023 OR 2022, AND IS NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Rows include UNCOLLECTIBLE PLEDGES (-168,134), CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST (62,255), EMPLOYEE RETENTION CREDIT (180,090), and TOTAL TO SCHEDULE D, PART XI, LINE 2D (74,211).

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Row includes DONOR DESIGNATIONS (1,221,593).

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Row includes EMPLOYEE RETENTION CREDIT (180,090).

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Row includes DONOR DESIGNATIONS (1,221,593).



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

|                 |  | (a) Event #1  | (b) Event #2                            | (c) Other events    | (d) Total events<br>(add col. (a) through<br>col. (c)) |          |
|-----------------|--|---|---|---------------------|--|----------|
|                 |  | ADOPT-A-FAMILY<br>(event type)                              | WOMEN'S<br>INITIATIVE A<br>(event type) | 4<br>(total number) |  |          |
| Revenue         | 1  | Gross receipts  | 31,125.                                 | 27,634.             | 57,419.  | 116,178. |
|                 | 2  | Less: Contributions   |   |                     |  |          |
|                 | 3  | Gross income (line 1 minus line 2)                          | 31,125.                                 | 27,634.             | 57,419.  | 116,178. |
| Direct Expenses | 4  | Cash prizes   |   |                     |  |          |
|                 | 5  | Noncash prizes  |   |                     |  |          |
|                 | 6  | Rent/facility costs   |   |                     |  |          |
|                 | 7  | Food and beverages  |   |                     |  |          |
|                 | 8  | Entertainment   |   |                     |  |          |
|                 | 9  | Other direct expenses                                       | 8,734.                                  | 9,785.              | 41,436.  | 59,955.  |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |   |                     |  | 59,955.  |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |   |                     | 56,223.  |          |

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

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

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

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

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

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

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





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

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

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

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

| <b>1 (a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance   |
|---|----------------|--|---------------------------------|---|--|--|---|
| LOCAL INITIATIVES SUPPORT CORPORATION                       | 13-3030229     |  | 342,534.                        | 0.                                      |  |  | TOLEDO FINANCIAL OPPORTUNITY CENTER NETWORK, LEAD PARTNERSIEMER FAMILY                  |
| YWCA NORTHWEST OHIO   | 34-4428265     |  | 200,504.                        | 0.                                      |  |  | BABY TALK, CHILD CARE RESOURCE AND REFERRAL SUPPORT SERVICES, DOMESTIC VIOLENCE         |
| YMCA/JCC OF GREATER TOLEDO                                  | 34-4428262     |  | 200,262.                        | 0.                                      |  |  | LEAD PARTNER, COMMUNITY CENTER-BASED HUBS, LIVE WELL GREATER TOLEDO, SUCCESS IN SCHOOLS |
| BOYS & GIRLS CLUBS OF TOLEDO                                | 34-4427933     |  | 190,763.                        | 0.                                      |  |  | BUILDING COMPETENCIES, GENERAL OPERATIONS   |
| NEIGHBORHOOD HEALTH ASSOCIATION                             | 23-7272741     |  | 122,296.                        | 0.                                      |  |  | PATIENT NAVIGATION, GENERAL OPERATIONS  |
| FAMILY AND CHILD ABUSE PREVENTION CENTER                    | 34-1375936     |  | 121,098.                        | 0.                                      |  |  | CHILDREN'S ADVOCACY CENTER, DOMESTIC VIOLENCE ADVOCACY, GENERAL OPERATIONS              |

