Form 990	Form	990
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Return of Organization Exempt From Income Tax

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

Department of the Treasury

► Do not enter Social Security numbers on this form as it may be made public.

2020 Open to Public

OMB No. 1545-0047

		Prive Service Information about Form 990 and its instructions		-		Inspect	ion
A F	or th	e 2020 calendar year, or tax year beginning 07/01, 2020	, and endin	<u> </u>		0, 20 21	
Bc	heck if ap	C Name of organization		D Employer id	entificatio	n number	
	_	UNITED WAT OF GEAUGA COUNTI					
	Addre	Je Doing Business As		20-557			
	Name	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone n		•	
	Initial	return 209 CENTER STREET, UNIT H		(216) 43	6-210	0	
	Term Amer					1 5 4 0	000
	returr Applie			G Gross receip		1,549	·
	pendi	ng Name and address of principal shired. ACCOST A. NATCHI OK		H(a) Is this a gro subordinates	s?		XN
-		1331 EUCLID AVENUE, CLEVELAND, OH 44115		H(b) Are all subord			
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527			e instructions)	270
		te: WWW.UWSGC.ORG		H(c) Group exem			378
_		of organization: Corporation Trust X Association Other	L Year of	formation: 2000 M	State of le	gal domicile:	OH
Pa	art I	Summary	ירספת פיייד				
	1	Briefly describe the organization's mission or most significant activities: TO UN MEASURABLY IMPROVE THE SELF SUFFICIENCY OF INDIV				J 	
nce		GEAUGA COUNTY.	LDUALS A				
Governance	2	Check this box					
Š	2 3				3		69.
	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	• • • • • •				68.
Activities &					4		00.
iviti	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5		319.
Acti	6	Total number of volunteers (estimate if necessary)			6		<u> </u>
		Total unrelated business revenue from Part VIII, column (C), line 12			7a		0
	D	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	7b	Current Y	
	•	Contributions and grants (Dart) (III, line (h)		1,117,79	39	1,040	
IUe	8	Contributions and grants (Part VIII, line 1h)	Y FOR	340,80			3,792
Revenue	9	Program service revenue (Part VIII, line 2g) PUBLIC II	SPECTION	510,00	0.	52.	<u>2 (</u>
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		61,54		18/	4,608
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,520,20		1,549	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		535,10			1,452
	14			555,10	0.		<u>, 152</u>
	4.5	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.		0
ses	10				0.		0
Expenses	10a	Professional fundraising fees (Part IX, column (A), line 11e)					
Ě	17	Total fundraising expenses (Part IX, column (D), line 25) Other eveneses (Part IX, column (A) lines 11a, 11d, 114, 24a)		670,60	0.6	58	8,475
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,205,70			9,927
		Revenue less expenses. Subtract line 18 from line 12		314,50			9,371
es				Beginning of Current		End of Yea	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		762,89		1,220	
Ass Bal	21	Total liabilities (Part X, line 26)		448,39			6,150
und /	22	Net assets or fund balances. Subtract line 21 from line 20.		314,50		1,143	
	rt II	Signature Block					
-		nalties of perjury, I declare that I have examined this return, including accompanying schedu	ules and statem	ents, and to the best c	of my know	ledge and b	elief, it is
true	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer has	s any knowledge.			
Sig		Signature of officer		Date			
He	re						
		Type or print name and title					
	_	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN		
Paic		PAUL HAMMERSCHMIDT	5/4/2		/ed P0	1384178	}
	oarer	Firm's name BDO USA, LLP			13-538	31590	
Use	Only	Firm's address ▶ 100 PARK AVENUE NEW YORK, NY 10017-500)1	Phone no.		85-8000	
Мау	the I	RS discuss this return with the preparer shown above? (see instructions)				X Yes	No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)

	n 990 (20	•			Page 2
Pa	rt III	Statement of Program Servic	a response or note to any line in this	Part III	X
1	Briefly	describe the organization's miss			
			Y'S MISSION IS TO BE THE :	LEADER IN	
	IMPRO	VING THE QUALITY OF L	IFE IN OUR COMMUNITY. THI	S IS ACCOMPLISHED	
	BY UN	ITING PEOPLE AND RESO	JRCES TO MEASURABLY IMPRO	VE THE	
	SELF-	SUFFICIENCY OF INDIVI	DUALS AND FAMILIES IN GEA	UGA COUNTY.	
2			gnificant program services during the		
	prior Fo	orm 990 or 990-EZ? describe these new services or	n Schedule O.		Yes X No
3			ing, or make significant changes	in how it conducts, any progr	am
					Yes X No
		describe these changes on Sch			
4	expense	es. Section 501(c)(3) and 501	service accomplishments for each (c)(4) organizations are required to for each program service reported.		
4a	(Code:		354,212. including grants of \$	131,452.) (Revenue \$	323,792.)
	A'1"1'A	CHMENT 1			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	<u></u>				
4C	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other p (Expension)	rogram services (Describe on S		2010 [©]	
4e	<u> </u>	ses \$ Including ogram service expenses ►	grants of \$) (Rev 354,212.	enue φ)	
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Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Tes	NO
•	complete Schedule A.	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
11	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			77
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		x
20 a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	ĺ

