Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 6 Open to Public

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		of the Tre nue Serv	asury	w.irs.gov/Form990			-	-			nspec	
A	For the	e 2020	calendar year, or tax year beginning		07/01,2020				06	/30,20	21	
			C Name of organization					D Employer ide	ntificat	ion numb	ber	
Bo	Check if ap	pplicable:	UNITED WAY OF GREATER	CLEVELAND				34-651	6654			
	Addre chang		Doing business as									
	-	change	Number and street (or P.O. box if mail is	not delivered to street	address)	Room/sui	te	E Telephone nu	mber			
	Initial	return	1331 EUCLID AVENUE					(216) 43	6 - 2	100		
	Final	return/	City or town, state or province, country, a	and ZIP or foreign pos	stal code							
	termin Amen	ided	CLEVELAND, OH 44115-1	854				G Gross receipt	s \$	24	,680	,854
	Applic	cation	F Name and address of principal officer:	AUGUST A.	NAPOLI, JF	۲.		H(a) Is this a gro		n for	Yes	XN
	pendir	ng	1331 EUCLID AVENUE, C					subordinates H(b) Are all subord		luded?	Yes	
ī	Tax-exe	empt sta) (insert no.			527	- ``		ist. See inst	1	
J			WWW.UNITEDWAYCLEVELAND.	/ • • •	/ 1017(4)(1)	0.	02.	H(c) Group exem	ntion nu	mber 🕨	53	378
			ization: X Corporation Trust		ther	L Ye	ar of form	ation: 1960 M				OH
	art I	<u> </u>	mmary			1210			otato t	i logal do	innono.	
			describe the organization's mission o	r most significant a	ctivities TO MO	BILIZE	PEOP	LE AND RES	OUR	LES TO)	
Ð			ATE SOLUTIONS TO REDUCE								-	
anc			ATER CLEVELAND COMMUNITY			1,120 1						
Governance	2		this box		erations or dispos	ed of more	than 25	% of its not asset	~			
Š	3		er of voting members of the governing						3. 3			69.
			er of independent voting members of t						4			68.
ies									5			149.
ivit			number of individuals employed in cale	,					6		3	,000.
Activities &			number of volunteers (estimate if neces unrelated business revenue from Part V	** • • • • • •					0 7a		5,	0.000.
			nrelated business taxable income from						7a 7b			0.
		inet ur	irelated business taxable income from	Form 990-1, Part 1		• • • • •	<u> </u>	Prior Year	0	Cur	rent Y	
	•	Contri	butions and grants (Dort VIII line 1b)		COPY FOR			19,187,08	10			,003.
Ine	8	Drogra	butions and grants (Part VIII, line 1h)	· · · · · · F	PUBLIC INSPE	CTION	••	4,568,41				,432.
Revenue	U U	riogic	am service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), line			1	••	701,01		0,		,1 <u>92</u> . ,778.
Re			revenue (Part VIII, column (A), lines 5,					72,40				,641.
								24,528,91		24		,854.
			revenue - add lines 8 through 11 (must s and similar amounts paid (Part IX, colu					8,928,03				,0 <u>9</u> 1. ,973.
			its paid to or for members (Part IX, colu					07520703	0.	07	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.
	4.5		es, other compensation, employee ben					9,228,97		8	363	,315.
Expenses	16 2							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.	07	505	0
ben	10a		ssional fundraising fees (Part IX, column		3,269,609		••		0.			
Ĕ	17		undraising expenses (Part IX, column (_	5,590,72	7	5	685	,513.
			expenses (Part IX, column (A), lines 11					23,747,73				,801.
			expenses. Add lines 13-17 (must equal					781,18				,001. ,053.
28	19	Reven	ue less expenses. Subtract line 18 fron		<u></u>			inning of Current			l of Yea	
ets o	20	Total	Pageta (Dart V line 16)				Deg	43,379,84				,633.
Asse Balå			assets (Part X, line 16) iabilities (Part X, line 26)				••	41,049,15				,035. ,790.
und /	21		ssets or fund balances. Subtract line 21				· •	2,330,69				,843.
	art II		anature Block		<u></u>			2,000,00	•••		201	
			f perjury, I declare that I have examined th	is return including a	accompanying sched	lules and st	atements	and to the best o	fmvk	nowledge	and be	
true	e, corre	ect, and	complete. Declaration of preparer (other than	n officer) is based on	all information of wh	ich prepare	r has any	knowledge.	,	lomougo		
Sig	jn 🛛	Ī	signature of officer					Date				
He	re		0									
		Ŧ	ype or print name and title									
			Type preparer's name	Preparer's signature	9	Date		Charle	if P	TIN		
Paid	d	PAUI		, , , , , , , , , , , , , , , , , , , ,	Jathowwwww		29/20	Check 22 self-employ	J ''	P013	8417	8
Pre	parer				4		, _ (Firm's EIN 1				5
Use	Only		address ▶100 PARK AVENUE N	EW YORK NV	10017-5007	1				885-8		
Ma	v tha		iscuss this return with the prepare								es	NI -
_			Reduction Act Notice, see the separat			/ • • • •						0 (2020
1 01	raper		Accuration Activolice, see the separat							гоп	11 336	, (ZUZU

	UNITED	WAY	OF	GREATER	CLEVELANI
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	390 (2020) Page
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	riefly describe the organization's mission: ATTACHMENT 1
_	
_	
_	
D	id the organization undertake any significant program services during the year which were not listed on the
	rior Form 990 or 990-EZ?
' If	"Yes," describe these new services on Schedule O.
	id the organization cease conducting, or make significant changes in how it conducts, any program
	ervices?
	"Yes," describe these changes on Schedule O.
	escribe the organization's program service accomplishments for each of its three largest program services, as measured
	xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe
tr	ne total expenses, and revenue, if any, for each program service reported.
`	Code:) (Expenses \$14,436,363. including grants of \$8,096,376.) (Revenue \$4,142,659.)
	ATTACHMENT 2
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– b ((Code:) (Expenses \$ 706.127 including grants of \$ 359.839) (Revenue \$ 1.173.753)
	Code:) (Expenses \$
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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,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
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		Х
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	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	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	X	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
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		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			v
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		Х
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		х
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		21
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		х
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10	x	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Х
20-	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
ס 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
4 I	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	x	
		1 4 1	1	1

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Part	V Checklist of Required Schedules (continued)		N	N -
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
•	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	├───
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
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	36		Х
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	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	- L L L
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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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 149					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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				
	5a 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	Х			
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		<u> </u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>		
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		<u> </u>		
9	Sponsoring organizations maintaining donor advised funds.	0-				
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 0h				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10						
	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:					
11	Gross income from members or shareholders.					
	Gross income from other sources (Do not net amounts due or paid to other sources					
5	against amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13						
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		 		
15	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		X		
	If "Yes," see instructions and file Form 4720, Schedule N.			v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X		

Form §	990 (202) UNITED WAY OF GREATER CLEVELAND		34-6516	654	F	Page 6
Part	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 thr					
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	on Sc	hedule O.	See in	struc	
		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	69		163	NO
1a	Enter	the number of voting members of the governing body at the end of the tax year e are material differences in voting rights among members of the governing body, or	Id				
	if the	governing body delegated broad authority to an executive committee or similar					
b	comm Enter	ittee, explain on Schedule O. the number of voting members included on line 1a, above, who are independent	1b	68			
2		ny officer, director, trustee, or key employee have a family relationship or a business rel		ship with			
-		her officer, director, trustee, or key employee?		-	2		Х
3	•	e organization delegate control over management duties customarily performed by or ur					
		vision of officers, directors, trustees, or key employees to a management company or other p			3		Х
4	Did the	organization make any significant changes to its governing documents since the prior Form 990 was fil	ed?.		4		Х
5	Did th	e organization become aware during the year of a significant diversion of the organization's a	assets	?	5		Х
6		e organization have members or stockholders?			6		X
7a		e organization have members, stockholders, or other persons who had the power to el			_		v
		more members of the governing body?			7a		Х
b		ny governance decisions of the organization reserved to (or subject to approval	• •		76		x
•		nolders, or persons other than the governing body?			7b		
8		e organization contemporaneously document the meetings held or written actions under	ertake	en during			
-	-	ar by the following:			8a	х	
a b		overning body?			8b	Х	
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sect	ion B.	Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	· ·	1
						Yes	No
10a	Did th	e organization have local chapters, branches, or affiliates?			10a	X	
b		s," did the organization have written policies and procedures governing the activities of s		-		v	
		es, and branches to ensure their operations are consistent with the organization's exempt pu	•		10b	X X	
11a		e organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	11a		
b		ibe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х	
12a		e organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			120		
b		officers, directors, or trustees, and key employees required to disclose annually interests t conflicts?	nat c	ould give	12b	х	
~		e organization regularly and consistently monitor and enforce compliance with the pe	 alicv2	If "Vas"			
U		be in Schedule O how this was done			12c	Х	
13		e organization have a written whistleblower policy?			13	Х	
14		e organization have a written document retention and destruction policy?			14	Х	
15		e process for determining compensation of the following persons include a review an					
	indep	endent persons, comparability data, and contemporaneous substantiation of the deliberation	and	decision?			
а	The o	ganization's CEO, Executive Director, or top management official			15a	Х	37
b		officers or key employees of the organization			15b		Х
		" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a		e organization invest in, contribute assets to, or participate in a joint venture or simila		-	16a		x
b		taxable entity during the year?			104		
b		pation in joint venture arrangements under applicable federal tax law, and take steps to					
		zation's exempt status with respect to such arrangements?			16b		
Sect		Disclosure					
17		e states with which a copy of this Form 990 is required to be filed $\blacktriangleright_{ m OH}^{ m OH}$,					
18	Sectio	n 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 o	nly) available for public inspection. Indicate how you made these available. Check all that apply a solution of the second s	oly. Í				. ,
	X	Dwn website Another's website X Upon request Other <i>(explain on Sci</i>	hedul	e O)			
19		be on Schedule O whether (and if so, how) the organization made its governing docum	ients,	conflict of	f inter	rest p	olicy,
		nancial 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 t	ooks	and record	s 🕨		

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co										
	Check if Schedule	eΟ	contains a r	esponse or r	note to any lin	e in this	s Part VII				Χ

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.

(A) Name and title	(B) Average hours per week	box,	unles	(C) Position ot check more unless person is r and a directo			an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)AUGUST A. NAPOLI, JR.	39.00									
PRESIDENT & CEO, SECRETARY	1.00	Х		Х				332,941.	0.	25,870.
(2) KATHLEEN TAYLOR	39.00									
CHIEF OF STAFF	1.00					Х		148,210.	0.	35,607.
(3) AARON PETERSAL	39.00									
VP, RD OPERATION	1.00					Х		135,614.	0.	48,185.
(4) JULIANNE GOZAR	39.00									
VP, HR & OPERATIONS	1.00					Х		157,374.	0.	26,000.
(5)HELEN FORBES FIELDS	39.00									
EXECUTIVE VP & GENERAL COUNSEL	1.00				Х			156,740.	0.	23,862.
(6) DEBORAH ENTY	39.00									
CFO & VP FINANCE	1.00			Х				162,078.	0.	15,007.
(7) WILLIAM WINANS	39.00									
VP, BRAND STRATEGY & MARKETING	1.00					Х		133,169.	0.	28,697.
(8) NANCY MENDEZ	39.00									
VP, COMMUNITY IMPACT	1.00					Х		127,377.	0.	14,855.
(9) PAUL J. DOLAN	4.00									
CHAIRMAN OF THE BOARD	.30	Х		Х				Ο.	0.	0.
(10) ENID B. ROSENBERG	2.00									
CHAIR, FIRST VICE	.20	Х		Х				Ο.	0.	0.
(11) IRA C. KAPLAN	2.00									
CHAIR, SECOND VICE	.20	Х		Х				Ο.	0.	0.
(12) GREGORY L. STEFANI	2.00									
CHAIR, FINANCE & TREASURER	.20	Х		Х				Ο.	0.	0.
(13) PATRICK M. PASTORE	2.00									
CHAIR, RD COMMITTEE	.20	Х		Х				Ο.	0.	0.
(14) DEE BAGWELL HASLAM	2.00									
CHAIR, MRKT & BRAND STRATEGY	.20	Х		Х				0.	0.	0.