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

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

Schedule I (Form 990) 2022

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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

| (a) Name and address of organization or government | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| TOLEDO DAY NURSERY                                 | 34-4465880 |                               | 115,150.                 | 0.                               |   |  | EARLY CARE & EDUCATION,<br>GENERAL OPERATIONS  |
| WOOD COUNTY EDUCATIONAL SERVICE CENTER             | 34-6401606 |                               | 107,588.                 | 0.                               |   |  | STARS, MAUMEE MAKERS,<br>GENERAL OPERATIONS  |
| CATHOLIC CLUB                                      | 34-4428936 |                               | 95,145.                  | 0.                               |   |  | CLUB CARE 0-5, GENERAL<br>OPERATIONS   |
| OTTAWA COUNTY TRANSITIONAL HOUSING INC.            | 34-1744958 |                               | 93,888.                  | 0.                               |   |  | COMMUNITY SUPPORT<br>SERVICES, RUTH ANN'S<br>HOUSE, GENERAL OPERATIONS                                 |
| HOSPITAL COUNCIL OF NORTHWEST OHIO                 | 34-1116795 |                               | 92,013.                  | 0.                               |   |  | LEAD PARTNER, COMMUNITY<br>HEALTH IMPROVEMENT PLAN,<br>THE GETTING HEALTHY ZONE,<br>GENERAL OPERATIONS |
| ST. PAUL'S COMMUNITY CENTER                        | 34-1252554 |                               | 90,240.                  | 0.                               |   |  | EMERGENCY SHELTER,<br>GENERAL OPERATIONS   |
| BEACH HOUSE FAMILY SHELTER, INC.                   | 34-4428659 |                               | 88,228.                  | 0.                               |   |  | STEPS TO HOME HOUSING<br>PROGRAM, GENERAL<br>OPERATIONS  |
| UNITED WAY FOR SOUTHEASTERN MICHIGAN               | 20-3099071 |                               | 80,742.                  | 0.                               |   |  | GENERAL OPERATIONS   |
| HARBOR BEHAVIORAL HEALTH                           | 34-4434924 |                               | 68,887.                  | 0.                               |   |  | SUPPORTING EARLY<br>EMOTIONAL DEVELOPMENT<br>(SEED), GENERAL<br>OPERATIONS                             |

Schedule I (Form 990)



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

| (a) Name and address of organization or government | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance  |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| DENTAL CENTER OF NORTHWEST OHIO                    | 34-4441883 |                               | 65,829.                  | 0.                               |   |  | COMPREHENSIVE DENTAL CARE, GENERAL OPERATIONS                                       |
| NEIGHBORWORKS TOLEDO REGION                        | 34-1230687 |                               | 56,189.                  | 0.                               |   |  | SIEMER TANF   |
| ZEPF CENTER  | 34-1168947 |                               | 55,447.                  | 0.                               |   |  | SAFETY NET, GENERAL OPERATIONS  |
| DAY 52 INC.  | 52-2288427 |                               | 54,162.                  | 0.                               |   |  | COMMUNITY CENTER-BASED HUBS, GENERAL OPERATIONS                                     |
| ADVOCATES FOR BASIC LEGAL EQUALITY, INC. (ABLE)    | 23-7376131 |                               | 51,344.                  | 0.                               |   |  | MOTHERS WITH HEALTH EQUITY, RESILIENCE AND STABILITY, GENERAL OPERATIONS            |
| UNITED WAY OF ALLEN COUNTY, IN                     | 35-0867932 |                               | 48,979.                  | 0.                               |   |  | GENERAL OPERATIONS  |
| TOLEDO-LUCAS COUNTY CARENET                        | 43-1986672 |                               | 48,506.                  | 0.                               |   |  | ACCESS TO HEALTH CARE, GENERAL OPERATIONS   |
| THE COCOON   | 20-1011222 |                               | 47,128.                  | 0.                               |   |  | ACCESS TO SAFETY AND HEALING FOR SURVIVORS OF DOMESTIC AND SEXUAL VIOLENCE, GENERAL |
| TUTOR SMART GREATER TOLEDO                         | 82-3147832 |                               | 43,417.                  | 0.                               |   |  | MAKE EVERY HOUR COUNT, GENERAL OPERATIONS   |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| OTTAWA COUNTY FAMILY ADVOCACY CENTER               | 26-1457631 |                               | 41,192.                  | 0.                               |   |  | GRAND LOVE, TIL NEXT TIME MENTORING (TNT), GENERAL OPERATIONS                  |
| EQUITAS HEALTH                                     | 31-1126780 |                               | 40,121.                  | 0.                               |   |  | MPOWERMENT FOR A HEALTHY TOLEDO, GENERAL OPERATIONS                            |
| UNITED WAY OF WEST TENNESSEE                       | 62-0590257 |                               | 38,159.                  | 0.                               |   |  | GENERAL OPERATIONS   |
| TOLEDO GROWS AGENCY                                | 34-1350559 |                               | 37,174.                  | 0.                               |   |  | NUTRITION AND GARDEN EDUCATION, AND SUPPORT, GENERAL OPERATIONS                |
| SOFIA QUINTERO ART & CULTURAL CENTER               | 34-1925216 |                               | 36,831.                  | 0.                               |   |  | CULINARY EDUCATION NUTRITION & RESPONSIBLE EATING (CENARE), GENERAL OPERATIONS |
| PARTNERS IN EDUCATION                              | 34-1772429 |                               | 32,254.                  | 0.                               |   |  | MENTORS IN TOLEDO SCHOOLS  |
| AMERICAN RED CROSS WESTERN LAKE CHAPTER            | 53-0196605 |                               | 30,754.                  | 0.                               |   |  | FAMILY EMERGENCY RESPONSE SERVICES - WOOD COUNTY, GENERAL OPERATIONS           |
| FAMILY HOUSE                                       | 34-1556086 |                               | 30,390.                  | 0.                               |   |  | EMERGENCY FAMILY SHELTER   |
| CONNECTING KIDS TO MEALS, INC.                     | 34-1969461 |                               | 28,911.                  | 0.                               |   |  | SUMMER AND AFTER SCHOOL MEAL PROGRAM, GENERAL OPERATIONS                       |