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Part IX Checklist of Reguired Schedules (continued) via: No. 22 bit the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, continue Schedule J. 22 X 23 bit the organization answer Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization scurent and former officers, fuscess, trustees, key employees, and highest compensated employees // Yes, complete Schedule J. 23 X 24 Dit the organization naves at sex-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the yaar, that was issued after December 31, 2002? If 'Wes, 'answer lines 244 X 240 Dit the organization invest any proceeds of tax-exempt bonds buyond a temporary period exception? 246 25 Section 501(c)(3, 901(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 256 26 Did the organization maxims that it engaged in an excess benefit transaction with a disqualified person during the year? 266 × 27 Mis the organization particle way mount on Part X. line 5 or 12, for reactivelas from or particle, have any mount on the X way from provide schedule L, Part I. 268 × 27 Did the organization particle and yurb or the assistance to any current or formore officer, director, trustes, key employee, crea	-	90 (2020)		F	age 4
22 Did the organization report more than 55,000 of grants or other assistance to or for domestic individuals on Part IX, column (h), line 27 if "Yes," complete Schedule I, Parts I and III	Part	V Checklist of Required Schedules (continued)		Ves	No
Part IX column (A), line 27 II "Ves," complete Schedule I, Parts Jand II	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NU
23 Did the organization answer "Yes" to Part VII. Section A. line 3, 4. or 5 about compensation of the organization scurrent and former officer, directors, trustees, key employees, and highest compensation of the organization answer Wes" (and complete Schedule J. No. 70 or 10h 25 a	22		22	х	
argeization's current and former officers, directors, trustees, key employees, and highest compensated employees (11 % 25, complete Schedule K /I % 10, 20 to 16 was its with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 20 22, If % 25, answer lines 240 24a 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2022, If % 25, answer lines 240 24a X 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24a X 25 Baction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person uning 900 or 900-c? 25a X 25 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person uning 900 or 900-c? 25b X 26 Did the organization reported an any of the organization sport Forms of fileer, director, trustee, key employee, creator or founder, substantial contributor, and yor of these persons? If % 25, complete Schedule L, Part I. X 27 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part I. X 28 Was the organization ender were than the second the second and the second the se	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, intravals used affer December 31, 2002? If "Yes," complete Schedule K If "No," go to fine 25a					
S100,000 so of the last day of the year, that was issued after December 31, 2002? If Yes," answer inters 240 24 x b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d d Did the organization act as an "on behall of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)3), 501(c)40, and 501(c)20) organizations. Did the organization enages in an excess benefit transaction with a disqualified person during the year? 24d 25a Section 501(c)3), 501(c)40, and 501(c)20) organizations. Did the organization sprote max answers 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? 7 d Did the organization prover than anot been reported on any of the organization apart of trans of the prior of founder, substantial contributor, or solve complete Schedule L, Part II. 26b X 27 Did the organization proving any of these persons? II "Yes," complete Schedule L, Part II. 26c X 28 Was the organization aparty to a business transaction with and exceptions? 27c X 28 Was the organization aparty to a business transaction with accorder or substantial contributor? II "Yes," complete Schedule L, Part II.		employees? If "Yes," complete Schedule J.	23	Х	
through 24d and complete Schedule K /f "Ao," or to line 25a 24d X b Did the organization maintain an excrew account other than a refunding escrew at any time during the year? 24d X c Did the organization excrempt bonds?, 24d X X 24a Zdc Zdc Zdc 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? Zdc Zdc 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? Zdc Zdc 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations prior forms 990 or 930-E27 Zf "yes," complete Schedule L, Part I. Zdc Zdc 25b 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 analy to a bustantial contributor of family member of any of these persons? If "Yes," complete Schedule L, Part II. Zdc Zdc 27 Was the organization a party to a bustantial contributor or family member of any of these persons? Zdc Zdc 27 Was the organization applicable filing thresholds, conditions, and exceptions): Rdc Rdc Rdcurent or former officer, director, trustee,	24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 25a Section Stol(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 25a Section Stol(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization serves the effit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization serves the efft transaction with a disqualified person in a prior year, and that the transaction these persons? If Yes, 'complete Schedule L, Part I. 25b X 27 Did the organization averation provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or saff. 26c X 27 Did the organization averation provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If 'res,' complete Schedule L, Part II. 27c X 28 Was the organization aperty to a business transaction with one of the following parties (see Schedule L, Part IV. 28a X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualitation setting the year? 28a X 29 Did the organization aparty to a business transaction with ore organization ap		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Z4c 23a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? Z5a 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? Z5a 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? Z5b 25b X Total the transaction has not been reported on any of the organization problem tary 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 former officer, director, trustee, key employee, treator or former officer, director, trustee, key employee, treator or founder, substantial contributor? Z6 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, treator or founder, or substantial contributor? Z7 28 Was the organization reported in line 22a? If Yes, "complete Schedule L, Part IV. Z8a 29 Did the organization required is the mate S25, 000 in non-cash contributions? If Yes, "complete Schedule L, Part IV. Z8a 29 Did the organization figuidate, terminate, or dissolve and case operations? If Yes,			24a		Х
to defease any tax-exempt bonds?,			24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(23) organizations. Did the organization regage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25a x 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" promose on a prior year, and that the transaction has not been reported on any of the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or tamily member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 27 Did the organization approach as any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or any of the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28a X 24 A current of former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV. 28b X 24 Mas the organization neceive more than 325,000 in non-cash contributions? If "Yes," complete Schedule N, Part I <td>С</td> <td></td> <td></td> <td></td> <td></td>	С				
25a Section 50 (c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and the transaction with a disqualified person in a prior year, and that the transaction neoperated on any of the organization's prior Forms 990 or 990-E27. 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 256 X. 27 Did the organization approved a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereol, or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27 X. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 X. 29 Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 28a X. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II. 30 X. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II. 31 X 29 Did the organization includets, terminate, or dissobe and cease operations? If "Yes," complete Schedule N,					
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25 X b Is the organization average that it engaged in an excess benefit transaction with a disqualified person in a pice. 25 X 2 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 27 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 employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "yes," complete Schedule L, Part II. 27 X 2 Was the organization applicable filing thresholds, conditions, and exceptions): a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "yes," complete Schedule L, Part IV. 28a X 2 A b A family member of any individual described in line 28a? If "As," complete Schedule L, Part IV. 28a X 2 Did the organization receive more than 525,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 3 Did the organization receive more than 525,000 in non-cash contributions? If "Yes," complete Schedule N. Part II. 3			24d		
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 organizatiors prior Form 390 or 390-E27 1/1 'Yes, 'complete Schedule L, Part I. 25 Uit the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II. 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 26a 29 X A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV. 28a 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule N. Part II. 30 30 Did the organization receive more individual sack and cease operations? If 'Yes,' complete Schedule N. 31	25 a				37
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? 25b X. 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes, 'complete Schedule L, Part II. 26 X. 27 Did the organization provide a grant or other assistance to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? If 'Yes, 'complete Schedule L, Part II. 27 X. 28 Was the organization provide a grant or other assistance to any current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? II 27 X. 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV. 28a X. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule L, Part IV. 28a X. 29 Did the organization neceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. 28 X. 20 Did the organization subtaction teaving accomplete Schedule R,			25a		Х
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36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	b		25h		
related organization? If "Yes," complete Schedule R, Part V, line 2	36		350		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X 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 Ia 0. Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Ib 0. Ib Ib Ic Ic c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Ic Form 990 (2020	30		36		х
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37				
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 0. 1a 1b 0. 1a 1b 0. 1a 1b 0. 1a	01		37		х
19? Note: All Form 990 filers are required to complete Schedule O. 38 X 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 Image: Check if Schedule O contains a response or note to any line in this Part V 1a 0. Image: Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Image: Check if O contains a response or note to any line in this Part V Image: Check if O contains a response or note to any line in this Part V b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Image: Check of	38				
Yes Yes No 1a 0. 1a			38	х	
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0. 1a	Part				
Yes No 1a 0. 1a 0. <			<u>.</u>	<u></u> .	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0. c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 1c JSA DE1030 1.000 Form 990 (2020)					No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1a				
reportable gaming (gambling) winnings to prize winners?	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
JSA 0E1030 1.000 Form 990 (2020	С				
0E1030 1.000	10.	reportable gaming (gambling) winnings to prize winners?			
	JSA 0E1030		Form		

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
40-		12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	Tou		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
5	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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Form 9	90 (2020) UNITED WAY OF GEAUGA COUNTY 20-5575	556	F	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 69			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 68			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	-	v	
а	The governing body?	8a	X X	
	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			х
Socti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9 Codo)	
Jecu	on B. Poncies (This Section B requests information about policies not required by the internal Revenue		.) Yes	No
10-	Did the experimetion have least charters branches as effiliates?	10a	Х	
	Did the organization have local chapters, branches, or affiliates?	Tou		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
~	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
-	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright_{OH}^{OH}$,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	t inter	est p	olicy,
	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 record DEBORAH ENTY, CFO, 1331 EUCLID AVENUE CLEVELAND, OH 44115 216-436-2100	s 🕨		
		Form	990	(2020)
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Part VII	Compensation Independent Co			Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
Check if Schedule O contains a response or note to any line in this Part VII											
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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.

	(C)									
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and title	Average	•				is both		Reportable	Reportable	Estimated amount of other
	hours per week					or/trust		compensation from the	compensation from related	compensation
	(list any		_		1		, 1	organization	organizations	from the
	hours for	r dir	nstitu	Officer	ey e	mplc	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related organizations	Individual trustee or director	Institutional	Ť	Key employee	Highest compensated employee	P			related organizations
	below	r trus	al tr		byee	duc				
	dotted line)	tee	trustee			ensa				
			e			ated				
(1) AUGUST A NAPOLI, JR.	1.00									
PRESIDENT & CEO, SECRETARY	39.00	Х		Х				0.	332,941.	25,870.
(2) KATHLEEN TAYLOR	1.00									
CHIEF OF STAFF	39.00					X		0.	148,210.	35,607.
(3) AARON PETERSAL	1.00									
VP, RD OPERATION	39.00					Х		0.	135,614.	48,185.
(4) JULIANNE GOZAR	1.00									
VP, HR & OPERATIONS	39.00					Х		0.	157,374.	26,000.
(5) HELEN FORBES FIELDS	1.00									
EXECUTIVE VP & GENERAL COUNSEL	39.00				Х			0.	156,740.	23,862.
(6) DEBORAH ENTY	1.00									
CFO & VP FINANCE	39.00			Х				0.	162,078.	15,007.
(7) WILLIAM WINANS	1.00									
VP, BRAND STRATEGY & MARKETING	39.00					Х		0.	133,169.	28,697.
(8) NANCY MENDEZ	1.00									
VP, COMMUNITY IMPACT	39.00					Х		0.	127,377.	14,855.
(9) PAUL J. DOLAN	.30									
CHAIRMAN OF THE BOARD	4.00	Х		Х				0.	0.	0.
(10) ENID B. ROSENBERG	.20									
CHAIR, FIRST VICE	2.00	Х		Х				0.	0.	0.
(11) IRA C. KAPLAN	.20									
CHAIR, SECOND VICE	2.00	Х		Х				0.	0.	0.
(12) GREGORY L. STEFANI	.20									
CHAIR, FINANCE & TREASURER	2.00	Х		Х				0.	0.	0.
(13) PATRICK M. PASTORE	.20									
CHAIR, RD COMMITTEE	2.00	Х		Х				0.	0.	0.
(14) DEE BAGWELL HASLAM	.20									
CHAIR, MRKT & BRAND STRATEGY	2.00	Х		Х				0.	0.	0.