(A) Name and title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than or box, unless person is both a officer and a director/truste 우 코 코 오 조 약 표						(D) Reportable compensation from the organization	(E) Reportable compensation fr related organizations (W-2/1099-MIS	c	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(₩-2/1000-₩10		organization and related organizations	
5) KEITH J. LIBMAN CHAIR, AUDIT COMMITTEE	2.00	x		x				0.	C			
5) JAMES A. RATNER CHAIR, GOVERNANCE & NOMINATING	2.00	x		x				0.		·		
7) BRIAN J. RICHARDSON	2.00	21						0.	0	•		
CHAIR, HR COMMITTEE	.20	х		x				0.	C			
3) FELTON THOMAS JR.	2.00											
CHAIR, COMMUNITY IMPACT COMM	.20	X		X				0.	C	•		
<pre>) DANIEL P. WALSH JR. CHAIR, PLANNING COMMITTEE</pre>	2.00	x		x				0.	C			
)) JOHN R. CORLETT	2.00								~			
CHAIR, PUBLIC POLICY COMMITTEE	.20	X	\square	X				0.	C	•		
DIRECTOR	.10	x						0.	C			
2) THOMAS W. ADLER DIRECTOR	1.00	X						0.	C			
3) TANISHA BRILEY (THRU 9/2020)	1.00	21		-+				0.		•		
DIRECTOR	.10	х						0.	C			
<pre>4) HARRIET APPLEGATE DIRECTOR</pre>	1.00	x						0.	C			
5) CRAIG ARNOLD	1.00											
DIRECTOR	.10	Х						0.	C			
b Sub-total								1,353,503.		0.	218,08	
c Total from continuation sheets to Part VII, S								0.		0.		
d Total (add lines 1b and 1c)					• •	• •		1,353,503.		0.	218,08	
 Total number of individuals (including but not reportable compensation from the organization 		hose ۶		d ab	ove) who	re	ceived more than	\$100,000 of			
reportable compensation from the organization			0								Yes	
Did the organization list any former offic	or directo	r or	truc	etoo	. <i>L</i>		mn	lovoo or highost	componented		Tes r	
employee on line 1a? If "Yes," complete Schedu										3	3	
For any individual listed on line 1a, is the solution organization and related organizations groups of the solution of the sol	sum of rep	ortab	le co	omp	bens	sation	ar	nd other compens	ation from the			
individual										4	t X	
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										ę	5	
Section B. Independent Contractors		1		- 1					U			
Complete this table for your five highest com compensation from the organization. Report c year.											ах	
(A) Name and business add	ress							(B) Description of se	rvices		(C) ensation	
ATTACHMENT 3										P		
							<u> </u>					

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 ► 6

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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 pei lad	ition more rson	than on is both a or/truste	n e)	(D) Reportable compensation from the	(E) Reportab compensation related organization	n from	(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-N		from the organization and related organizations
5) EDWARD J. BELL DIRECTOR	1.00	x						0		0.	
) INDIA L. BIRDSONG (EFF. 9/202	1.00								•		
DIRECTOR 3) LOGAN BROADBENT (EFF. 9/2020)	.10	X						0	•	0.	
DIRECTOR	.10	х						0		0.	
) MAYNARD BUCK	1.00										
DIRECTOR	.10	Х						0	•	0.	
)) MARC S. BYRNES DIRECTOR	1.00	x						0		0.	
) MATT CARROLL	1.00	А					_	0	•	0.	
DIRECTOR	.10	x						0		0.	
2) NABIL CHEHADE, M.D.	1.00										
DIRECTOR	.10	X						0	•	0.	
3) REV. DR. JAWANZA KARRIEM COLVI	1.00							0			
DIRECTOR	.10	X						0	•	0.	
) MICHELE L. CONNELL DIRECTOR	1.00	x						0		0.	
5) DELOS M. COSGROVE	1.00	А					_	0	•	0.	
DIRECTOR	.10	x						0		0.	
5) COLLEEN COTTER	1.00										
DIRECTOR	.10	Х						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 t					e) who	re		\$100,000 of		
 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the sorganization and related organizations group 	ule J for suc sum of rep eater than	ch ind oortab \$15	lividu ole c 50,00	<i>ial</i> om 00?	pen If	sation <i>"Yes,</i> "	ar " (nd other compens	sation from	the	Yes N 3 2
individual Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	satio	on f	rom	any	unr				4 X 5 Σ
Section B. Independent Contractors											. .
Complete this table for your five highest com compensation from the organization. Report or year.											
(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) ompensation
							_				

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 7804PW 702V 4/29/2022 10:57:06 AM V 20-7.21

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	(A) Name and title	(B) Average hours per week (list any hours for	Average Pos hours per week (list any hours for officer and a c					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the	
		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	ISC)	rrom the organization and related organizations	
7)	KAREN R. CRONIN (EFF. 3/2021) DIRECTOR	1.00 .10	Х						0.		0.		
8)	JOE DIROCCO DIRECTOR	1.00	Х						0.		0.		
9)	DAVID J. ENZERRA DIRECTOR	1.00	х						0.		0.		
0)	DAVID C. FULTON JR. DIRECTOR	1.00	X						0.		0.		
1)	PATRICK GAREAU DIRECTOR	1.00	x						0.		0.		
2)	ERIC S. GORDON	1.00	X						0.		0.		
3)	DIRECTOR	1.00	x						0.		0.		
4)	HOWARD HANNA	1.00											
5)	DIRECTOR J. DAVID HELLER	.10	X						0.		0.		
6)	DIRECTOR STEPHEN HOFFMAN	.10	X						0.		0.		
7)	DIRECTOR ANDREA M. HOGBEN	.10	X						0.		0.		
С	DIRECTOR Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)						· · ·		0.		0.	(
2	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 Sched</i>	n ► er, directo	r, or	3 tru	ıste	e, I	key e	emp	loyee, or highes	compensate		Yes Notes and the second secon	
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual.	eater than	\$15	50,0	00?	lf	"Yes	s," (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? <i>If "Ye</i> ction B. Independent Contractors											5 X	
	Complete this table for your five highest com compensation from the organization. Report o year.											s tax	
	(A) Name and business add	lress							(B) Description of se	rvices	Co	(C) mpensation	

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(A) Name and title	(B) Average hours per week (list any hours for	rrage Position rs per (do not check more than (list any box, unless person is bot rs for officer and a director/trus					an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	from	(F) Estimated amount of other compensation from the
	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-MI	ISC)	organization and related organizations
3) HON. FRANK G. JACKSON DIRECTOR	1.00	х						0.		0.	
9) ALEX JOHNSON, PH.D DIRECTOR	1.00 .10	Х						0.		0.	
)) SHARON SOBOL JORDAN DIRECTOR	1.00 .10	Х						0.		0.	
l) LEN KOMOROSKI DIRECTOR	1.00 .10	х						0.		0.	
2) SUSAN D. KRANTZ DIRECTOR	1.00 .10	х						0.		0.	
3) WILLIAM F. LACEY DIRECTOR	1.00 .10	Х						0.		0.	
A) CECIL J. LIPSCOMB DIRECTOR	1.00	Х						0.		0.	
5) CHARLIE LOUGHEED (THRU 9/2020) DIRECTOR	1.00	Х						0.		0.	
5) KEVIN MARTIN DIRECTOR	1.00	Х						0.		0.	
7) TOMISLAV MIHALJEVIC (EFF. 12/2 DIRECTOR 3) DR. DAVID B. MILLER (EFF. 12/	1.00 .10 1.00	Х						0.		0.	
DIRECTOR	.10	Х						0.		0.	
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	=	•••	•••	· ·	•••	· · ·				0.	
 P. Total number of individuals (including but not reportable compensation from the organization B. Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schede</i> 	n ► er, directo	r, or	3 tru	iste	e, I	key e	mp	loyee, or highes	compensate		Yes N 3
For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	50,0	00?	lf	"Yes	," (complete Schedu	le J for su	ch	4 X
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5
Section B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report c year.											s tax
(A) Name and business add	ress							(B) Description of se	rvices	Co	(C) mpensation
							_				

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 ►

Form	990	(2020)
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(A) Name and title	(B) Average hours per week (list any hours for	Average Position hours per (do not check more than of box, unless person is both hours for officer and a director/trust						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	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)	organization and related organizations
) SHARI OBRENSKI DIRECTOR	1.00 .10	Х						0.	. 0.	
)) DANIEL O'MALLEY (EFF. 12/2020 DIRECTOR	1.00 .10	х						0	. 0.	
) ANDREW J PAINE III DIRECTOR	1.00 .10	Х						0	. 0.	
2) JEFFERY K. PATTERSON DIRECTOR	1.00 .10	Х						0 .	. 0.	
3) KIM MEISEL PESSES DIRECTOR	1.00 .10	х						0.	. 0.	
ALLISON TALLER REICH	1.00 .10	Х						0.	. 0.	
5) RONALD B. RICHARD DIRECTOR	1.00 .10	Х						0.	. 0.	
5) ERIKA RUDIN-LURIA DIRECTOR	1.00 .10	х						0.	. 0.	
7) VICTOR RUIZ DIRECTOR	1.00 .10	Х						0.	. 0.	
B) GEORGE A. SAMPLE DIRECTOR	1.00	X						0.	. 0.	
)) TARA E. SAMSTAG (THRU 9/2020) DIRECTOR	1.00 .10	Х						0.	. 0.	
 b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization 	limited to th					e) who	re	0.	0 \$100,000 of	
Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										Yes N 3 2
For any individual listed on line 1a, is the solution and related organizations groups individual.	eater than	\$15	0,0	00?	lf	"Yes	s," (complete Schedu	sation from the <i>le J for such</i>	4 X
 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes Section B. Independent Contractors 										5 2
Complete this table for your five highest com compensation from the organization. Report c year.										
(A) Name and business add	lress							(B) Description of se	ervices	(C) Compensation

Form 990 (2020)	
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(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles r and	s pei I a d	ition more rson	than or is both a or/truste	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	n a	(F) Estimated mount c other mpensat	of
	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)	or	from the ganization nd relate ganizatio	on ed
0) BEVERLY J. SCHNEIDER DIRECTOR	1.00	Х						0.	0.			
DIRECTOR DIRECTOR	1.00	x						0.	0.			
2) CARTER L. STRANG (THRU 9/2020)	1.00											
DIRECTOR 3) MARY ANN STROPKAY	.10	X						0.	0.			
DIRECTOR 4) TARAS G. SZMAGALA JR.	.10	X						0.	0.			
DIRECTOR 5) NATOYA J. WALKER MINOR	.10	Х						0.	0.			
DIRECTOR 6) PAUL L. WELLENER IV	.10	Х						0.	0.			
DIRECTOR 7) VANESSA L. WHITING, ESQ.	.10	Х						0.	0.			
DIRECTOR	.10	Х						0.	0.			
8) SONALI B. WILSON, ESQ. DIRECTOR	1.00	Х						0.	0.			
9) THOMAS F. ZENTY III (THRU 10/2 DIRECTOR	1.00 .10	Х						0.	0.			
0) LORNA WISHAM DIRECTOR	1.00 .10	Х						0.	0.			
 1b Sub-total c Total from continuation sheets to Part VII, Sector d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organization) 	limited to tl		liste			e) who	► ► re	0 . ceived more than	0 \$100,000 of	•		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3	Yes	Ν 2
For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	60,00	00?	lf	"Yes,	" (complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5		2
 Section B. Independent Contractors 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 Comper		