Schedule I (Form 990)

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

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                     |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| UNITED WAY OF WAYNE AND HOLMES COUNTIES, INC.       | 34-0946973 |                               | 28,397.                  | 0.                               |   |  | GENERAL OPERATIONS   |
| LUCAS METROPOLITAN HOUSING AUTHORITY                | 46-3415835 |                               | 27,988.                  | 0.                               |   |  | LEAD PARTNER, GENERAL OPERATIONS                                       |
| MOM'S HOUSE   | 34-1710362 |                               | 26,261.                  | 0.                               |   |  | EARLY CHILDHOOD EDUCATION, GENERAL OPERATIONS                          |
| CHILDREN'S RESOURCE CENTER                          | 34-1191237 |                               | 24,891.                  | 0.                               |   |  | EARLY CHILDHOOD FAMILY & PARENT EDUCATION, GENERAL OPERATIONS          |
| HABITAT FOR HUMANITY OF WOOD COUNTY OHIO            | 91-2043423 |                               | 19,538.                  | 0.                               |   |  | HOMEOWNER REPAIR PROGRAM, GENERAL OPERATIONS                           |
| CATHOLIC CHARITIES, DIOCESE OF TOLEDO               | 34-4428254 |                               | 18,004.                  | 0.                               |   |  | GENERAL OPERATIONS   |
| UNITED WAY OF GREATER LAFAYETTE & TIPPECANOE COUNTY | 35-0891621 |                               | 18,003.                  | 0.                               |   |  | GENERAL OPERATIONS   |
| GRACE COMMUNITY CENTER INC.                         | 34-1262055 |                               | 17,618.                  | 0.                               |   |  | CLOSING THE FOOD INSECURITY & HEALTH DISPARITY GAP, GENERAL OPERATIONS |
| BIG BROTHERS BIG SISTERS OF NORTHWESTERN OHIO       | 34-1396251 |                               | 16,450.                  | 0.                               |   |  | BEYOND SCHOOL WALLS, GENERAL OPERATIONS                                |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance               |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| TOLEDO-LUCAS COUNTY HOMELESSNESS BOARD             | 72-1604255 |                               | 15,839.                  | 0.                               |   |  | LEAD PARTNER, GENERAL OPERATIONS                 |
| LIBRARY LEGACY FOUNDATION                          | 34-1632308 |                               | 15,642.                  | 0.                               |   |  | GENERAL OPERATIONS                               |
| UNITED WAY OF KERSHAW COUNTY                       | 57-0717334 |                               | 14,486.                  | 0.                               |   |  | GENERAL OPERATIONS                               |
| THE UNIVERSITY CHURCH                              | 35-2484010 |                               | 12,778.                  | 0.                               |   |  | HEALTHY FOOD FOR HEALTHY FAMILIES                |
| UNITED WAY OF GREATER LIMA                         | 34-4466356 |                               | 12,265.                  | 0.                               |   |  | GENERAL OPERATIONS                               |
| LA CONEXION DE WOOD COUNTY                         | 46-3222812 |                               | 12,191.                  | 0.                               |   |  | SOLIDARIOS: BRIDGING THE GAP, GENERAL OPERATIONS |
| HEART OF KENTUCKY UNITED WAY                       | 23-7166092 |                               | 12,121.                  | 0.                               |   |  | GENERAL OPERATIONS                               |
| HEART OF MISSOURI UNITED WAY                       | 43-0735827 |                               | 11,924.                  | 0.                               |   |  | GENERAL OPERATIONS                               |
| UNIVERSITY OF TOLEDO FOUNDATION                    | 34-6555110 |                               | 11,777.                  | 0.                               |   |  | REACH OUT AND READ WOOD CO, GENERAL OPERATIONS   |