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	(A)	(B)			(C	;)			(D)	(E)		(F)
	Name and title	Average hours per week (list any hours for	per (do not check more than box, unless person is both for officer and a director/trus						Reportable compensation from the	Reportable compensation fro related organizations	m am com	timated ount of other pensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	organo	om the anization d related anizations
	KEITH J. LIBMAN CHAIR, AUDIT COMMITTEE	.20	x		x				0.	0		
6)	JAMES A. RATNER CHAIR, GOVERNANCE & NOMINATING	.20	x		x				0.	0		
7)	BRIAN J. RICHARDSON CHAIR, HR COMMITTEE	.20	x		x				0.	0		
8)	FELTON THOMAS JR. CHAIR, COMMUNITY IMPACT COMM	.20	x		x				0.	0		
9)	DANIEL P. WALSH JR. CHAIR, PLANNING COMMITTEE	.20	x		x				0.	0		
)	JOHN R. CORLETT CHAIR, PUBLIC POLICY COMMITTEE	.20	x		^ X				0.	0		
L)	CHRIS ADAMS	.10	x		27				0.	0		
2)	THOMAS W. ADLER	.10	X						0.	0		
3)	TANISHA BRILEY (THRU 9/2020)	.10							0.	0		
1)	HARRIET APPLEGATE	.10	X		_							
5)	DIRECTOR CRAIG ARNOLD	1.00	X						0.	0		
	DIRECTOR	1.00	X						0. 0.	0	3. 2	218,08
d T	otal from continuation sheets to Part VII, S otal (add lines 1b and 1c) otal number of individuals (including but not	<u></u>			1 at) who		0 . 0 . ceived more than	1,353,503). 3. 2	218,08
r	eportable compensation from the organization	n 🕨	0.									Yes N
e	Did the organization list any former offic mployee on line 1a? <i>If "Yes," complete Schedu</i> for any individual listed on line 1a, is the s	ule J for su	ch ind	lividu	al .	• •		•		• • • • • • • • • •	3	
C	rganization and related organizations granding and related organizations granding and the second sec	eater than	\$15	50,00)0?	lf	"Yes,	," (complete Schedu	le J for such	4	X
f	Did any person listed on line 1a receive or or services rendered to the organization? If "Ye										5	
	ion B. Independent Contractors											
С	Complete this table for your five highest com ompensation from the organization. Report c ear.											
	(A) Name and business add	Iress							(B) Description of se	rvices	(C) Compens	ation

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

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than c is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		stee	rustee		æ	pensated				
5) EDWARD J. BELL	.10									
DIRECTOR	1.00	X						0.	0.	
7) INDIA L. BIRDSONG (EFF. 9/20								0	0	
DIRECTOR 3) LOGAN BROADBENT (EFF. 9/2020	1.00	X						0.	0.	
DIRECTOR	1.00	x						0	0.	
9) MAYNARD BUCK	.10								0.	
DIRECTOR	1.00	x						0	0.	
D) MARC S. BYRNES	.10	<u> </u>								
DIRECTOR	1.00	x						0	0.	
1) MATT CARROLL	.10									
DIRECTOR	1.00	Х						0.	0.	
2) NABIL CHEHADE, M.D.	.10									
DIRECTOR	1.00	Х						0.	0.	
3) REV. DR. JAWANZA KARRIEM COLV										
DIRECTOR	1.00	X						0.	0.	
4) MICHELE L. CONNELL	.10								0	
DIRECTOR	1.00	X						0.	0.	
5) DELOS M. COSGROVE DIRECTOR	.10	x						0	0.	
5) COLLEEN COTTER	.10							0.	0.	
DIRECTOR	1.00	x						0	0.	
b Sub-total								0.	0.	
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)										
 2 Total number of individuals (including but n reportable compensation from the organization 3 Did the organization list any former of employee on line 1a? <i>If "Yes," complete Sch</i> 	tion ► fficer, directo	0 or, or	• tru	uste	e,	key e	emp	loyee, or highes	compensated	Yes N
For any individual listed on line 1a, is the organization and related organizations <i>individual</i> .	e sum of rep greater than	oortat \$15	ole c 50,0	com 00?	pen / <i>If</i>	isation "Yes	n ai s,"	nd other compens complete Schedu	sation from the le J for such	4 X
 Did any person listed on line 1a receive for services rendered to the organization? If Section B. Independent Contractors 										5 X
Complete this table for your five highest concerning the organization. Report year.										
	address							(B) Description of se	rvices C	(C) ompensation
(A) Name and business										

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(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles r anc	neck ss pe d a d	ition more rson lirect	e than o is both or/trusto	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
) KAREN R. CRONIN (EFF. 3/2021) DIRECTOR	.10	x						0.	. 0.	
) JOE DIROCCO DIRECTOR	.10 1.00	x						0.	0.	
) DAVID J. ENZERRA DIRECTOR	.10	x						0.	. 0.	
) DAVID C. FULTON JR. DIRECTOR	.10	x						0.	. 0.	
) PATRICK GAREAU DIRECTOR	.10	x						0.	. 0.	
) ERIC S. GORDON DIRECTOR	.10	x						0.	. 0.	
) DIRECTOR	.10	x						0.	. 0.	
) HOWARD HANNA DIRECTOR	.10	x						0.	0.	
) J. DAVID HELLER DIRECTOR	.10	x						0.	0.	
) STEPHEN HOFFMAN DIRECTOR	.10	x						0.	. 0.	
) ANDREA M. HOGBEN DIRECTOR	.10	X						0.	0.	
 b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization 	limited to tl		liste			e) who	► ► • re	ceived more than	\$100,000 of	
Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										Yes N 3 2
For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,00	00?	lf	"Yes	;," (complete Schedu	le J for such	4 X
Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i> ection B. Independent Contractors										5
Complete this table for your five highest com compensation from the organization. Report of year.										
(A) Name and business ad	dress							(B) Description of se	ervices C	(C) compensation

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	ition more erson	e than o is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
) HON. FRANK G. JACKSON	.10		ŏ			ated				
DIRECTOR	1.00	Х						0.	0.	
) ALEX JOHNSON, PH.D	.10									
DIRECTOR	1.00	Х						0.	0.	
) SHARON SOBOL JORDAN	.10									
DIRECTOR	1.00	Х						0.	0.	
) LEN KOMOROSKI	.10							_		
DIRECTOR	1.00	X						0.	0.	
) SUSAN D. KRANTZ DIRECTOR	.10 1.00	Х						0.	0.	
) WILLIAM F. LACEY	.10	Δ			-			0.	0.	
DIRECTOR	1.00	Х						0.	0.	
) CECIL J. LIPSCOMB	.10								~ •	
DIRECTOR	1.00	х						0.	0.	
) CHARLIE LOUGHEED (THRU 9/2020)	.10									
DIRECTOR	1.00	Х						0.	0.	
) KEVIN MARTIN	.10									
DIRECTOR	1.00	Х						0.	0.	
) TOMISLAV MIHALJEVIC (EFF. 12/2 DIRECTOR	.10 1.00	Х						0.	0.	
) DR. DAVID B. MILLER (EFF. 12/	.10									
DIRECTOR b Sub-total	1.00	Х						0.	0.	
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to th n ► er, directo	nose 0. r, or	liste tru	d at	e, I	e) who	emp	loyee, or highes	compensated	Yes N
employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the sorganization and related organizations gre <i>individual</i> . Did any person listed on line 1a receive or	sum of rep eater than	ortab \$15	ole c 50,0	com 00?	pen / <i>If</i>	isatior "Yes	n ar s," (nd other compens complete Schedu	sation from the le J for such	3 X 4 X
for services rendered to the organization? If "Ye ection B. Independent Contractors										5 X
Complete this table for your five highest com compensation from the organization. Report c year.										
(A) Name and business add	Iress							(B) Description of se	rvices C	(C) ompensation