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more than 100,000 in compensation from the organization \blacktriangleright

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(A)	(B)			, (0				hest Compensat	(E)			(F)	
Name and title	Average hours per week (list any	box,	unles	Pos heck ss pe	ition more rson	e than c is both	an	Reportable compensation from	Reportab compensation related	n from	am (timated rount of other	f
	hours for related organizations below dotted line)	of director	a Institutional trustee	a Officer	Key employee	or/true Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizatic (W-2/1099-M		fro orga and	pensatio om the anizatio d related anizatior	n d
1) TIMOTHY F. WULIGER DIRECTOR	1.00	x						0.		0.			
2) JEFFREY D. ZIMON DIRECTOR	1.00	x						0		0.			
	+												
	+												
1b Sub-total c Total from continuation sheets to Part VII, S	ection A				 	 		0.		0.			
 d Total (add lines 1b and 1c)	limited to t		liste			e) who	► p re	ceived more than	\$100,000 of	f			
3 Did the organization list any former offic	cer, directo											Yes	I
 employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the organization and related organizations gr individual. 	sum of rep eater than	ortab \$15	ole c 50,0	com 00?	pen If	sation "Yes	n ai s," (nd other compens complete Schedu	sation from le J for si	the uch	3	x	
 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "</i>Y 	accrue co	mpen	sati	on f	from	n any	un	related organization	on or individ	ual	5		
 Section B. Independent Contractors Complete this table for your five highest con compensation from the organization. Report or year. 	pensated in	ndepe	ende	ent o	cont	tracto	rs t	hat received more	e than \$100,	000 o			
(A) Name and business ad	dress							(B) Description of se	rvices	С	(C) ompens		
							-						
							-						—

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 7804PW 702V 4/29/2022 10:57:06 AM V 20-7.21

		Check if Schedule O contains a respor	nse or note to ar	ny line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ដ ដ	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
ົລຣິ		Fundraising events					
Ĕ,	ک ام	-					
il ar	d	•	1 000 400				
in.	e	Government grants (contributions) 1e	1,903,400.				
jo	f	All other contributions, gifts, grants,					
hei		and similar amounts not included above . 1f	14,984,603.				
Ξđ	g	Noncash contributions included in					
ро С		lines 1a-1f 1g	\$				
စာပ	h	Total. Add lines 1a-1f	· · · · · · ►	16,888,003.			
			Business Code				
9	2a	INFORMATION & REFERRAL	900099	4,142,659.	4,142,659.		
Program Service Revenue	b	BASIC NEEDS & FINANCIAL STABILITY	900099	1,588,019.	1,588,019.		
2 Se		EDUCATION	900099	1,173,754.	1,173,754.		
E S	C			1,1,0,1,011	1,1,0,,011		
gra Re	d						
2	е						
α.	f	All other program service revenue	L				
	g	Total. Add lines 2a-2f	· · · · · · •	6,904,432.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	►	99,827.			99,827.
	4	Income from investment of tax-exempt bond	proceeds . 🕨	0.			
	5	Royalties	•	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)	►	0.			
			(ii) Other				
	7a						
		sales of assets					
		other than inventory 7a 674,951.					
ue	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
ě	с	Gain or (loss) 7c 674,951.					
	d	Net gain or (loss)		674,951.			674,951.
Other	8a	Gross income from fundraising					
õ		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	104,660.				
		, , , , , , , , , , , , , , , , , , , ,	0.				
	b	Less: direct expenses		104,660.			
	С	Net income or (loss) from fundraising events.		104,000.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	c	Net income or (loss) from gaming activities.	<u></u> ▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances10a	0.				
	b	Less: cost of goods sold	0.				
	c	Net income or (loss) from sales of inventory		0.			
(0			Business Code				
ŝno		MISCELLANEOUS INCOME	900099	8,981.			8,981.
ne	11a			0,901.			0,901.
ver	b						
Re	C						
Miscellaneous Revenue	d	All other revenue	L				
	е	Total. Add lines 11a-11d		8,981.			
	12	Total revenue. See instructions	Þ 🏻	24,680,854.	6,904,432.		783,759.

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 (A) Total expenses (B) Program service (D) Fundraising 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 8,995,973 8,995,973. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 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 Ο 4 Benefits paid to or for members 5 Compensation of current officers, directors, 760,127. 368,488. 243,745 147,894. 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) 5,552,547. 2,870,146. 1,518,113. 1,164,288. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 453,872. 168,035. 234,033 51,804. section 401(k) and 403(b) employer contributions) 511,168 122,018. 1,018,469 385,283. 174,754 141,199. 578,300. 262,347. Payroll taxes 10 11 Fees for services (nonemployees): 0 a Management 62,259 62,259 **b** Legal 145,408. 145,408. c Accounting 42,000. 42,000. 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 1,631,662. 792,619. 95,888 743,155. (A) amount, list line 11g expenses on Schedule O.) 0 12 Advertising and promotion 711,117. 296,703. 249,938. 164,476. 13 Office expenses 985,523. 572,319. 223,361. 189,843. 14 Information technology 0 15 Royalties 725,407. 410,206. 111,204 203,997. Occupancy 16 3,359. 500. 3,105. -246. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 48,221. 13,695. 13,774 20,752. Conferences, conventions, and meetings 19 345,125. 345,125. 20 0 21 Payments to affiliates 739,445. 433,382. 130,206 175,857. Depreciation, depletion, and amortization 22 118,505. 75,843. 21,331. 21,331. 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.) aDUES & SUBSCRIPTIONS 37,668. 55,790. 2,861. 15,261 **MISCELLANEOUS EXPENSES** 71,692 1,299. 70,282 111. С d e All other expenses 3,269,609. 23,044,801 15,691,699. 4,083,493 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

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following SOP 98-2 (ASC 958-720)

Page	1	1	
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,	,			Page 11
rt X				
	Check if Schedule O contains a response or note to any line in this Pa		••	
		Beginning of year		End of year
1	Cash - non-interest-bearing	3,088,028.	1	3,048,070.
2	-	966,575.	2	723,081
3		15,161,526.	3	13,346,290
4		865,283.	4	471,593
5				
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0
7	Notes and loans receivable, net	0.	7	0
8	Inventories for sale or use	0.	8	0
9	Prepaid expenses and deferred charges	121,751.	9	14,323
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 24,012,946.			
b		14,242,242.	10c	13,414,524
11	Investments - publicly traded securities	2,446,955.	11	4,155,527.
12	Investments - other securities. See Part IV, line 11	3,722,904.	12	3,369,994
13	Investments - program-related. See Part IV, line 11	0.	13	0
14	Intangible assets		14	0
15	Other assets. See Part IV, line 11	2,764,585.	15	442,231
16	Total assets. Add lines 1 through 15 (must equal line 33)	43,379,849.	16	38,985,633
17	Accounts payable and accrued expenses		17	1,344,230
18	Grants payable	13,859,725.	18	11,815,040
19	Deferred revenue.	242,224.	19	173,620
20	Tax-exempt bond liabilities.		20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	2,694,441.	21	437,062
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	0
23	Secured mortgages and notes payable to unrelated third parties	7,740,617.	23	7,570,016.
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25				
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	10,707,822.
26		41,049,159.	26	32,047,790.
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	-1,835,993.	27	3,642,181.
28	Net assets with donor restrictions.	4,166,683.	28	3,295,662.
	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29			29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	Retained earnings, endowment, accumulated income, or other funds		31	
31			•	
31 32	Total net assets or fund balances	2,330,690.	32	6,937,843.
	rt X 1 2 3 4 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	1 Cash - non-interest-bearing 2 Savings and temporary cash investments. 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 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). 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments - publicly traded securities. 12 Investments - publicly traded securities. 13 Investments - other securities. See Part IV, line 11. 14 Intangible assets. 15 Other assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, s	1 X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1 Cash - non-interest-bearing 3,088,028. 2 Savings and temporary cash investments. 966,575. 3 Pledges and grants receivable, net 956,575. 4 Accounts receivable, net. 865,283. 5 Loans and other receivables from othy 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. 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. 7 Notes and loans receivable, net. 10a 24,012,946. 9 Prepaid expenses and deferred charges 121,751. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 24,012,946. 11 Investments - publicly traded securities. 2,446,955. 12,764,585. 12 Investments - publicly traded securities. 0. 0. 13 Investments - publicly traded securities. 0. 0. 14 Intargible assets. 0. 0. 0.	Image: State Check if Schedule O contains a response or note to any line in this Part X (A) Image: Check if Schedule O contains a response or note to any line in this Part X (A) Image: Check if Schedule O contains a response or note to any line in this Part X (A) Image: Check if Schedule O contains a response or note to any line in this Part X (A) Image: Check if Schedule O contains a response or note to any line in this Part X (A) Image: Check if Schedule O contains a response or note to any line in this Part X (A) Image: Check if Schedule O contains a response of the control is

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0 Durated services and vase of radiules 1 Newsemment expenses 7 0 9 Other changes in net assets or fund balances (explain on Schedule O). 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 6, 937, 843. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 7 11 Accounting method used to prepare the Form 990: Cash X Accrual Other	Form 9	90 (2020)			Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1 1 1 1 24, 680, 854. 2 Total expenses (must equal Part IX, column (A), line 25) 2 23, 044, 801. 3 Revenue less expenses. Subtract line 2 from line 1 3 1, 636, 053. 4 2, 330, 690. 4 2, 330, 690. 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 602, 914. 6 0. 7 0. 6 0. 7 0. 8 0 0. 7 0. 8 0 9 2, 368, 186. 10 6, 937, 843. 9 Check if Schedule O contains a response or note to any line in this Part XII. 1 6, 937, 843. 9 Check if Schedule O contains a response or note to any line in this Part XII. 10 6, 937, 843. 9 Check if Schedule O contains a response or note to any line in this Part XII. 1 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Part	XI Reconciliation of Net Assets				
1 Total expenses (must equal Part IX, column (A), line 25) 23,044,801. 3 Revenue less expenses. Subtract line 2 from line 1 3 1,636,053. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,330,690. 5 602,914. 6 0. 7 0. 6 0.2,914. 6 0. 7 0. 7 0. 8 0. 0. 9 2,368,186. 9 2,368,186. 10 0. 9 2,368,186. 10 6 0.37,843. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 10 6,937,843. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 6 0. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Yes No 2 Were the organization's financial statements compiled or reviewed by an independent accountart? 2b X X 2b X 1 2c X 1 2b		Check if Schedule O contains a response or note to any line in this Part XI				X
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 Net onlice Capital Capital Control of the provided of the provide	2		2			
 Inclusion of the unrealized gains (losses) on investments	3	Revenue less expenses. Subtract line 2 from line 1	3			
a) Intervention of the observent of the observ	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
0 Durated services and value of radiules 7 Investment expenses 7 8 0. 9 Other changes in net assets or fund balances (explain on Schedule O). 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 6, 937, 843. 10 Net assets or fund balances to fund balances (explain on Schedule O). 10 2. column (B)). 6, 937, 843. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 10 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	5	Net unrealized gains (losses) on investments	5	6	502,9	
 a Prior period adjustments	6	Donated services and use of facilities	6			0.
 a Price prince prince adjustments that the prince of the relanges in net assets or fund balances (explain on Schedule O). b Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). c Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. c Accounting method used to prepare the Form 990: Cash X Accrual Other fit the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?. c ff "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis or both: Separate basis. Consolidated basis or both: Separate basis. b Were the organization's financial statements audited by an independent accountant? d X <lid li<="" th="" x<=""><td>7</td><td>Investment expenses</td><td>7</td><td></td><td></td><td>0.</td></lid>	7	Investment expenses	7			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 6,937,843. Part XII Financial Statements and Reporting 0 6,937,843. Check if Schedule O contains a response or note to any line in this Part XII. 10 6,937,843. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves No 2a Were the organization s' financial statements compiled or reviewed by an independent accountant? 2a X 2a X 16 Yes," check a box below to indicate whether the financial statements for the year were compiled or separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X 2b X	8	Prior period adjustments	В			
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Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Image: the space of the space	10					
Check if Schedule O contains a response or note to any line in this Part XII. Image: Specific Schedule O contains a response or note to any line in this Part XII. 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," explain in Schedule O. Yes No 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 compiled or reviewed on a 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 audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		32, column (B))	0	6,9	37,8	343.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Other Image: Cash X Accrual Other Image: Cash X Ac	Part					
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 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? lf the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 						
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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ja		in the	3a	X	
	b		ao the			
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 30 12	~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such aud	•	3b	Х	