Schedule I (Form 990)

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

| (a) Name and address of organization or government    | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                        |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| UNITED WAY OF WILSON COUNTY AND THE UPPER CUMBERLAND  | 62-1660029 |                               | 11,333.                  | 0.                               |   |  | GENERAL OPERATIONS  |
| UNITED WAY OF THE COLUMBIA-WILLAMETTE                 | 93-0582124 |                               | 10,889.                  | 0.                               |   |  | GENERAL OPERATIONS  |
| GREAT LAKES COMMUNITY ACTION PARTNERSHIP              | 34-0975934 |                               | 16,746.                  | 0.                               |   |  | WOOD COUNTY FINANCIAL OPPORTUNITY CENTER                  |
| UNITED WAY OF ST. CLAIR COUNTY                        | 38-1357996 |                               | 10,535.                  | 0.                               |   |  | GENERAL OPERATIONS  |
| SOCIAL SERVICES FOR THE ARAB COMMUNITY SSFAC          | 45-5580082 |                               | 10,495.                  | 0.                               |   |  | ADVANCE EMPLOYMENT & TRAINING PROGRAM, GENERAL OPERATIONS |
| ST. JUDE'S CHILDREN'S RESEARCH HOSPITAL- MEMPHIS      | 62-0646012 |                               | 10,184.                  | 0.                               |   |  | GENERAL OPERATIONS  |
| UNITED WAY OF HENDERSON CO, KY                        | 61-0444700 |                               | 10,049.                  | 0.                               |   |  | GENERAL OPERATIONS  |
| PORT CLINTON CITY SCHOOLS DISTRICT                    | 34-6401093 |                               | 10,021.                  | 0.                               |   |  | GENERAL OPERATIONS  |
| BOY SCOUTS OF AMERICA, ERIE SHORES COUNCIL, INC. #460 | 34-4427945 |                               | 9,839.                   | 0.                               |   |  | GENERAL OPERATIONS  |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance               |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| OTTAWA COUNTY SENIOR RESOURCES                     | 34-6401025 |                               | 9,052.                   | 0.                               |   |  | HOME CARE ASSISTANCE PROGRAM, GENERAL OPERATIONS |
| UNITED WAY OF LICKING COUNTY                       | 31-4379455 |                               | 9,051.                   | 0.                               |   |  | GENERAL OPERATIONS                               |
| SPECIAL OLYMPICS MICHIGAN                          | 52-0889518 |                               | 8,409.                   | 0.                               |   |  | GENERAL OPERATIONS                               |
| UNITED WAY OF LEE, HENDRY, GLADES AND OKEECHOBEE   | 59-1005169 |                               | 8,409.                   | 0.                               |   |  | GENERAL OPERATIONS                               |
| ST. ROSE PARISH & SCHOOL                           | 34-4459028 |                               | 7,358.                   | 0.                               |   |  | GENERAL OPERATIONS                               |
| JEWISH FEDERATION OF TOLEDO                        | 34-4428259 |                               | 7,316.                   | 0.                               |   |  | GENERAL OPERATIONS                               |
| CHERRY STREET MISSION                              | 34-1133369 |                               | 6,804.                   | 0.                               |   |  | GENERAL OPERATIONS                               |
| HEARTBEAT OF TOLEDO                                | 23-7404777 |                               | 6,641.                   | 0.                               |   |  | GENERAL OPERATIONS                               |
| METRO UNITED WAY                                   | 61-0444680 |                               | 6,391.                   | 0.                               |   |  | GENERAL OPERATIONS                               |