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(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unless er and	s per a di	ition more rson irect	e than on is both a or/truste	n e)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Est am c comp	(F) timated ount of other pensatio	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anization related nization	b
) SHARI OBRENSKI	.10	v						0	0			
DIRECTOR)) DANIEL O'MALLEY (EFF. 12/2020	1.00	X		_			_	0 .	0.	<u> </u>		
DIRECTOR	1.00	x						0	0.			
L) ANDREW J PAINE III	.10	- 21		_			_	0				
DIRECTOR	1.00	x						0	0.			
2) JEFFERY K. PATTERSON	.10											
DIRECTOR	1.00	х						0	0.			
3) KIM MEISEL PESSES	.10											
DIRECTOR	1.00	x						0	0.			
4) ALLISON TALLER REICH	.10											
DIRECTOR	1.00	Х						0 .	0.			
5) RONALD B. RICHARD	.10											
DIRECTOR	1.00	Х						0 .	0.			
5) ERIKA RUDIN-LURIA	.10											
DIRECTOR	1.00	X						0.	0.	<u> </u>		
7) VICTOR RUIZ	.10											
DIRECTOR	1.00	X						0	0.	<u> </u>		
3) GEORGE A. SAMPLE DIRECTOR	.10	37						0	0.			
9) TARA E. SAMSTAG (THRU 9/2020)	.10	X						0.	. 0.			
DIRECTOR	1.00	x						0	0.			
b Sub-total								0.	0.			
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)						••••						
Provide the second s	limited to th		listed			e) who	rec	ceived more than	\$100,000 of			
											Yes	Ν
B Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3		
										5		_
For any individual listed on line 1a, is the organization and related organizations gr	sum of rep	ortab ¢15		omp	pen If	sation "Vos	ano "	d other compension	sation from the			
individual										4	Х	
Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y										5		2
Section B. Independent Contractors												
Complete this table for your five highest con compensation from the organization. Report or year.												
(A) Name and business ad	dress							(B) Description of se	rvices ((C) Compens	ation	
								2000110101010				
											_	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► JSA DE1055 1.000 7802PW 702V 5/4/2022 2:25:31 PM V 20-7.21

Form 990 (2020)	Form	990	(2020)	
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(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unles: er and	s per I a di	tion more son irecte	e than o is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
0) BEVERLY J. SCHNEIDER DIRECTOR	.10	Х						0.	0.	
1) DONNA SCIARAPPA (THRU 9/2020)	.10									
DIRECTOR	1.00	Х						0.	0.	
2) CARTER L. STRANG (THRU 9/2020)	.10								-	
DIRECTOR	1.00	Х						0.	0.	
3) MARY ANN STROPKAY DIRECTOR	.10 1.00	Х						0.	0.	
4) TARAS G. SZMAGALA JR.	.10	A						0.	0.	
DIRECTOR	1.00	х						0.	0.	
5) NATOYA J. WALKER MINOR	.10									
DIRECTOR	1.00	х						0.	0.	
6) PAUL L. WELLENER IV	.10									
DIRECTOR	1.00	Х						0.	0.	
7) VANESSA L. WHITING, ESQ.	.10									
DIRECTOR	1.00	X						0.	0.	
8) SONALI B. WILSON, ESQ.	.10	37							0	
DIRECTOR 9) THOMAS F. ZENTY III (THRU 10/2	1.00	X						0.	0.	
9) THOMAS F. ZENTY III (THRU 10/2 DIRECTOR	1.00	Х						0.	0.	
0) LORNA WISHAM	.10	21						0.	0.	,
DIRECTOR	1.00	Х						0.	0.	
1b Sub-total						I	►	0.	0.	0
c Total from continuation sheets to Part VII, S	ection A						►			
d Total (add lines 1b and 1c)							►			
 Total number of individuals (including but not reportable compensation from the organization Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i> 	n ► er, directo	0. r, or	tru	stee	ə, k	key e	mp	loyee, or highest	compensated	Yes No
For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	0,00	20?	lf	"Yes	,"	complete Schedu	ation from the le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye Section B. Independent Contractors	accrue col es," complet	npen te Scl	satic nedul	on fi <i>le J</i>	rom <i>for</i>	any <i>such</i>	un per	related organizations of the second	on or individual	5 X
 Complete this table for your five highest com compensation from the organization. Report c year. 										
(A) Name and business add	Iress							(B) Description of se	rvices C	(C) ompensation
							1			

(

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Form 990 (2020)													Page 8
Part VII Section A. Officers, Directors, Tru		ey Enr ∣	nplo			and H	lig			es (co			
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	neck ss pe	ition more rson	than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation related organization	from	Est am	(F) timated ount of other pensatio	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M		fro orga and	om the anizatio I related nization	n d
81) TIMOTHY F. WULIGER DIRECTOR	.10	x						0		0.			0
82) JEFFREY D. ZIMON	.10												
DIRECTOR	1.00	X						0		0.			0
		-											
		-											
		-											
		-											
		-											
		-											
		-											
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	=	· · ·	· ·	 	 	•••		0.		0.			0.
2 Total number of individuals (including but not reportable compensation from the organizatio		hose 0		d al	bove	e) who	o re	eceived more than	\$100,000 of				
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations grain <i>individual</i> .	eater than	\$15	50,0	00?	lf	"Yes	;,"	complete Schedu	le J for su	ch	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue con	mpen	sati	on f	from	any	un	related organization	on or individu	ıal	5		X
Section B. Independent Contractors													
 Complete this table for your five highest com compensation from the organization. Report of year. 													
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) ompens	ation	
2 Total number of independent contractors (in	ncluding bu	ut not	t lin	nited	d to	thos	e li	isted above) who	received				

more than \$100,000 in compensation from the organization **>** JSA DE1055 1.000 7802PW 702V 5/4/2022 2:25:31 PM V 20-7.21

Form 990 (2020)

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		Check if Schedule	e O co	ontains a respo	nse or note to ar	ny line in this Part \	/		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ស ស	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues							
ັລີຍີ		Fundraising events							
Å,	C L	-							
lar İar	d	Related organizations							
in.	е	Government grants (co							
ρio	f	All other contributions,	-	-					
hei		and similar amounts not in	nclude	d above . 1f	1,040,898.				
Ξđ	g	Noncash contributions	inclu	ded in					
ğğ		lines 1a-1f		1g	\$				
ာ ရ	h	Total. Add lines 1a-1f			. <u></u>	1,040,898.			
					Business Code				
e	2a	INFORMATION, REFERRA	AL & E	MPLOYMENT SVCS	900099	323,792.	323,792.		
ē Š	b								
nu Se									
E S	C								
2 See	d								
Program Service Revenue	e								
ш.	f	All other program servi			<u> </u>				
	g	Total. Add lines 2a-2f				323,792.			
	3	Investment income	•	•	-				
		other similar amounts).			🕨	0.			
	4	Income from investme	ent of	tax-exempt bond	I proceeds 🔒 🕨	0.			
	5	Royalties		<u></u>	. <u></u>	0.			
				(i) Real	(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses	6b						
	c	Rental income or (loss)							
	d	Net rental income or (lo			►	15,055.			15,055.
		Gross amount from		(i) Securities	(ii) Other	10,0001			1070001
	7a								
		sales of assets							
		other than inventory	7a						
ne	b	Less: cost or other basis							
Revenue		and sales expenses	7b						
Ś	с	Gain or (loss)	7c						
	d	Net gain or (loss)		<u></u>	. <u></u>	0.			
Other	8a	Gross income from	m f	undraising					
0		events (not including \$		•					
		of contributions rep							
		1c). See Part IV, line 18			0.				
	h	Less: direct expenses			0.				
	b C	Net income or (loss) fr				0.			
						0.			
	9a		rom	gaming	0.				
		activities. See Part IV, li							
	b	Less: direct expenses			0.				
	c	Net income or (loss) f	rom g	aming activities	<u>, ▶</u>	0.			
	10a	Gross sales of i							
		returns and allowances	· · ·	<u>10a</u>	0.				
	b	Less: cost of goods sole	d						
	С	Net income or (loss) fro	om sal	les of inventory	. <u></u>	0.			
s					Business Code				
e sou	11a	MISCELLANEOUS INCOME	C		900099	169,553.			169,553.
nu									
sllŝ	b								
Miscellaneous Revenue	c d	All other revenue							1
Ξ	d	Total. Add lines 11a-1				169,553.			
	<u>е</u> 12	Total revenue. See ins				1,549,298.	323,792.		184,608.
	14	i otai ievenue. See IIIS	auctio		•••••	1,549,298.	263,192.		104,008.