 SCHEDULE A (Form 990 or 990-EZ)
 Public Charity Status and Public Support

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

 Department of the Treasury

OMB No. 1545-0047 2

	artment of the Treasury nal Revenue Service	I	Go to www.irs.go	v/Form990 for instruction			nformation.	Open to Public Inspection
Nam	e of the organization						Employer identif	ication number
UN	ITED WAY OF GF	REATER CL	EVELAND				34-65166	54
Ра	rt I Reason for	Public Cha	rity Status. (All	organizations must	complet	te this p	art.) See instruction	S.
The		-		t is: (For lines 1 through	-	-		
1				tion of churches desc				
2				. (Attach Schedule E	-			
3		-	•	rganization described				
4	A medical rese	earch organiz	zation operated in	conjunction with a hose	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
	hospital's nam	-						
5			for the benefit of Complete Part II.)	a college or universit	y owned	d or ope	erated by a governme	ental unit described in
6	A federal, stat	e, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X An organizatio	on that norm	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fr	om the general public
)(1)(A)(vi). (Compl					
8			-	b)(1)(A)(vi). (Complete	-			
9			-	ed in section 170(b)(1		-		
		r a non-land-	grant college of a	griculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or
	university:							
10	receipts from support from g	activities rela gross investm	ited to its exempt f nent income and u	ore than 331/3 % of its functions, subject to concentrated business tax 975. See section 509	ertain ex able inco	ceptions	s; and (2) no more that s section 511 tax) from	n 331/3 % of its
11	·	•		usively to test for publi				
12		-	-	-	-			carry out the purposes
								See section 509(a)(3).
			-				-	nes 12e, 12f, and 12g.
а			-	, supervised, or contr	-			
		-		regularly appoint or e		ajority of	the directors or truste	es of the
		-	-	te Part IV, Sections A				
b				ed or controlled in co				
		-		organization vested in	the sam	e persor	ns that control or mar	hage the supported
			-	, Sections A and C.				
С		-		ng organization opera				lly integrated with,
_		-		ns). You must comple				
d		-		porting organization o	-			
			•	nization generally mus	•		•	d an attentiveness
			,	omplete Part IV, Sect				
е		-		a written determinatio				п, туре ш
f	•	-	• •	ionally integrated sup		-	lion.	
t a			•	orted organization(s).				•••••
g	(i) Name of supported of	-	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	(i) Name of Supported of	ganzaton		(described on lines 1-10	• •	ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

Schedule A (Form 990 or 990-EZ) 2020

34-6516654

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.")	34,995,222.	31,663,977.	27,307,161.	19,187,080.	16,888,003.	130,041,443.
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	34,995,222.	31,663,977.	27,307,161.	19,187,080.	16,888,003.	130,041,443.
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						15 000 001
~	shown on line 11, column (f)						15,998,391.
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						114,043,052.
	tion B. Total Support	(-) 2010	(1) 2017	(-) 2010	(-1) 2010	(-) 2020	(f) Total
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017 31,663,977.	(c) 2018	(d) 2019	(e) 2020	130,041,443.
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	243,988.	259,061.	134,525.	92,084.	99,827.	829,485.
9	Net income from unrelated business activities, whether or not the business is regularly carried on					104,660.	104,660.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>				68,852.	8,981.	77,833.
11	Total support. Add lines 7 through 10						131,053,421.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	19,359,949.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	the organizatio	on's first, second	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2020 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	87.02 %
15	Public support percentage from 2019	Schedule A, Pa	rt II, line 14			15	90.41 %
16a	331/3% support test - 2020. If the org	-					
	box and stop here. The organization qu						
b	331/3% support test - 2019. If the org						
4 -	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			•			
h	organization						
D		-	•				
	15 is 10% or more, and if the organiz in Part VI how the organization meets					-	
	-			•	•		
18	organization. Private foundation. If the organizatio						
10	•						
	instructions						<u> </u>

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

34-6516654

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
	If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					-	
	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.)						
Sec	tion B. Total Support						
Caler	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						
С	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.)	L					
14	First 5 years. If the Form 990 is fo	0					
	organization, check this box and stop here						
	tion C. Computation of Public Sup	•	-				
15	Public support percentage for 2020 (line 8		•			15	<u>%</u>
<u>16</u>	Public support percentage from 2019 Sche			<u></u>		16	%
	tion D. Computation of Investmen			12 column (f))		47	0/
17	Investment income percentage for 2020 (li						<u>%</u>
18	Investment income percentage from 2019					18	%
iaa	331/3% support tests - 2020. If the of 17 is not more than 331/3% check this	-					
L.	17 is not more than $331/3\%$, check thi 331/3%, support tasts = 2019. If the org		-				
a	331/3% support tests - 2019. If the org line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•			
JSA				,,,			990 or 990-EZ) 2020
0E122	1 1.000					-	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

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		
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.	1	
2	Did the argonization operate for the herefit of any supported organization other than the supported		

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

			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?			
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.	3		

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 (se	e instri	uctions	s).	
•	• · ·		[Yes	No	
		vities Test Answer lines 2a and 2h helow				

-			
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	
b	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.	3b	

2

Schedule A (Form 990 or 990-EZ) 202

Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 1e 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 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).

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

6

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	tions (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	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		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				
e	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: \$				
	Applied to underdistributions of prior years Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
 5	Remaining underdistributions for years prior to 2020, if				
5	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				
U	and 4b from line 1. For result greater than zero, explain in				
	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				
е	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 - OTHER INCOME							
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL	
MISCELLANEOUS INCOME				68,852.	8,981.	77,833.	
TOTALS				68,852.	8,981.	77,833.	

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 GREATER CLEVELAND

34-6516654

Employer identification number

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
1 -		\$2,776,255	Person X Payroll (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2 -		\$2,757,915	Person X Payroll (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3 -		\$1,903,400	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
4 –		\$1,387,034	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
5		\$788,587	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
6		\$560,166	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$500,000.	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)
Io.	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.)

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

JSA

Name of organization UNITED WAY OF GREATER CLEVELAND

Employer identification number 34-6516654

(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. irom 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

me of orga	anization UNITED WAY OF GREATER	CLEVELAND		Employer identification number		
				34-6516654		
art III 🛛 🛛 🖉	Exclusively religious, charitable, etc.,	, contributions to o	rganizations describe	d in section 501(c)(7), (8), or		
(10) that total more than \$1,000 for t	the year from any	one contributor. Comp	plete columns (a) through (e) and		
	the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.					
	contributions of \$1,000 or less for the			structions.) ► \$		
	Jse duplicate copies of Part III if additi	onal space is need	ed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-						
	(e) Transfer of gift					
	Transferee's name, address, an	Transferee's name, address, and ZIP + 4 Relations		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
·	(e) Transfe Transferee's name, address, and ZIP + 4		er of gift	
			Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
				· · · · · · · · · · · · · · · · · · ·
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee

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

mem					mspeeder
	-	on Form 990, Part IV, line 3, or Form		6 (Political Campaign Activi	ties), then
		: Complete Parts I-A and B. Do not comp on 501(c)(3)) organizations: Complete		Do not complete Part I-B	
	Section 527 organizations: Com	()()) 0	Fails I-A and C below. I	Do not complete Part I-B.	
	5	on Form 990, Part IV, line 4, or Form	990-EZ, Part VI, line 4	7 (Lobbying Activities), the	n
	-	that have filed Form 5768 (election un			
	📮	that have NOT filed Form 5768 (elect			-
	e organization answered "Yes," (See separate instructions), the	on Form 990, Part IV, line 5 (Proxy n	Tax) (See separate i	nstructions) or Form 990-	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) org				
Nam	e of organization			Employer ide	ntification number
UNI	TED WAY OF GREATER (34-651	
Par		organization is exempt under			
1		organization's direct and indirect	political campaign a	ctivities in Part IV. (See i	nstructions for
	definition of "political campa	•			
2		xpenditures (See instructions)			
3		campaign activities (See instruction			
	-	organization is exempt under		<u></u>	
1		cise tax incurred by the organization			
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
	If "Yes," describe in Part IV.				
-		organization is exempt under	section 501(c). ex	cept section 501(c)(3	3).
1		expended by the filing organization			/
		· · · · · · · · · · · · · · · · · · ·			
2	Enter the amount of the filir	ng organization's funds contributed	I to other organization	ons for section	
	527 exempt function activiti	es		▶\$	
3	line 17b	enditures. Add lines 1 and 2. En		▶\$	
4		e Form 1120-POL for this year?			
5		and employer identification numbers			
		ts. For each organization listed, er tributions received that were pron			
		nd or a political action committee (
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization. If
					none, enter -0
(1)					
(-)			1		
(2)					
(3)					
(4)					
(5)			-		
(6)					
(6)			-		
For F	Paperwork Reduction Act Notic	e, see the Instructions for Form 990 o	r 990-EZ.	Schedul	e C (Form 990 or 990-EZ) 2020

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527



SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury	
Internal Revenue Service	

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inopostio

Pa	rt II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under		
Α		longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group memb	er's name,		
В	B Check ▶ if the filing organization checked box A and "limited control" provisions apply.					
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals		
1a	Total lobbying expenditures to influence	public opinion (grassroots lobbying)	42,000.			
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)				
с	Total lobbying expenditures (add lines 1	a and 1b)	42,000.			
d	Other exempt purpose expenditures		19,733,192.			
е	Total exempt purpose expenditures (ad	d lines 1c and 1d)	19,775,192.			
f	Lobbying nontaxable amount. Enter th	e amount from the following table in both				
	columns.		1,000,000.			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:				
	Not over \$500,000	20% of the amount on line 1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.				
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 28	5% of line 1f)	250,000.			
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-	0.	0.		
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-	0.	0.		
j		on either line 1h or line 1i, did the organiza	tion file Form 4720			
	reporting section 4911 tax for this year?			Yes No		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total	
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.	
b	Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.	
с	Total lobbying expenditures	40,000.		50,000.	42,000.	132,000.	
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.	
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.	
f	Grassroots lobbying expenditures	40,000.		50,000.	42,000.	132,000.	