Schedule I (Form 990)

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

| (a) Name and address of organization or government           | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| UNITED WAY OF KNOX, IN & CRAWFORD COUNTY, IL - VINCENNES, IN | 35-1158520 |                               | 6,239.                   | 0.                               |   |  | GENERAL OPERATIONS                 |
| UNITED WAY OF GREATER CINCINNATI                             | 31-0537502 |                               | 6,167.                   | 0.                               |   |  | GENERAL OPERATIONS                 |
| UNITED WAY OF HENRY COUNTY OH                                | 34-1359317 |                               | 6,160.                   | 0.                               |   |  | GENERAL OPERATIONS                 |
| UNITED WAY OF GREATER ATLANTA                                | 58-0566194 |                               | 5,753.                   | 0.                               |   |  | GENERAL OPERATIONS                 |
| LEGAL AID OF WESTERN OHIO (LAWO)                             | 34-1485732 |                               | 5,632.                   | 0.                               |   |  | GENERAL OPERATIONS                 |
| WOOD COUNTY HUMANE SOCIETY                                   | 34-1119409 |                               | 5,305.                   | 0.                               |   |  | GENERAL OPERATIONS                 |
| DONOR DESIGNATIONS TO AGENCIES - UNDER \$5,000               |            |                               | 643,117.                 | 0.                               |   |  | SUPPORT FOR VARIOUS AGENCIES       |
|  |            |                               |                          |                                  |   |  |                                    |
|  |            |                               |                          |                                  |   |  |                                    |

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

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

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

**PART I, LINE 2:**

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

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



**Part IV** Supplemental Information

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: LOCAL INITIATIVES SUPPORT CORPORATION

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

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: YMCA/JCC OF GREATER TOLEDO

(H) PURPOSE OF GRANT OR ASSISTANCE: LEAD PARTNER, COMMUNITY CENTER-BASED HUBS, LIVE WELL GREATER TOLEDO, SUCCESS IN SCHOOLS INITIATIVE, GENERAL OPERATIONS

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREATER TOLEDO

Employer identification number

34-4427947

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

|           | Yes | No                                  |
|-----------|-----|-------------------------------------|
|           |     |                                     |
| <b>1b</b> |     |                                     |
| <b>2</b>  |     |                                     |
|           |     |                                     |
| <b>4a</b> |     | <input checked="" type="checkbox"/> |
| <b>4b</b> |     | <input checked="" type="checkbox"/> |
| <b>4c</b> |     | <input checked="" type="checkbox"/> |
|           |     |                                     |
| <b>5a</b> |     | <input checked="" type="checkbox"/> |
| <b>5b</b> |     | <input checked="" type="checkbox"/> |
|           |     |                                     |
| <b>6a</b> |     | <input checked="" type="checkbox"/> |
| <b>6b</b> |     | <input checked="" type="checkbox"/> |
|           |     |                                     |
| <b>7</b>  |     | <input checked="" type="checkbox"/> |
|           |     |                                     |
| <b>8</b>  |     | <input checked="" type="checkbox"/> |
|           |     |                                     |
| <b>9</b>  |     |                                     |