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 (C) Management and (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 125,427. 125,427. and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic 6,025 6,025 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and 0 foreign individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 0 trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 0 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0 9 Other employee benefits 0 10 11 Fees for services (nonemployees): 0 a Management 0 **b** Legal 3,308. 3,308 c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 9,961. 47,775 19,412. 18,402 (A) amount, list line 11g expenses on Schedule O.) 0 12 Advertising and promotion 1,782. 9,198. 3,473. 3,943. 13 Office expenses 9,058. 3,442. 3,850. 1,766. 14 Information technology 0 15 Royalties 45,014. 17,105. 19,131 8,778. Occupancy 16 1,784. 758 678 348. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 2,884 1,096 1,226 562. 19 Conferences, conventions, and meetings 0 Interest 20 0 21 Payments to affiliates 0 Depreciation, depletion, and amortization 22 1,026. 1,026. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aREIMBURSED PAYROLL EXPENSES 467,247. 177,554. 198,580 91,113. **MISCELLANEOUS EXPENSES** 1,181 1,181 С d e All other expenses 719,927 354,212. 251,405 114,310. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

following SOP 98-2 (ASC 958-720)

JSA

art X				. <u> </u>
	Check if Schedule O contains a response or note to any line in this Pa		• • • •	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	200.	1	(
2	Savings and temporary cash investments.	0.	2	(
3	Pledges and grants receivable, net	762,693.	3	607,650
4	Accounts receivable, net.	0.	4	(
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	
6	Loans and other receivables from other disqualified persons (as defined			
-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	
7	Notes and loans receivable, net	0.	7	
8	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	0.	9	
-	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation	0.	10c	
11	Investments - publicly traded securities.	0.	11	612,37
12	Investments - other securities. See Part IV, line 11	0.	12	
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	0.	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	762,893.	16	1,220,02
17	Accounts payable and accrued expenses	0.	17	76,15
18	Grants payable	380,830.	18	
19	Deferred revenue.	67,560.	19	
20	Tax-exempt bond liabilities.	0.	20	
20	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	
22	Loans and other payables to any current or former officer, director,		21	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third		27	
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	
26	Total liabilities. Add lines 17 through 25.	448,390.	26	76,15
20	Organizations that follow FASB ASC 958, check here ► X	110,0701	20	
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	314,503.	27	1,143,87
28	Net assets with donor restrictions.	0.	28	
	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	314,503.	32	1,143,874
		762,893.	33	1,220,024

Form **990** (2020)

UNITED	WAY	OF	GEAUGA	COUNTY

Form 99	90 (2020)			Pa	ge 12
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		49,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		19,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		29,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	14,5	503.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,1	43,8	374.
Part					
	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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-	2c	37	
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, e	xplain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in the			v
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	3b		

Form **990** (2020)

SCHEDULE A

Public Charity Status and Public Support

(Form 990 or 990-EZ) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Bopartinent of the frequency					Inspection				
Nam	e of th	ne organization	1					Employer identifi	
		D WAY OF G				<u> </u>		20-55755	
Pa					-			art.) See instructions	S
	orga				t is: (For lines 1 through the state of a surgery s			,	
1	\square				tion of churches desc				
2					. (Attach Schedule E	-			
3 4	\square		-	-	rganization described			n section 170(b)(1)(A)	(iiii) Entor the
4		hospital's nam	-			spilai ue	Scribeu ii		
5					a college or universit		d or one	arated by a governme	ntal unit described in
Ŭ		•		Complete Part II.)	a concept of anivoron	ly owned		fated by a governme	
6					rnmental unit describe	d in sect	ion 170	b)(1)(A)(v).	
7	х								om the general public
		-		(1)(A)(vi). (Compl		••	Ū		0
8					b)(1)(A)(vi). (Complete	e Part II.)			
9		An agricultura	I research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university o	or a non-land-	grant college of ag	griculture (see instruc	tions). E	nter the	name, city, and state of	f the college or
		university:							
10 11		receipts from support from acquired by th	activities rela gross investm ne organizatio	ited to its exempt f nent income and u on after June 30, 1	functions, subject to c	ertain ex able inco (a)(2). (0	ceptions ome (les Complete		331/3 % of its
12		•	•		•	•			arry out the purposes
		-	-	-		-			ee section 509(a)(3).
									nes 12e, 12f, and 12g.
а		Type I. A su	upporting orga	anization operated	l, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
				-		-		f the directors or truste	
		_ supporting c	organization.	You must complet	te Part IV, Sections A	and B.			
b		Type II. A s	upporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organization	on(s), by having
		control or m	nanagement c	of the supporting o	organization vested in	the sam	e persor	ns that control or man	age the supported
	_	-		-	, Sections A and C.				
С		•••						n with, and functional	ly integrated with,
			-		ns). You must comple				
d			-					ection with its suppor	
			•	• •	• •	•		oution requirement and	an attentiveness
_					omplete Part IV, Sect				
е			-		a written determination			hat it is a Type I, Type I	і, туре ш
f	Ent				nonally integrated sup			lion.	
g				-	orted organization(s).				
		ame of supported of		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	.,		0		(described on lines 1-10		ur governing	support (see	other support (see
					above (see instructions))	Yes	ment? No	instructions)	instructions)
(
(A)									
(B)									
(C)									
(D)									
(E)									
Tota									
For	aper	work Reduction A	Act Notice, see th	e Instructions for Form	1 990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

20-5575556

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,361,698.	1,323,446.	936,778.	1,117,799.	1,040,898.	5,780,619.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,361,698.	1,323,446.	936,778.	1,117,799.	1,040,898.	5,780,619.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
~	shown on line 11, column (f)						62,453.
$\frac{6}{800}$	Public support. Subtract line 5 from line 4 tion B. Total Support						5,718,166.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,361,698.	1,323,446.	936,778.	1,117,799.	1,040,898.	5,780,619.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13,560.	14,942.	19,508.	17,913.	15,055.	80,978.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		13,039.	4,965.	9,963.		27,967.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>				33,667.	169,553.	203,220.
11	Total support. Add lines 7 through 10						6,092,784.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	1,164,391.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>	<u></u>	third, fourth,	or fifth tax yea	r as a section	501(c)(3)
Sec	tion C. Computation of Public Supp	port Percentag	ge				
14	Public support percentage for 2020 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	93.85 %
15	Public support percentage from 2019					15	96.50 %
16a	331/3% support test - 2020. If the org	anization did n	ot check the box	k on line 13, ar	nd line 14 is 33	1/3 % or more, cl	
	box and stop here. The organization qu						
b	331/3% support test - 2019. If the org	anization did no	ot check a box o	n line 13 or 16	a, and line 15 is	s 331/3 % or mor	e, check
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part VI how the organization meets t			-	-		
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz					-	
	in Part VI how the organization meets			•	•		
	organization						
18	Private foundation. If the organizatio						
	instructions						<u> ► ∟</u>