Schedule C (Form 990 or 990-EZ) 2020

	UNITED WAY OF GREATER CLEVELAND dule C (Form 990 or 990-EZ) 2020 t II-B Complete if the organization is exempt under section 501(c)(3) and has NO	Tfilo		-6516654	l	Page
T GI	(election under section 501(h)).			11 57 00		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(i	a)	(b)	
	cription of the lobbying activity.	Yes	No	Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e f	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
i i	Total. Add lines 1c through 1i					
J 2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?					
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro			••••		<u> </u>
-	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	(c)(5)	, or s	ection	3, is	
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).	unts	of			
2	Current year			2a		

а		2a	
	Carryover from last year.		
c	Total.	2c	
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

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

Part IV Supplemental Information (continued)

SCHEE	DULE D
(Form	990)

Department of the Treasury

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

2

OMB No. 1545-0047

20

Name of the organization				
Internal Revenue Service				
Department of the Treasury				

Name	e of the organization	Employer identification number
UNI	TED WAY OF GREATER CLEVELAND	34-6516654
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year) .	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	Int II Conservation Easements.	
1 0	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a bistoria allu increatoret land anna
		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in th	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	a
b		b
с		c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
-		d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	
3		ted by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	has a dlass of
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and ex	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	-
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	· · ·	tatement and belance about works
Ia	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue s of art, historical treasures, or other similar assets held for public exhibition, education, or	research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes thes	se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue stat	ement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or resear	ch in furtherance of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	▶\$
2	If the organization received or held works of art, historical treasures, or other similar ass	
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1.	▶\$
b	Assets included in Form 990, Part X.	
For I	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2020

UNITED WAY OF GREATER CLEVELAND

Part III Organization equilation, accusion, and other records, check any of the following that make significant use of its collection terns (check all that apply): a Public exhibition d Loan or exhange program b Scholarly research e Dotter Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. No 2 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solt to raise funds rather than to be manitained as part of the organization's collection? Yes No PartVI Escrew and Custodial Arrangements. Complete If the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No 1a Is the organization and equer, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. Yes No 2 Did in organization include an amount on Form 990, Part X, line 21, for secons or custodial account liability? X wes No 2 Did in organization include an amount on Form 990, Part X, line 21, for secons or custodial account liability? X wes No 2 Did in organization include an amount on Form 990, Part X, line 21, for secons or custodial account liability? X wes No </th <th>Sche</th> <th>dule D (Form 990) 2020</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Page 2</th>	Sche	dule D (Form 990) 2020								Page 2
collection items (check all that apply): d Loan or exchange program b Scholarly research e Other Provide a description of thur generations e Other 2 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. 3 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?	Ра	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	easures,	or Other	Similar Assets	(continue	d)
a Public exhibition d □ Coan or exchange program b □ Colority research e □ Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? □ Yes No 7 Part N Escrow and Custocial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ives X No b 1'Yes," explain the arrangement in Part XIII and complete the following table. Imount	3	Using the organization's acquisitic	n, accession, and c	ther recor	ds, check	c any of	the follow	ing that make s	ignificant u	se of its
b Scholarly reservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 3 During the year, did the organization asolicit or receive donations of art, historical treasures, or other similar assets to be sold to raise tunds rather than to be maintained as part of the organization's collection?		collection items (check all that app	ly):							
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No 7 Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No 8 It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, ince 21. Yes No 9 If 'Yes,' explain the arrangement in Part XIII and complete the following table: Image: Complete if the organization an agent, trustee, custodian arount on Form 990, Part X, line 21, for serow or custodial account liability? Yes No 9 If 'Yes,' explain the arrangement in Part XII. Check here if the explanation has been provided on ParX XIII. Xes No 9 If 'Yes,' explain the arrangement in Part XII. Check here if the explanation answered 'Yes' on Form 990, Part IV, line 10. Xes Xes Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Part V Image: Part V Yes, 22. Xes <td< th=""><th>а</th><th>Public exhibition</th><th></th><th>d</th><th>Loan d</th><th>or exchar</th><th>ige progra</th><th>m</th><th></th><th></th></td<>	а	Public exhibition		d	Loan d	or exchar	ige progra	m		
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research		e	Other					
XIII. Solution Yes No 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No 1 Berrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ine organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ine organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ine organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No 4 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No 5 Part M Endownent Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. X Yes No 1 Beginning of year balance 1, 050, 460, 1, 30	с	Preservation for future gene	rations							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part/W Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990 part X, line 21. c Beginning balance 1d d Additions during the year. 1d d Distributions during the year. 1d 2 Distributions during the year. 1d d Ending balance. 1t d Distributions during the year. 1d d Ending balance. 1x d Distributions during the year. 1x d Beginning of year balance. 1x Complete if the organization include an amount on Form 990, Part IV, line 10. 1x Controlutions . 7, 212, 422. 8, 480, 993. 11, 326, 214. 11, 1996, 428. 12, 357, 199. d Not investment earnings, gains, and tosses. 1, 050, 460. 1, 306, 243.	4	Provide a description of the organ	nization's collections	and expla	ain how t	hey furth	er the or	ganization's exen	npt purpose	e in Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		XIII.								
Part V Escrow and Custodial Arrangements. Complete if the organization an swered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990 part X. 1d Amount 1d Amount 1d Amount 1d Amount 1d Complete if the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 2a Did the organization answered "Yes" on Form 990, Part IV, line 10. 2att V Endownent Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (b) Prior year balance 1 Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10	5	During the year, did the organization	on solicit or receive d	onations o	of art, histo	orical trea	asures, or	other similar		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?,		assets to be sold to raise funds rath	er than to be mainta	ained as pa	rt of the o	organizat	ion's colle	ction?	Yes	No
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d Amount 1d 1d Included on Form 990, Part X, line 21, for escrew or custodial account liability? X Yes No bit frives," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII X No Part V Endowment Funds. X X Yes No Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11, 1, 96, 428. 1, 397, 235, 138, 1, 397, 235, 138, 1, 397, 235, 138, 35, 211, 326, 214, 11, 996, 428, 12, 357, 199. Cohrencepatible as the explanate. 1, 050, 460, 1, 306, 243, 3, 088, 289, 1, 535	Ра	rt IV Escrow and Custodial A	rrangements.							
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Contributions during the arrangement in Part XIII and complete the following table: b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Image: Contributions during the year. Image: Contretre year. Image: Contributions during t			tion answered "Ye	s" on Fori	m 990, F	Part IV, li	ne 9, or r	eported an amo	ount on For	ſm
Included on Form 990, Part X? Yes X No b If 'Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year, 1d d Distributions include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes Z Distributions Mo If Yes Early Endowment Funds. (e) Fouryear back (e) Fouryears back (e) F		990, Part X, line 21.								
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year. 1d e Distributions during the year. 1d f Ending balance 1t a Did the organization include an amount on Form 990, Part X, line 21, for escrow or crustodial account liability? X Yes Part V Endowment Funds. X Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (0) Fore years (0) Three years back. 1a Beginning of year balance 7.212,422. 8,480,993. 11,326,214. 11,996,428. 12,357,199. b Contributions	1a	Is the organization an agent, trus	tee, custodian or ot	her interm	nediary fo	or contrib	outions or	other assets no	t	
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance 1c d Additions during the year, 1d e Distributions during the year, 1d f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or crustodial account liability? X Yes No b If "ves," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII X Yes No D Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back a Goranti year (a) Current year (b) Prory years back (d) Three years back (e) Four years back a Goranti year scholarships 7, 212, 422. 8, 480, 993. 11, 326, 214. 11, 996, 428. 12, 357, 199. b Contributions 7, 212, 422. 8, 480, 993. 1, 535, 034. 1, 722, 795. a distribute strainge and in programs <t< th=""><th></th><th>included on Form 990, Part X?</th><th></th><th></th><th></th><th></th><th></th><th></th><th>Yes</th><th>X No</th></t<>		included on Form 990, Part X?							Yes	X No
c Beginning balance 1c 1d d Additions during the year 1d 1d 2a Distributions during the year 1e 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b If "ves," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII X Yes No b If "ves," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (0) Fore years back (0) Three years back (0) Three years back 1a Beginning of year balance 7, 212, 422. 8, 480, 993. 11, 326, 214. 11, 996, 428. 12, 357, 199. b Contributions	b									
d Additions during the year,								Amou	Int	
d Additions during the year,	с	Beginning balance				1	c			
e Distributions during the year It f Ending balance It 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII X No Part V Endowment Funds. (a) Current year (b) Prior years back (d) Three years back (e) Four years back 1a Beginning of year balance 7, 212, 422. 8, 480, 993. 11, 326, 214. 11, 996, 428. 12, 357, 199. b Contributions 7, 212, 422. 8, 480, 993. 11, 326, 214. 11, 996, 428. 12, 357, 199. b Contributions 7, 212, 422. 8, 480, 993. 11, 326, 214. 11, 996, 428. 12, 357, 199. c Other expenditures for facilities 1, 050, 460. 1, 306, 243. 3, 088, 289. 1, 535, 034. 1, 722, 795. f Administrative expenses 59, 924. 42, 296. 53, 282. 45, 518. 35, 211. g End of year balance <t< th=""><th>d</th><th></th><th></th><th></th><th></th><th></th><th>d</th><th></th><th></th><th></th></t<>	d						d			
f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? X Yes No b If ''es', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No X Yes X No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (0) Frior year (0) Prior years back (0) Frior years back (0) Four years back (0) Fouryears back (0) Four years back	е						e			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII X Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (d) Four years back (f) Four years four four four four four four four year four four four four four four four fo	f						f			
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance	2a						custodial	account liability?	X Yes	No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance	b	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the ex	xplanation	has beer	n provided	on Part XIII		x
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Porm 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Porm 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Porm 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Porm 990, Part IV, line 11. Image: Complete if the organization answered "Yes" on Porm 990, Part IV, line 11. Image: Complete if the organization answered "Yes" on Porm 990, Part IV, line 11. Image: Complete if the organization sited as required on Schedule R?. Image: Complete if the organization of property Image: Complete if the organization is property in the percentage of the current year on Schedule R?. Image: Complete if the organizations. Image: Complete if the organization if the organization if the organization is endowment to the related organizations. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. <							-			
1a Beginning of year balance 7, 212, 422. 8, 480, 993. 11, 326, 214. 11, 996, 428. 12, 357, 199. b Contributions			tion answered "Ye	s" on For	m 990, F	Part IV, li	ne 10.			
Loginimum			(a) Current year	(b) Prio	r year	(c) Two y	/ears back	(d) Three years bac	k (e) Four y	/ears back
b Contributions	1a	Beginning of year balance	7,212,422.	8,48	0,993.	11,32	26,214.	11,996,428	. 12,3	57,199.
c Net investment earnings, gains, and losses										
and losses 1, 377, 692. 79, 968. 335, 688. 910, 338. 1, 397, 235. d Grants or scholarships										
d Grants or scholarships	C		1,377,692.	7	9,968.	3:	35,688.	910,338	8. 1,3	97,235.
e Other expenditures for facilities and programs 1,050,460. 1,306,243. 3,088,289. 1,535,034. 1,722,795. f Administrative expenses 59,924. 42,296. 53,282. 45,518. 35,211. g End of year balance. 7,479,730. 7,212,422. 8,520,331. 11,326,214. 11,996,428. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment >% b Permanent endowment >% % c Term endowment >% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations by: Yes No (i) Unrelated organizations 3a(i) X 3a(ii) X 3a(ii) X 3a(ii) x 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Bo	Ь									
and programs 1,050,460. 1,306,243. 3,088,289. 1,535,034. 1,722,795. f Administrative expenses 59,924. 42,296. 53,282. 45,518. 35,211. g End of year balance. 7,479,730. 7,212,422. 8,520,331. 11,326,214. 11,996,428. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% % b Permanent endowment ▶% % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization b: (i) Unrelated organizations 3a(i) x 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3a(ii) x 3b 3b 4 Description of property (a) Cost or other basis (c) Accumulated (d) Book value 0 Description of property (a) Cost or other basis (c) Accumulated (d) Book value 4 Description of property (a) Cost or other basis (c) Accumulated (d) Book value 0 Description of property (a) Co		-								
inde programs 59,924. 42,296. 53,282. 45,518. 35,211. g End of year balance	C		1,050,460.	1,30	6,243.	3,08	38,289.	1,535,034	1,7	22,795.
a Humminute explosion 7,479,730. 7,212,422. 8,520,331. 11,326,214. 11,996,428. a Board designated or quasi-endowment % b Permanent endowment % c Term endowment % c Term endowment ▶% % iii) Unrelated organizations % iii) Unrelated organizations. % iii) Related organizations % jiiii) Related organizations % jiiiii) Related organizations	f									35,211
g End of year balance :						8,52	20,331.			96,428.
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment Powerstations (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Bepreciation (d) Bep	•	-								
b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. (investment) (b) Cost or other basis (c) Accumulated (other) (c) Accumulated depreciation (d) Book value 1a Land 512,500. 512,500. 512,500. b Buildings 21,710,675. 8,916,494. 12,794,181. c Leasehold improvements.					e (iiiie ig,	column		•		
c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation d Book value 1a Land. 512,500. 512,500. b Buildings 21,710,675. a Lassehold improvements. a 1,710,675. <ld>b Equipment. a</ld>		6 1								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land. 512,500. 512,500. b Buildings 21,710,675. 8,916,494. c Leasehold improvements. 1a Eard. 1a Eard. d Equipment. complete in the organization and the part the state of the organization and the part the par	c		%							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations. 3a(i) X (ii) Related organizations. 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) X 3 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (ob) Cost or other basis (ob) Accumulated depreciation (d) Book value 1a Land. 512,500. 512,500. b Buildings 21,710,675. 8,916,494. 12,794,181. c Leasehold improvements. 0 0 0 a Equipment. 0 0 0 0		· · · · · · · · · · · · · · · · · · ·	ind 2c should equal 1	00%.						
Yes No Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3c(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Output Scheme 100 1a Land 512,500 512,500. 512,500. b Buildings 21,710,675. 8,916,494. 12,794,181. c Leasehold improvements 1 1 1 1 1 d Equipment. 1 <th>3a</th> <th></th> <th></th> <th></th> <th>ation that</th> <th>are held</th> <th>and admii</th> <th>nistered for the</th> <th></th> <th></th>	3a				ation that	are held	and admii	nistered for the		
(i) Unrelated organizations. 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value 1a Land. 512,500. 512,500. 512,500. b Buildings 21,710,675. 8,916,494. 12,794,181. c Leasehold improvements. u u u u d Equipment. u u u u u				<u></u>					Y	es No
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (tinvestment) (c) Accumulated depreciation (d) Book value 1a Land 512,500. 512,500. b Buildings 21,710,675. 8,916,494. 12,794,181. c Leasehold improvements. u u u u d Equipment. u u u u u									3a(i)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land										X
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land. 512,500. 512,500. b Buildings 21,710,675. 8,916,494. 12,794,181. c Leasehold improvements.	b									
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 512,500. 512,500. 512,500. b Buildings 21,710,675. 8,916,494. 12,794,181. c Leasehold improvements.			•	•						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 512,500. 512,500. 512,500. b Buildings 21,710,675. 8,916,494. 12,794,181. c Leasehold improvements.	-	rt VI Land, Buildings, and Equ	lipment.							
Ia Land (investment) (other) (depreciation b Buildings 512,500. 512,500. c Leasehold improvements 21,710,675. 8,916,494. 12,794,181. d Equipment 1 100,771. 1 107,040.		Complete if the organization	ation answered "Ye		1					
1a Land 512,500. 512,500. b Buildings 21,710,675. 8,916,494. 12,794,181. c Leasehold improvements d Equipment		Description of property	(a) Cost or	other basis ment)			s (c) Ac	cumulated reciation	(d) Book valu	ıe
b Buildings 21,710,675. 8,916,494. 12,794,181. c Leasehold improvements. d Equipment. 1,700,675. 1,000,000.	1a	Land	```		· ·	,			51	2,500.
c Leasehold improvements								16,494.		
d Equipment.					_,,	,			1.2	
	-	•					_			
					1.7	89,771	1.6	81,928.	10	7,843
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 13, 414, 524.				1 990, Part						

Schedule D (Form 990) 2020

JSA 0E1269 1.000

Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) FUNDS HELD AT CLEVELAND FDN. 2,652,312. FMV (B) FIXED INCOME ALTERN. INVEST. 717,682 FMV (C) (D) (E) (F) (G) (H) 3,369,994 Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value Federal income taxes (1) INTERCOMPANY PAYABLES 5,504,724. (2) (3) OTHER LIABILITIES 711,673. INTEREST RATE SWAP 643,869. (4) PENSION LIABILITY 3,847,556. (5) (6)(7)(8) (9) 10,707,822. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the Х

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 . JSA 0E1270 1.000

UNITED WAY OF G	JREATER	CLEVELAND
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Schedul	le D (Form 990) 2020		Page 4
Part 2	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
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		
C	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
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		
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.		
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V, line 4; I	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 IV, LINE 2B:

CUSTODIAL FUNDS ARE AMOUNTS HELD BY UNITED WAY OF GREATER CLEVELAND THAT LEGALLY BELONG TO UNRELATED AND RELATED ENTITIES. ACCORDINGLY, THESE AMOUNTS ARE RECORDED AS BOTH AN ASSET AND LIABILITY OF THE ORGANIZATION.

PART V, LINE 1A, COLUMN (B) CURRENT YEAR:

Part XIII Supplemental Information (continued)

THE CURRENT YEAR BEGINNING BALANCE WAS RESTATED TO REFLECT THE CORRECT ENDOWMENT FUNDS.

PART V, LINE 4:

UNITED WAY'S SPENDING POLICY IS TO USE 4% OF A THREE YEAR ROLLING AVERAGE OF THE QUASI ENDOWMENT FUND AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS FOR SPECIFIC PURPOSES. THE ORGANIZATION USES THESE FUNDS FOR THE CAPITAL NEEDS OF THE ORGANIZATION AND CERTAIN OPERATING COSTS.

PART X, LINE 2:

UNCERTAIN INCOME TAX POSITIONS ARE EVALUATED AT LEAST ANNUALLY BY MANAGEMENT. UNITED WAY OF GREATER CLEVELAND 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 AMOUNTS FOR INCOME TAX PENALTIES AND INTEREST FOR THE YEARS THEN ENDED.

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury	ng Activities ^{19, or if the}	OMB No. 1545-0047									
Internal Revenue Service	► G	to to www.irs.gov/Form	990 for instr	uctions and	the latest information.		Inspection				
Name of the organization						Employer identificati					
UNITED WAY OF G						34-6516654					
	g Activities. Comp EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	17.				
1 Indicate whether	the organization rais	sed funds through a	any of the	following	activities. Check a	all that apply.					
a Mail solicita	tions	s e Solicitation of non-government grants									
b Internet and	email solicitations	nail solicitations f Solicitation of government grants									
c Phone solic	itations										
d 🔄 In-person so											
b If "Yes," list the	tion have a written o is listed in Form 990 10 highest paid indi least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be				
(i) Name and addi or entity (fu		(ii) Activity	(iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity			(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
			Yes	No							
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
	which the organiza ensing.			to solicit	contributions or	has been notified	I it is exempt from				

Schedule G (Form 990 or 990-EZ) 2020

Sche	dule	e G (Form 990 or 990-EZ) 2020				Page 2
Ра	rt I					
		more than \$15,000 of fundra events with gross receipts gre		ions and gross incom	e on Form 990-EZ	, lines 1 and 6b. List
		events with gloss receipts gre	(a) Event #1	(b) Event #2	(c) Other events	<u></u>
			ANNUAL MEETING	YOUNG LEADERS		(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Ine					V	
Revenue	1	Gross receipts	103,895.	765.		104,660.
Re						
	2	Less: Contributions Gross income (line 1 minus				
	ა	line 2)	103,895.	765.		104,660.
	4	Cash prizes				
	5	Noncash prizes				
es	6	Pont/facility costs				
ens	0	Rent/facility costs				
ЧХ.	7	Food and beverages				
Direct Expenses		• • • • • • • • • • • • • • • • • • • •				
Dife	8	Entertainment				
_	•	Other direct evenence				
	9	Other direct expenses				
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)	►	
	11	Net income summary. Subtract li	ne 10 from line 3, colu	umn (d)		104,660.
Ра		Gaming. Complete if the org	anization answered "			reported more than
		\$15,000 on Form 990-EZ, lin				
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
Å	1	Gross revenue				
~	-					
penses	2	Cash prizes				
ben	3	Noncash prizes				
Щ	Ŭ					
Direct Ex	4	Rent/facility costs				
ā						
	5	Other direct expenses	Yes %	Noo or	Noo of	
	6	Volunteer labor	Yes %	5 Yes%	Yes%	1
	Ū					
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	_			<i>. .</i>		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	.	
9		Enter the state(s) in which the org	anization conducts da	ming activities:		
a		Is the organization licensed to con	duct gaming activities	in each of these state	es?	Yes No
b)	If "No," explain:				
10a		Were any of the organization's gaming	n licenses revoked aug	nandad or terminated du	ring the tax year?	Yes No
b		If "Yes," explain:				
		· ·				

Schedule G (Form 990 or 990-EZ) 2020

	UNITED	WAY	OF	GREATER	CLEVELAND
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	UNITED WAY OF GREATER CLEVELAND	34-051	0054	
Sched	ule G (Form 990 or 990-EZ) 2020			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti			_
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events bool			,,,
••	records:			
	Name ▶			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the		
	amount of gaming revenue retained by the third party ► \$			
с	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
10				
	Name 🕨			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	• • • • • • • • • • • • • • • • • • • •			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pr	oceeds to		
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt org			_
	or spent in the organization's own exempt activities during the tax year > \$			
Part		s (iii) and	(v), and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).			

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE I Grants and Other Assistance to Organizations,											
(Form 990) Go		2020									
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.											
Attach to Form 990 Open to Public											
Department of the Treasury nternal Revenue Service Go to www.irs.gov/Form990 for the latest information. Inspection											
Name of the organization Employer identification number											
UNITED WAY OF GREATER CLEVELAND						34-6516	554				
Part I General Information on Grants and Assistance											
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 											
the selection criteria used to award the grant			-	-			X Yes No				
2 Describe in Part IV the organization's proces											
		_			n lata if the evenue:	ation an owned					
Part II Grants and Other Assistance to D		-					res on Form 990,				
Part IV, line 21, for any recipient th	hat received	more than \$5	,000. Part II can r	be duplicated if a							
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) ACHIEVEMENT CENTERS FOR CHILDREN											
4255 NORTHFIELD ROAD, CLEVELAND, OH 44128	34-0714766	501(C)(3)	40,500.				PROGRAM GRANTS				
(2) AMERICA SCORES CLEVELAND											
3631 PERKINS AVE., CLEVELAND, OH 44114-4701	20-0500153	501(C)(3)	25,000.				PROGRAM GRANTS				
(3) APPLEWOOD CENTERS											
10427 DETROIT AVE., CLEVELAND, OH 44102	34-0714571	501(C)(3)	55,965.				PROGRAM GRANTS				
(4) ASIA SERVICES IN ACTION, INC.											
3631 PERKINS AVE., CLEVELAND, OH 44114	34-1798850	501(C)(3)	12,375.				PROGRAM GRANTS				
(5) BEECH BROOK/FAMILY HEALTH PROGRAM											
3737 LANDER ROAD,	34-0714597	501(C)(3)	84,621.				PROGRAM GRANTS				
(6) BENJAMIN ROSE INSTITUTE FOR THE AGING											
11890 FAIRHILL ROAD, CLEVELAND, OH 44120	34-0714482	501(C)(3)	30,250.				PROGRAM GRANTS				
(7) BOYS AND GIRLS CLUB OF GREATER CLEVELAND											
6114 BROADWAY AVE., CLEVELAND, OH 44127	34-0770686	501(C)(3)	63,250.				PROGRAM GRANTS				
(8) CATHOLIC CHARITIES CORPORATION											
7911 DETROIT AVE., CLEVELAND, OH 44102	34-1318541	501(C)(3)	788,000.				PROGRAM GRANTS				
(9) CHN HOUSING PARTNERS											
2999 PAYNE AVE., CLEVELAND, OH 44114	34-1346763	501(C)(3)	74,181.				PROGRAM GRANTS				
(10) CITY YEAR CLEVELAND											
820 PROSPECT AVE., CLEVELAND, OH 44115	22-2882549	501(C)(3)	47,000.				PROGRAM GRANTS				
(11) CLEVELAND PEACEMAKERS ALLIANCE											
6114 BROADWAY AVE., CLEVELAND, OH 44127	38-3989265	501(C)(3)	31,964.				PROGRAM GRANTS				
(12) CLEVELAND RAPE CRISIS CENTER											
1228 EUCLID AVE., CLEVELAND, OH 44115	51-0164315	501(C)(3)	74,149.				PROGRAM GRANTS				
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak	ble			•				
3 Enter total number of other organizations list	ted in the line	1 table					•				

SCHEDULE I (Form 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Name of the organization SG to www.irs.gov/Form990 for the latest information. Name of the organization States UNITED WAY OF GREATER CLEVELAND 34-6516 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
2 Describe in Part IV the organization's proces	dures for mor	nitoring the use	of grant funds in the	e United States.			X Yes No		
Part II Grants and Other Assistance to D		-					Yes" on Form 990,		
Part IV, line 21, for any recipient the 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	,000. Part II can t (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) COLLEGE NOW GREATER CLEVELAND 50 PUBLIC SQUARE, CLEVELAND, OH 44113	34-6580096	501(C)(3)	37,500.				PROGRAM GRANTS		
(2) COMMUNITY SERVICE ALLIANCE 12114 LARCHMERE BLVD, CLEVELAND, OH 44120	23-7299143	501(C)(3)	15,000.				PROGRAM GRANTS		
(3) COUNCIL FOR ECONOMIC OPPORTUNITIES IN GREAT 1801 SUPERIOR AVE.,	34-0965350	501(C)(3)	42,500.				PROGRAM GRANTS		
<pre>(4) CUYAHOGA COUNTY PUBLIC LIBRARY 2111 SNOW ROAD, PARMA, OH 44134-2728</pre>	34-6000819	501(C)(3)	34,168.				PROGRAM GRANTS		
(5) DOMESTIC VIOLENCE & CHILD ADVOCACY CENTER P.O. BOX 5466, CLEVELAND, OH 44101-0466	34-1278377	501(C)(3)	134,396.				PROGRAM GRANTS		
(6) EAST CLEVELAND NEIGHBORHOOD CENTER 14101 EUCLID AVE., CLEVELAND, OH 44112	34-1541345	501(C)(3)	20,500.				PROGRAM GRANTS		
<pre>(7) EAST END NEIGHBORHOOD HOUSE 2749 WOODHILL ROAD,</pre>	34-0714656	501(C)(3)	48,000.				PROGRAM GRANTS		
(8) ELEANOR B. RAINEY MEMORIAL INSTITUTE, INC. 1705 E. 55TH ST., CLEVELAND, OH 44103-1346	34-6555952	501(C)(3)	20,000.				PROGRAM GRANTS		
(9) ELIZA BRYANT VILLAGE 7201 WADE PARK AVE., CLEVELAND, OH 44103	34-0715816	501(C)(3)	14,371.				PROGRAM GRANTS		
(10) EMERALD DEVELOPMENT & ECONOMIC NETWORK, INC 7812 MADISON AVE., CLEVELAND, OH 44102	34-1667990	501(C)(3)	50,750.				PROGRAM GRANTS		
(11) ENTERPRISE COMMUNITY PARTNERS, INC. 1360 EAST 9TH ST., CLEVELAND, OH 44114	52-1231931	501(C)(3)	83,200.				PROGRAM GRANTS		
(12) ESPERANZA, INC. 3104 WEST 25TH ST., CLEVELAND, OH 44109	34-1403492	501(C)(3)	30,000.				PROGRAM GRANTS		
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lis 	0	0				· · · · · · · · · · · •	·		

SCHEDULE I		Grants a	nd Other A	Assistance t	o Organiza	itions,	F	OMB No. 1545-0047		
(Form 990) Governments, and Individuals in the United States								2020		
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Attach to Form 990 Open to Public										
Department of the Treasury Internal Revenue Service Solution Control C										
Name of the organization Employer identification number										
UNITED WAY OF G	GREATER CLEVELAND						34-6516	654		
Part I General Information on Grants and Assistance										
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 										
	nd Other Assistance to D		-					"Yes" on Form 990,		
Part IV, lir	ne 21, for any recipient the	nat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.			
	d address of organization 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 assistanc			
(1) FAMILY CONNECTION	IS OF NORTHEAST OHIO									
19824 SUSSEX ROAD	, SHAKER HEIGHTS, OH 44122	34-1696816	501(C)(3)	46,500.				PROGRAM GRANTS		
(2) FAMILY PROMISE OF	GREATER CLEVELAND									
3470 EAST 152ND S	T., CLEVELAND, OH 44120	34-1598710	501(C)(3)	39,750.				PROGRAM GRANTS		
(3) FAR WEST CENTER										
29133 HEALTH CAMP	US DRIVE,	34-1138269	501(C)(3)	45,644.				PROGRAM GRANTS		
(4) FRONT STEPS HOUSI	NG AND SERVICES									
1545 W 25TH ST.,	CLEVELAND, OH 44113-3103	34-1424555	501(C)(3)	21,694.				PROGRAM GRANTS		
(5) FRONTLINE SERVICE	l									
1744 PAYNE AVE.,	CLEVELAND, OH 44114-2910	34-1607734	501(C)(3)	85,266.				PROGRAM GRANTS		
(6) HARVARD COMMUNITY	SERVICES CENTER									
18240 HARVARD AVE	.,	23-7098744	501(C)(3)	51,549.				PROGRAM GRANTS		
(7) HUNGER NETWORK OF	GREATER CLEVELAND									
	VE., CLEVELAND, OH 44113	34-1810545	501(C)(3)	41,375.				PROGRAM GRANTS		
(8) JEWISH FEDERATION	OF CLEVELAND	4								
	CLEVELAND, OH 44115	34-0714445	501(C)(3)	1,266,000.				PROGRAM GRANTS		
(9) JOSEPH'S HOME		4								
2412 COMMUNITY CO	LLEGE AVE.,	34-1901676	501(C)(3)	11,158.				PROGRAM GRANTS		
(10) LAKEWOOD COMMUNIT	Y SERVICES CENTER	4								
14230 MADISON AVE	., LAKEWOOD, OH 44107	34-1446497	501(C)(3)	16,625.				PROGRAM GRANTS		
(11) LEGAL AID SOCIETY	OF CLEVELAND	4								
1223 W 6TH ST., C	LEVELAND, OH 44113-1354	34-0866026	501(C)(3)	92,151.				PROGRAM GRANTS		
(12) LEXINGTON BELL CO	MMUNITY CENTER	4								
7724 LEXINGTON AV	Έ.,	34-1117206	501(C)(3)	22,750.				PROGRAM GRANTS		
	per of section 501(c)(3) and	0	0					▶		
3 Enter total number of other organizations listed in the line 1 table										

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.											
		-	ttach to Form 990		,		Open to Public				
Department of the Treasury ■ Go to www.irs.gov/Form990 for the latest information. Inspection											
Name of the organization Employer identification number											
UNITED WAY OF GREATER CLEVELAND	UNITED WAY OF GREATER CLEVELAND 34-6516654										
Part I General Information on Grants an	d Assistanc	e									
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 											
Part II Grants and Other Assistance to D		-					"Yes" on Form 990,				
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can I	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					
(1) LINKING EMPLOYMENT, ABILITIES & POTENTIAL											
2545 LORAIN AVE., CLEVELAND, OH 44113-3102	34-1369608	501(C)(3)	35,329.				PROGRAM GRANTS				
(2) LITERACY COOPERATIVE											
1331 EUCLID AVE., CLEVELAND, OH 44115-1840	90-0453660	501(C)(3)	10,000.				PROGRAM GRANTS				
(3) LUTHERAN METROPOLITAN MINISTRY											
4515 SUPERIOR AVE., CLEVELAND, OH 44103	34-1043756	501(C)(3)	104,078.				PROGRAM GRANTS				
(4) MAGNOLIA CLUBHOUSE											
11101 MAGNOLIA DRIVE, CLEVELAND, OH 44106	52-2441206	501(C)(3)	18,004.				PROGRAM GRANTS				
(5) MAY DUGAN CENTER											
4115 BRIDGE AVE., CLEVELAND, OH 44113	23-7061949	501(C)(3)	63,830.				PROGRAM GRANTS				
(6) MERRICK HOUSE											
1050 STARKWEATHER AVE.,	34-0714463	501(C)(3)	46,113.				PROGRAM GRANTS				
(7) MURTIS H. TAYLOR HUMAN SERVICES SYSTEM	_										
13422 KINSMAN ROAD,	23-7158458	501(C)(3)	83,550.				PROGRAM GRANTS				
(8) NATURE CENTER AT SHAKER LAKES	_										
2600 SOUTH PARK BLVD, CLEVELAND, OH 44120	34-6576569	501(C)(3)	10,000.				PROGRAM GRANTS				
(9) NEIGHBORHOOD FAMILY PRACTICE											
4115 BRIDGE AVE., CLEVELAND, OH 44113	34-1300581	501(C)(3)	37,561.				PROGRAM GRANTS				
(10) NEW DIRECTIONS, INC.	_										
30800 CHAGRIN BLVD,	34-1313806	501(C)(3)	34,099.				PROGRAM GRANTS				
(11) NEWBRIDGE CLEVELAND	_										
3634 EUCLID AVE., CLEVELAND, OH 44115-2535	27-1193704	501(C)(3)	35,841.				PROGRAM GRANTS				
(12) NUEVA LUZ URBAN RESOURCE CENTER	_										
2226 WEST 89TH ST., CLEVELAND, OH 44102		501(C)(3)	15,625.				PROGRAM GRANTS				
2 Enter total number of section 501(c)(3) and	0	0					▶				
3 Enter total number of other organizations lis	ted in the line	1 table					►				

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	itions,	L	OMB No. 1545-0047				
(Form 990) Go		2020									
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.											
Attach to Form 990 Open to Public											
Department of the Treasury nternal Revenue Service Go to www.irs.gov/Form990 for the latest information. Inspection											
Name of the organization Employer identification number											
UNITED WAY OF GREATER CLEVELAND						34-65160	554				
Part I General Information on Grants and	d Assistanc	e									
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 											
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered '	'Yes" on Form 990,				
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	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) OPEN DOORS ACADEMY											
1427 EAST 36TH ST., CLEVELAND, OH 44114	04-3697716	501(C)(3)	46,000.				PROGRAM GRANTS				
(2) PASSAGES, INC. (2) PASSAGES, INC. (4)											
3631 PERKINS AVE., CLEVELAND, OH 44114	51-0455278	501(C)(3)	29,087.				PROGRAM GRANTS				
(3) POSITIVE EDUCATION PROGRAM											
3100 EUCLID AVE., CLEVELAND, OH 44115	34-1127919	501(C)(3)	94,003.				PROGRAM GRANTS				
(4) PROVIDENCE HOUSE INC.											
2050 W 32ND ST., CLEVELAND, OH 44113-4017	34-1336325	501(C)(3)	49,750.				PROGRAM GRANTS				
(5) SALVATION ARMY											
440 WEST NYACK ROAD, WEST NYACK, NY 10994	13-5562351	501(C)(3)	15,000.				PROGRAM GRANTS				
(6) SEEDS OF LITERACY											
3104 W 25TH ST., CLEVELAND, OH 44109-1689	20-0884284	501(C)(3)	34,588.				PROGRAM GRANTS				
(7) SENIOR CITIZEN RESOURCES, INC.											
3100 DEVONSHIRE, CLEVELAND, OH 44109	34-1098212	501(C)(3)	22,875.				PROGRAM GRANTS				
(8) SIGNATURE HEALTH/ORCA HOUSE, INC.											
1909 E 89TH ST., CLEVELAND, OH 44106-2007	34-6579390	501(C)(3)	33,250.				PROGRAM GRANTS				
(9) SPANISH AMERICAN COMMITTEE FOR A BETTER COM											
4407 LORAIN AVE., CLEVELAND, OH 44113-3779	34-1028559	501(C)(3)	26,565.				PROGRAM GRANTS				
(10) STARTING POINT											
4600 EUCLID AVE., CLEVELAND, OH 44103	34-1650004	501(C)(3)	72,500.				PROGRAM GRANTS				
(11) THE CENTERS											
4500 EUCLID AVE., CLEVELAND, OH 44103-3736	23-7084455	501(C)(3)	145,137.				PROGRAM GRANTS				
(12) TOWARDS EMPLOYMENT, INC.											
1255 EUCLID AVE., CLEVELAND, OH 44115	34-1578831	501(C)(3)	61,356.				PROGRAM GRANTS				
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tab	ole			•				
3 Enter total number of other organizations list	ted in the line	1 table					•				