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

Schedule J (Form 990) 2022

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

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

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

| (A) Name and Title       |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                          |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) WENDY PESTRUE<br>CEO | (i)  | 157,722.   | 10,617.                             | 0.                                  | 8,049.   | 662.                    | 177,050.                        | 0.  |
|                          | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|                          | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                          | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                          | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                          | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                          | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                          | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                          | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                          | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                          | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                          | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                          | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                          | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                          | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                          | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                          | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                          | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                          | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                          | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                          | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                          | (ii) |  |                                     |                                     |  |                         |                                 |   |



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREATER TOLEDO

Employer identification number

34-4427947

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

DATA ANALYTICS, UNITED WAY VOLUNTEER CENTER, UNITED WAY PUBLIC

POLICY/ADVOCACY, COMMUNITY IMPACT

EXPENSES \$ 532,105. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION HAS UPDATED ITS CODE OF REGULATIONS SINCE THE PRIOR FORM 990 WAS FILED. THE AMENDED CODE OF REGULATIONS INCLUDED CLARIFICATION ON THE TERMS OF OFFICE FOR DIRECTORS. THE DOCUMENT ALSO ADDED THE ABILITY FOR THE CHAIR, VICE CHAIR, OR TWO BOARD MEMBERS TO CALL A SPECIAL MEETING OF THE BOARD. A THIRD STANDING COMMITTEE WAS ADDED, AN EXECUTIVE COMMITTEE, AS WELL AS INFORMATION ABOUT THE NUMBER OF MEMBERS AND ITS ROLE. ADDITIONAL DATA WAS ADDED REGARDING MEMBERS AND ROLE FOR THE OTHER TWO STANDING COMMITTEES - THE AUDIT/FINANCE COMMITTEE AND THE GOVERNANCE COMMITTEE. THE AMENDMENT WAS APPROVED OCTOBER 19, 2022.

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

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

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

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

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

Schedule O (Form 990) 2022

Name of the organization

UNITED WAY OF GREATER TOLEDO

Employer identification number

34-4427947

## ACKNOWLEDGEMENT OF THE POLICY AND MONITOR TO 100% PARTICIPATION.

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

## PROGRAM PHILOSOPHY AND OBJECTIVES

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

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

|  |  |
|--|--|
| Name of the organization<br>UNITED WAY OF GREATER TOLEDO | Employer identification number<br>34-4427947 |
|--|--|

---

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

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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.

|  |  |
|--|--|
| Name of the organization<br>UNITED WAY OF GREATER TOLEDO | Employer identification number<br>34-4427947 |
|--|--|

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.

#### 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



|  |  |
|--|--|
| Name of the organization<br>UNITED WAY OF GREATER TOLEDO | Employer identification number<br>34-4427947 |
|--|--|

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 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                                     | -168,134. |
| CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST | 62,255.   |
| TOTAL TO FORM 990, PART XI, LINE 9                        | -105,879. |

FORM 990, PART XII, LINE 2C:

THE PROCESS USED HAS NOT CHANGED.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |

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

| (a)<br>Name, address, and EIN<br>of related organization                                  | (b)<br>Primary activity   | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|---|---|-------------------------------|---|-------------------------------------|--|----|
|   |   |   |                               |   |                                     | Yes  | No |
| UPIC SOLUTIONS, INC. - 61-1386122<br>2146 CHAMBER CENTER DRIVE<br>FORT MITCHELL, KY 41017 | PROVIDES ADMINISTRATIVE<br>SHARED SERVICES TO LOCAL<br>UNITED WAYS. | KENTUCKY  | 501(C)(3)                     | 509(A)(3)   | N/A                                 |  | X  |
|   |   |   |                               |   |                                     |  |    |
|   |   |   |                               |   |                                     |  |    |
|   |   |   |                               |   |                                     |  |    |
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|   |   |   |                               |   |                                     |  |    |
|   |   |   |                               |   |                                     |  |    |

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

Schedule R (Form 990) 2022



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

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

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

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

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

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) UPIC SOLUTIONS, INC.            | M                             | 175,502.               | ACTUAL PAYMENTS MADE FOR SERVICES            |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |