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

-

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

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
-	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			al thing for until			504 (-)(0)
14	First 5 years. If the Form 990 is for	-					
Sec	organization, check this box and stop here. tion C. Computation of Public Supp					<u> </u>	
15	Public support percentage for 2020 (line 8,		-	ımn (f))		15	%
16	Public support percentage from 2019 Sche	.,	•			16	%
	tion D. Computation of Investment						
17	Investment income percentage for 2020 (lir			13, column (f))		17	%
18	Investment income percentage from 2019					18	%
	331/3% support tests - 2020. If the or						
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2019. If the orga	-	-				
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of	lid not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	tions 🕨 🗌
JSA 0E122	1 1.000				S	Schedule A (Form 9	-
	11.000 7802PW 702V 5/4/2022 2	:25:31 PM	V 20-7.21				PAGE 2

Page 3

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

20-5575556

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

JSA 0E1229 1.010 10b Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	1	
Secti	on B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).					
а		The organization satisfied the Activities Test. Complete line 2 below.				
b		The organization is the parent of each of its supported organizations. Complete line 3 below.				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).					
•	A . (*	in a traditional lange of an dol halow		Yes	No	
2	2 Activities Test. Answer lines 2a and 2b below.					

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in</i> Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 a	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in Part VI.	3a	
h	Did the organization everying a substantial degree of direction over the policies, programs, and activities of each		

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Page 6

Schedule A	(Form	990 or 990-EZ) 2020
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Schedule A (Form 990 or 990-EZ) 2020	nizotion		Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga Check here if the organization satisfied the Integral Part Test as a gualifyin			in in Port VA Sec
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organi			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

Schedu	le A (Form 990 or 990-EZ) 2020				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.			_	
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2020 distributable amount			_	
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$			_	
a	Applied to underdistributohs of prior years			_	
	Applied to 2020 distributable amount				
 5	Remainder. Subtract lines 4a and 4b from line 4.				
Э	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h			-	
0	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j			_	
'	and 4c.				
8	Breakdown of line 7:			-	
a	Excess from 2016			-	
 b	Excess from 2017			-	
 C	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Page 8

Schedule A (Form 990 or 990-EZ) 2020

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.)

SCHEDULE A, PART II -	1	ATTACHMENT 1					
		-					
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL	
MISCELLANEOUS INCOME				33,667.	169,553.	203,220.	
TOTALS				33,667.	169,553.	203,220.	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

UNITED WAY OF GEAUGA COUNTY

Employer identification number

20-5575556

Organization	type	(check	one):
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Filers of:	Section:						
Form 990 or 990-EZ	X 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	N/A	\$33,214.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 2

Employer identification number 20-5575556

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization UNITED WAY OF GEAUGA COUNTY

Part I

JSA

Name of organization	UNITED	WAY	OF	GEAUGA	COUNTY
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Employer identification number 20-5575556

Part II	Noncash Property (see instructions). Use duplicate copies	s of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$. <u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

JSA

Name of or	ganization UNITED WAY OF GEAUGA C	COUNTY		Employer identification number 20-5575556
	<i>Exclusively</i> religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any ions completing Par e year. (Enter this in	one contributor. C t III, enter the total c formation once. Se	ibed in section 501(c)(7), (8), or omplete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf nd ZIP + 4		ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transf nd ZIP + 4		ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf nd ZIP + 4	-	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf nd ZIP + 4	-	ship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEE	DULE D
(Form	990)

rtmont of the Treesur

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.

20 Open to Public

OMB No. 1545-0047

20

	mal Revenue Service	► Go to www.irs.gov	/Form990 for instructions and the latest infor	mation. Inspection
Nam	e of the organization	•		Employer identification number
UN	ITED WAY OF GE	EAUGA COUNTY		20-5575556
Pa	art I Organiza	tions Maintaining Donor Adv	ised Funds or Other Similar Funds o	r Accounts.
	Complete	e 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 e	nd of year		
2		of contributions to (during year)		
3		of grants from (during year)		
4		at end of year		
5			advisors in writing that the assets held	I in donor advised
	funds are the orga	anization's property, subject to the	e organization's exclusive legal control?	Yes No
6	Did the organizati	ion inform all grantees, donors, a	and donor advisors in writing that grant f	funds can be used
	only for charitable	e purposes and not for the bene	fit of the donor or donor advisor, or for	any other purpose
		nissible private benefit?	<u> </u>	Yes No
Pa		tion Easements.		
			"Yes" on Form 990, Part IV, line 7.	
1		-	e organization (check all that apply).	
		n of land for public use (for example		of a historically important land area
		of natural habitat	Preservation	of a certified historic structure
~		n of open space		, the form of a concernation
2	-		eld a qualified conservation contribution i	Held at the End of the Tax Year
_		last day of the tax year.		
a L				2a
b	-			2b 2c
c d			historic structure included in (a) acquired after 7/25/06, and not on a	
u				2d
3		-	nsferred, released, extinguished, or term	
5	tax year ►		historica, released, extinguished, or term	indice by the organization during th
4			rvation easement is located ►	
5			garding the periodic monitoring, inspec	tion, handling of
-	-		sements it holds?	-
6			ecting, handling of violations, and enforcing	
	▶			
7	Amount of expens	ses incurred in monitoring, inspec	ting, handling of violations, and enforcing o	conservation easements during the year
	▶\$			
8	Does each conser	vation easement reported on line 2	2(d) above satisfy the requirements of sect	tion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 📖 No
9		e 1	conservation easements in its revenue ar	
			of the footnote to the organization's finance	cial statements that describes the
		counting for conservation easeme		
Pa			of Art, Historical Treasures, or Othe	er Similar Assets.
	•	v	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization of art, historical service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to report in its revenues held for public exhibition, education to its financial statements that describes	ue statement and balance sheet works , or research in furtherance of publin these items.
b	art, historical treat provide the follow	sures, or other similar assets he ing amounts relating to these iter		search in furtherance of public service
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		· · · · · · · ▶ \$
2	• •		rt, historical treasures, or other similar	
			ASB ASC 958 relating to these items:	
а	Revenue included	on Form 990, Part VIII, line 1.		▶\$
b	Assets included in	Form 990, Part X		▶\$

Schedule D (Form 990) 2020

INTTED WAY OF GEALIGA COUNTY

	UNL	LIED WA	Y OF GE	AUGA COU	JN.I.A					20-55	/5556	
Schee	dule D (Form 990) 2020											Page 2
Ра	rt III Organizations Maintain	ing Colle	ections of	Art, Histo	rical Tre	asures	s, or	Other	Similar A	Assets (continue	d)
3	Using the organization's acquisition	on, acces	sion, and	other recor	ds, chec	k any o	of the	follow	ing that r	nake sigi	nificant us	se of its
	collection items (check all that app	oly):				-			-	-		
а	Public exhibition	.,		d	Loan	or excha	ange	program	n			
b	Scholarly research			e	Other		0					
c	Preservation for future gene	erations										
4	Provide a description of the orga		collections	s and evol	ain how	they fur	rthor	the or	nanization	's evemn	t nurnose	in Part
-	XIII.	mzations	concetion			incy fui	linei		gamzation	o exemp	r purpose	, in ran
5		on colicit	or rocoivo (donations o	fort bict	orical tr	0000	oc or	othor cimi	or		
5	During the year, did the organization									_	Yes	
	assets to be sold to raise funds rat			aineu as pa		organiza	ations	scollet		[Tes	No
	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	ation ans	wered "Ye								nt on For	m
1a	Is the organization an agent, trus				-					ets not		
	included on Form 990, Part X?									L	Yes	No
b	If "Yes," explain the arrangement	in Part XI	II and com	plete the fo	llowing tal	ble:						
										Amount		
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year											
f	Ending balance						1f					
2a								stodial	account lia	ability?	Yes	No
	If "Yes," explain the arrangement											
	rt V Endowment Funds.				1						<u></u>	
ı u	Complete if the organiza	ation ans	wered "Ye	es" on For	m 990 I	Part IV	line	10				
		1	rrent year	(b) Pric			o years		(d) Three y	ears back	(e) Four y	ears back
		(u) ou	nonit your	(6) 1 110	n your	(0)	- ,		(u) 11100)		(0) i our y	
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage	of the cu	rrent year	end balanc	e (line 1g	column	n (a)) I	held as	:			
а	Board designated or quasi-endowr			_%			. ,,					
b	Permanent endowment	%										
С	Term endowment	%										
	The percentages on lines 2a, 2b,	_ and 2c sh	ould equal	100%.								
3a	Are there endowment funds not in	the poss	ession of tl	he organiza	ation that	are hel	d and	l admir	istered for	the		
	organization by:			Ū.							Y	es No
	(i) Unrelated organizations										3a(i)	
	(ii) Related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the relat										3b	
4	Describe in Part XIII the intended	•										
_	rt VI Land, Buildings, and Eq				wittent tu	103.						
- 4	Complete if the organiz	ation and	swered "Y									
	Description of property			r other basis stment)	(b) Cost	or other ba other)	asis		cumulated eciation	(0	l) Book valu	е
1 -	Land		(inves		(0			depr				
							_					
b	Buildings											
C	Leasehold improvements											
d	Equipment.											
	Other			000 5		(2) "		- 1				
l ota	I. Add lines 1a through 1e. (Columi	n (a) mus	t equal Fori	m 990, Part	X, COIUM	п (В), lir	ne 100	.).	🕨			

Schedule D (Form 990) 2020

JSA 0E1269 1.000

Schedule D (F	Form 990) 2020			Page
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11b. See Form 990, F	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) Financi	al derivatives			
2) Closely	held equity interests			
3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 99() Part IV line 11c See Form 990 F	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	
		(b) BOOK value	Cost or end-of-year market	
(1)				
(2)				
(3)				
(4) (5)				
(<u>3)</u> (6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets.		1	
	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11d. See Form 990, F	Part X, line 15.
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(7)				
<u>(8)</u> (9)				
	ımn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.		·	990, Part X,
l .		tion of liability		(b) Book value
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
rotal. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u></u>	

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

UNITED WAY OF (GEAUGA	COUNTY
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	UNITED WAT OF GEADGA COUNT	20 3373330	
Schedu	le D (Form 990) 2020		Page 4
Part		'n.	
	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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	XIII Supplemental Information.		<u></u>
Provid	e 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.

SEE PAGE 5

PART X, LINE 2:

Part XIII Supplemental Information (continued)

UNCERTAIN INCOME TAX POSITIONS ARE EVALUATED AT LEAST ANNUALLY BY MANAGEMENT. UNITED WAY OF GEAUGA COUNTY CLASSIFIES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS AS INCOME TAX EXPENSE IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS. AS OF JUNE 30, 2021, THE ORGANIZATION HAS IDENTIFIED NO UNCERTAIN INCOME TAX POSITIONS AND HAS INCURRED NO AMOUNT FOR INCOME TAX PENALTIES AND INTEREST FOR THE YEAR THEN ENDED.

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							OMB No. 1545-0047
							2020
		-	ttach to Form 990		,		Open to Public
Department of the Trageury							Inspection
Name of the organization	F 00	to 11111110.got			•	Employer identificati	
UNITED WAY OF GEAUGA COUNTY						20-557555	
Part I General Information on Grants an	d Assistanc	e				20 33,333	
1 Does the organization maintain records to s		-	o grante or accieta	nco the grantoor	l oligibility for the grap	te or accietance and	
the selection criteria used to award the gran			-	-			X Yes No
2 Describe in Part IV the organization's proce							
			<u> </u>				
Part II Grants and Other Assistance to I		-					es" on Form 990,
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is i	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CATHOLIC CHARITIES COMM SVCS GA CTY							
602 SOUTH STREET CHARDON, OH 44024	34-1318541	501(C)(3)	110,000.				PROGRAM GRANT
(2) GEAUGA CITY DEPT ON AGING							
470 CENTER STREET, BLDG 2 CHARDON, OH 44024	GOV	GOV	8,466.				PROGRAM GRANT
(3)	_						
_(4)	_						
_(5)	_						
_(6)	_						
(7)	_						
(8)							
(9)	_						
(10)							
(11)	_						
(12)	_						+
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lis 	•	•					2.
For Paperwork Reduction Act Notice, see the Instruct							hedule I (Form 990) 2020

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 non-cash assistance
SPONSORSHIP	101.	6,025.			

PART I, LINE 2:

THE ORGANIZATION CLOSELY MONITORS THE USE OF GRANTS FUNDS VIA A PROCESS

WHICH INCLUDES PROGRAM REVIEW AND OUTCOME MEASUREMENT OF PROGRAM RESULTS.

EACH PROGRAM GRANTEE SUBMITTED PROPOSALS FOR THE PROGRAM TO BE FUNDED AND

WILL BE EVALUATED BASED ON THE OUTCOME RESULTING FROM THE PROGRAM

ACTIVITIES.

JSA 0E1504 1.000

7802PW 702V 5/4/2022

2:25:31 PM V 20-7.21

PAGE 38

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 non-cash assistance
l					
2					
3					
4					
5					
6					
7					
art IV Supplemental Information. Provide information.	e the information re	equired in Part I,	line 2, Part III, o	column (b); and any c	other additional

PART III, LINE 1:

THE ORGANIZATION PAID INDIVIDUAL'S FOOD, SUPPLIES AND TRANSPORTATION FOR

THE RE-ENTRY PROGRAMS, WHICH WAS FUNDED BY THE CLEVELAND FOUNDATION.

ALSO, GAVE OUT 100 GIFT CARDS.

Page 2

SCHE	Form 990) For certain Officers, epartment of the Treasury temal Revenue Service ► Complete if the organization Arme of the organization ► Go to www.irs.gov/Fc Arme of the organization ► Go to www.irs.gov/Fc Part I Questions Regarding Compensation 990, Part VII, Section A, line 1a. Complete Part III First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account b b If any of the boxes on line 1a are checked, did or reimbursement or provision of all of the explain 2 Did the organization require substantiation p directors, trustees, and officers, including the O 1a? 3 Indicate which, if any, of the following the organiz organization's CEO/Executive Director. Check al related organization committee Independent compensation consultant Form 990 of other organization: 4 During the year, did any person listed on Form 9 organization or a related organization: a Receive a severance payment from a supplen c Participate in or receive payment from an equity- if "Yes" to any of lines 4a-c, list the persons and compensation contingent on the revenues of: 5 For persons listed on Form 990, Part VII, S compensation contingent on the net earnings of: 6 For persons listed on Form 990, Part VII, S compensation contingent on the net earnings of:	sation Information	0	MB No.	1545-0	047	
(Form	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		എത	ว ก	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line :	23.	$\mathbb{Z} \mathbb{U}$	ZU	
		· · · · •	Attach to Form 990. 990 for instructions and the latest information.	C	pen to		
		Go to www.irs.gov/Forms	990 for instructions and the latest information.	Employer identification		ectio r	n
	Ū.	GEAUGA COUNTY		20-5575556		-	
Part	Question	ns Regarding Compensation					
		<u> </u>				Yes	No
1a							
			Housing allowance or residence for	•			
			Payments for business use of perso				
		•	Health or social club dues or initiation				
		• • • •	Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	ement or provision of all of the ex	penses described above? If "No," com	plete Part III to			
•	explain			· · · · · · · · · · · · · · · · · · ·	1b		
2	•		u u u				
				checked on line	2		
2					-		
з	organization's	CEO/Executive Director. Check all the	at apply. Do not check any boxes for metho	ds used by a			
	Comper	nsation committee	Written employment contract				
	Indepen	dent compensation consultant	Compensation survey or study				
	Form 99	90 of other organizations	Approval by the board or compensation	ation committee			
4			Part VII, Section A, line 1a, with respect to	o the filing			
					4a		X
b	Participate in	or receive payment from a supplement	tal nonqualified retirement plan?		4b		X
С					4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
F			-				
5	•		ion A, line ra, did the organization pa	ly of accrue any			
а	The organizat	ion?			5a		Х
b	Any related o	rganization?			5b		X
6	-		ion A, line 1a, did the organization pa	ly or accrue any			
а	The organizat	ion?			6a		X
b	-	-			6b		X
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7					-		x
0					7		^
ö							
			Regulations Section 53.4958-4(a)(3)?		8		x
9			low the rebuttable presumption proced		0		
-		5			9		
	-						

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Page **2**

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.

	Ţ	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
AUGUST A NAPOLI, JR.	(i)	0.	0.	0.				0.
1 ^{PRESIDENT & CEO, SECRETARY}	(ii)	326,083.	0.	6,858.	25,870.		358,811.	
HELEN FORBES FIELDS	(i)	0.	0.	0.				0.
2 2 2	(ii)	153,104.	0.	3,636.	4,710.	19,152.	180,602.	
DEBORAH ENTY	(i)	0.	0.	0.				0.
3 ^{CFO & VP FINANCE}	(ii)	157,148.	0.	4,930.	5,400.	9,607.	177,085.	
AARON PETERSAL	(i)	0.	0.	0.				0.
4 VP, RD OPERATION	(ii)	132,186.	0.	3,428.	19,488.	28,697.	183,799.	
JULIANNE GOZAR	(i)	0.	0.	0.				
$5^{\mathrm{VP}, \mathrm{HR} \& \mathrm{OPERATIONS}}$	(ii)	156,640.	0.	734.	26,000.		183,374.	
WILLIAM WINANS	(i)	0.	0.	0.				0.
6 VP, BRAND STRATEGY & MARKETING	(ii)	125,641.	0.	7,528.		28,697.	161,866.	
KATHLEEN TAYLOR	(i)	0.	0.	0.				
7 ^{CHIEF OF STAFF}	(ii)	142,835.	0.	5,375.	26,000.	9,607.	183,817.	
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
_16	(ii)							

JSA

Schedule J (Form 990) 2020

Page 3

Schedule J (Form 990) 2020

Part III Supplemental Information

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

PART I, LINE 3:

UNITED WAY OF GREATER CLEVELAND, A 501(C)(3) AFFILIATE, PAID COMPENSATION

TO THE REPORTING ORGANIZATION'S TOP MANAGEMENT OFFICIAL. UNITED WAY OF

GREATER CLEVELAND HAS ESTABLISHED THE COMPENSATION OF THE TOP MANAGEMENT

OFFICIAL USING COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD OR

COMPENSATION COMMITTEE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer ide UNITED WAY OF GEAUGA COUNTY 20-55

Employer identification number

FORM 990, PART VI, SECTION A, LINE 3: THE ORGANIZATION UTILIZES A VOLUNTEER ADVISORY BOARD CONSISTING OF COMMUNITY MEMBERS WHO ASSIST WITH COMMUNITY PLANNING TO DETERMINE THE MOST EFFICIENT USE OF RESOURCES AND MAKE FUNDING RECOMMENDATIONS FOR LOCAL PROGRAMS.

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

FORM 990 WAS PREPARED BY A NATIONAL ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE DEPARTMENT. THE IRS FORM 990 IS REVIEWED AND APPROVED BY THE UNITED WAY OF GREATER CLEVELAND'S("UWGC") AUDIT COMMITTEE. IT IS ALSO DISTRIBUTED TO THE UWGC BOARD OF TRUSTEES PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

ALL BOARD MEMBERS AND EMPLOYEES COMPLETE CONFLICT OF INTEREST STATEMENTS ANNUALLY, ALSO AS PART OF THE NEW HIRE PROCESS, ALL OF WHICH ARE REVIEWED BY THE BOARD AND STAFF TO ENSURE THERE ARE NO SELF-INTERESTS.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B: THE ORGANIZATION DOES NOT COMPENSATE ANY OFFICERS OR KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FORM 990 IS AVAILABLE ON ITS WEBSITE AND UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

COMMUNITY PLANNING AND COMMUNITY IMPACT PROGRAM GRANTS - UNITED WAY OF GEAUGA COUNTY FUNDS PROGRAMS THAT MEASURABLY IMPROVE THE SELF-SUFFICIENCY AND QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IN GEAUGA COUNTY. UNITED WAY CONDUCTS EXTENSIVE COMMUNITY PLANNING AND STRATEGY DEVELOPMENT TO DETERMINE THE MOST EFFECTIVE USE OF RESOURCES.

INFORMATION, REFERRAL AND EMPLOYMENT SERVICES - IN ADDITION TO FUNDING PROGRAMS IN THE COMMUNITY, UNITED WAY OF GEAUGA COUNTY PROVIDES DIRECT SERVICE PROGRAMS THAT BENEFIT THE GREATER GOOD WITHIN THE COMMUNITY. INFORMATION AND REFERRAL SERVICES ARE PROVIDED BY THE UNITED WAY 211 PROGRAM. THE PURPOSE IS TO HELP THE PUBLIC AND PROFESSIONALS FIND, UNDERSTAND AND ACCESS COMMUNITY RESOURCES FOR THEMSELVES AND FOR THEIR CLIENTS. WORKPLACE RESOURCE COORDINATION SERVICES ARE PROVIDED BY THE BRIDGES@WORK PROGRAM WHICH HELPS EMPLOYEES GET TO WORK, STAY FOCUSED AT WORK AND ADVANCE IN THE WORKPLACE. FINALLY, THE AGING AND DISABILITY RESOURCE CENTER OFFERS A SINGLE SOURCE FOR INFORMATION AND ASSISTANCE FOR PERSONS WITH DISABILITIES AND OLDER ADULTS REGARDLESS OF INCOME.

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OMB No. 1545-0047

Open to Public

Inspection

ZU

2

Employer identification number

20-5575556

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY OF GEAUGA COUNTY

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

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

Part II

JSA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	12(b)(13) olled
						Yes	No
(1) UNITED WAY OF GREATER CLEVELAND 34-6516	654						
1331 EUCLID AVENUE CLEVELAND, OH 44115	SVC PROVIDER	OH	501(C)(3)	7	N/A		Х
(2) CLEVELAND COMMUNITY FUND 34-0714	586						
1331 EUCLID AVENUE CLEVELAND, OH 44115	SUPPORT ORG.	ОН	501(C)(3)	12A	N/A		Х
(3) UNITED WAY OF GC PHILANTHROPIC FUND 84-2305	005						
1331 EUCLID AVENUE CLEVELAND, OH 44115	SUPPORT ORG.	ОН	501(C)(3)	12A	N/A		Х
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

Page **2**

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

-					(7)		h)	(1)		(1)	(4)
(a) Name, address, and EIN related organization	of Primary :	e entity or	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man par	(j) eral or naging tner?	(k) Percentage ownership
		, 				Yes	No		Yes	No	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											

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

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.				
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	ted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		X
	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s).				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s).				1j	_	X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	X	
р	Reimbursement paid to related organization(s) for expenses.				1p	х	
q	Reimbursement paid by related organization(s) for expenses				1q		X
	Other transfer of cash or property to related organization(s)				1r		X
S	Other transfer of cash or property from related organization(s).		<u> </u>		1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	this line, including cove	red relationships and transa	action three	sholds	S.	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method o	(d) of dete nt invo		g
				anou		ivea	
(1)							
(2)							
(4)							
(3)							
(1)							
(4)							
(5)							
(6)							
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	$1 \cup \cup \Delta I \vee I \vee J \vee J \vee J \vee J \vee Z \vee \Delta I \vee J \vee J \vee I \vee I \vee Z \vee J \vee J \vee Z \vee Z \vee Z \vee Z \vee Z \vee Z \vee Z$			FAG	t in	/	

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20-5575556

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Schedule R (Form 990) 2020

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	organiz	tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloc	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	aging ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	, ,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
(10)	—												

Schedule R (Form 990) 2020

JSA

Schedule R (Form 990) 2020

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 Part VII
 Supplemental Information

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