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	itions,	L	OMB No. 1545-0047
(Form 990) Go	vernme	nts, and Ir	ndividuals ii	n the United	d States		2020
Com	olete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
		-	ttach to Form 990				Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest informatior	1.		Inspection
Name of the organization		U				Employer identifi	cation number
UNITED WAY OF GREATER CLEVELAND						34-6516	654
Part I General Information on Grants and	d Assistanc	e					
 Does the organization maintain records to suthe selection criteria used to award the grant Describe in Part IV the organization's process 	s or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient th		-					"Yes" on Form 990,
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) UNITED BLACK FUND							
1621 EUCLID AVE., CLEVELAND, OH 44115	34-1366892	501(C)(3)	460,000.				PROGRAM GRANTS
(2) UNITED CEREBRAL PALSY ASSOCIATION OF GREATE							
10011 EUCLID AVE., CLEVELAND, OH 44106-4701	34-0753561	501(C)(3)	40,294.				PROGRAM GRANTS
(3) UNITED LABOR AGENCY							
737 BOLIVAR RD, CLEVELAND, OH 44115	23-7180005	501(C)(3)	18,211.				PROGRAM GRANTS
(4) UNIVERSITY SETTLEMENT, INC.							
4800 BROADWAY AVE.,	34-0714776	501(C)(3)	40,750.				PROGRAM GRANTS
(5) URBAN LEAGUE OF GREATER CLEVELAND							
2930 PROSPECT AVE.,	34-0720563	501(C)(3)	35,000.				PROGRAM GRANTS
(6) USCRI: CLEVELAND FIELD OFFICE							
815 SUPERIOR AVE., CLEVELAND, OH 44114	13-1878704	501(C)(3)	22,080.				PROGRAM GRANTS
(7) VOCATIONAL GUIDANCE SERVICES							
2239 E 55TH ST., CLEVELAND, OH 44103-4451	34-0714650	501(C)(3)	50,356.				PROGRAM GRANTS
(8) WEST SIDE CATHOLIC CENTER							
3135 LORAIN AVE., CLEVELAND, OH 44113	34-1244687	501(C)(3)	56,125.				PROGRAM GRANTS
(9) WEST SIDE COMMUNITY HOUSE							
9300 LORAIN AVE., CLEVELAND, OH 44102	34-0714820	501(C)(3)	34,125.				PROGRAM GRANTS
(10) YMCA							
1801 SUPERIOR AVE., CLEVELAND, OH 44114	34-0714728	501(C)(3)	37,351.				PROGRAM GRANTS
(11) YOUTH OPPORTUNITIES UNLIMITED							
1361 EUCLID AVE., CLEVELAND, OH 44115-1819	34-1381135	501(C)(3)	91,195.				PROGRAM GRANTS
(12) YWCA OF GREATER CLEVELAND	24 0714000	E01(()(2)	104.075				
4019 PROSPECT AVE., CLEVELAND, OH 44103		501(C)(3)	104,875.				PROGRAM GRANTS
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list 	0	0					

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

PART I, LINE 2:

UNITED WAY OF GREATER CLEVELAND CLOSELY MONITORS THE USE OF GRANT FUNDS

VIA A PROCESS WHICH INCLUDES A PROGRAM REVIEW AND OUTCOME MEASUREMENT OF

PROGRAM RESULTS. EACH PROGRAM GRANTEE SUBMITTED A PROPOSAL FOR THE

PROGRAM TO BE FUNDED AND WILL BE EVALUATED BASED ON THE OUTCOMES

RESULTING FROM THE PROGRAM ACTIVITIES.

(Forn	EDULE J n 990) nent of the Treasury Revenue Service	For certain Officers, Dire Con ► Complete if the organizatio	Astion Information ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line : Attach to Form 990. 990 for instructions and the latest information	23.	MB No. 20 Open to Insp	20 Puk	olic
	of the organization			Employer identificatio			
	0	GREATER CLEVELAND		34-6516654			
Part		Is Regarding Compensation			-		
T GIT						Yes	No
1a	990, Part VII, First-cla Travel fo Tax inde	Section A, line 1a. Complete Part III to ss or charter travel or companions emnification and gross-up payments	by by idea any of the following to or for a person provide any relevant information regarding Housing allowance or residence for Payments for business use of perso X Health or social club dues or initiation Personal convisos (curb or maid of	g these items. personal use nal residence on fees			
b	If any of the or reimburse	ment or provision of all of the ex	Personal services (such as maid, ch ne organization follow a written policy re spenses described above? If "No," com	egarding payment	1b	X	
2	Did the orga directors, trus	anization require substantiation prior stees, and officers, including the CEC	to reimbursing or allowing expenses D/Executive Director, regarding the items	s incurred by all			
3	Indicate which organization's related organ Comper Indepen	CEO/Executive Director. Check all the	on used to establish the compensation of at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P Written employment contract X Compensation survey or study X Approval by the board or compensation	ods used by a Part III.	2	x	
4	During the ye organization of	ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect t	o the filing			
а			ayment?		4a		X
b			tal nonqualified retirement plan?		4b		X
С	If "Yes" to an	y of lines 4a-c, list the persons and p	sed compensation arrangement? rovide the applicable amounts for each it rganizations must complete lines 5-9.		4c		X
5	For persons compensation	listed on Form 990, Part VII, Section contingent on the revenues of:	ion A, line 1a, did the organization pa				
					5a		X X
b		rganization? e 5a or 5b, describe in Part III.			5b		
6	For persons compensation	listed on Form 990, Part VII, Section contingent on the net earnings of:	ion A, line 1a, did the organization pa				
a					6a		X
b	•	-			6b		X
7	For persons		on A, line 1a, did the organization prov		7		x
8	Were any am	ounts reported on Form 990, Part VII,	escribe in Part III. paid or accrued pursuant to a contract the Regulations section 53.4958-4(a)(3)? I	at was subject			
		-			8		Х
9	If "Yes" on I	ine 8, did the organization also fol	low the rebuttable presumption proced	lure described in	9		

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	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)	326,083.	0.	б,858.	25,870.	0.	358,811.	0.
1 PRESIDENT & CEO, SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
HELEN FORBES FIELDS	(i)	153,104.	0.	3,636.	4,710.	19,152.	180,602.	0.
2 EXECUTIVE VP & GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
DEBORAH ENTY	(i)	157,148.	0.	4,930.	5,400.	9,607.	177,085.	0.
3 ^{CFO & VP FINANCE}	(ii)	0.	0.	0.	0.	0.	0.	0.
AARON PETERSAL	(i)	132,186.	0.	3,428.	19,488.	28,697.	183,799.	
4 VP, RD OPERATION	(ii)	0.	0.	0.				
JULIANNE GOZAR	(i)	156,640.	0.	734.	26,000.	0.	183,374.	0.
5 ^{VP, HR & OPERATIONS}	(ii)	0.	0.	0.	0.	0.	0.	0.
WILLIAM WINANS	(i)	125,641.	0.	7,528.	0.	28,697.	161,866.	0.
6 ^{VP, BRAND STRATEGY & MARKETING}	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHLEEN TAYLOR	(i)	142,835.	0.	5,375.	26,000.	9,607.	183,817.	
7 ^{CHIEF OF STAFF}	(ii)	0.	0.	0.				
	(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)							

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 1A:

A SOCIAL CLUB MEMBERSHIP IS PROVIDED TO THE PRESIDENT AND CEO OF UNITED

WAY OF GREATER CLEVELAND TO BE USED TO CONDUCT UNITED WAY BUSINESS.

DOCUMENTATION IS PROVIDED FOR THE REIMBURSEMENT OF ALL DUES AND OTHER

REIMBURSABLE EXPENSES FOR THE MEMBERSHIP.

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 GREATER CLEVELAND
 34-65

Employer identification number

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. A DRAFT FORM 990 WAS PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW AND THEN PROVIDED TO THE BOARD OF DIRECTORS BEFORE IT WAS FILED 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:

A COMMITTEE CONSISTING OF SEVERAL BOARD OF DIRECTORS REVIEW THE PRESIDENT/CEO COMPENSATION AND BENEFITS THAT ARE OUTLINED ON THE TERMS OF EMPLOYMENT CONTRACT. THE COMMITTEE UTILIZES DATA AS SET FORTH IN EMPLOYMENT CONTRACT TO SUBSTANTIATE ANY RECOMMENDED ADJUSTMENTS. THE PRESIDENT/CEO SETS THE COMPENSATION FOR THE OTHER OFFICERS AND KEY EMPLOYEES BASED ON SALARY DATA THAT IS UPDATED PERIODICALLY OR SOONER AS NEEDED.

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

Employer identification number 34-6516654

AVAILABLE TO THE PUBLIC UPON REQUEST.

 FORM 990, PART XI, LINE 9:

 OTHER COMPONENTS OF NET PERIODIC COST.....\$(770,493)

 CHANGE IN INTEREST RATE SWAP.....\$514,566

 PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COST.....\$2,624,113

 TOTAL.....\$2,368,186

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

UNITED WAY OF GREATER CLEVELAND SERVES AS A CRITICAL COMMUNITY CONVENER, GENERATING AND COORDINATING RESOURCES ACROSS INDIVIDUAL DONORS, CORPORATION, SERVICE PROVIDERS AND GOVERNMENT AND CIVIC LEADERS TO IMPROVE LIVES AND STRENGTHEN THE COMMUNITY ON A MEANINGFUL SCALE.

ATTACHMENT 2

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

 INFORMATION & REFERRAL - UNITED WAY SERVES AS THE GATEWAY TO SOCIAL SERVICES IN THE COMMUNITY THROUGH THEIR 2-1-1 SERVICE.
 UNITED WAY 2-1-1 CONNECTS INDIVIDUALS AND FAMILIES TO SOCIAL SERVICES 24 HOURS A DAY, EVERY DAY OF THE YEAR PROVIDING INFORMATION AND SERVICE NAVIGATION TO HELP PEOPLE FIND AND UNDERSTAND THEIR OPTIONS TO ACCESS COMMUNITY RESOURCES.
 REGIONAL - UNITED WAY PROVIDES REGIONAL HEALTH AND HUMAN SERVICE PROGRAMS THAT PROMOTE COMMUNITY INVOLVEMENT, Name of the organization UNITED WAY OF GREATER CLEVELAND Employer identification number 34-6516654

ATTACHMENT 2 (CONT'D)

PRIORITIZATION AND OPERATIONS IN THE REGIONAL NORTHEASTERN AREA, INCLUDING GEAUGA AND MEDINA COUNTIES.

3) YOUTH - UNITED WAY PARTNERS WITH THE CLEVELAND METROPOLITAN SCHOOL DISTRICT TO OVERSEE A COMMUNITY WRAPAROUND PROGRAM WHICH USES SCHOOLS AS HUBS TO PROVIDE SUPPORT TO STUDENTS, FAMILIES AND RESIDENTS IN THE CITY'S HIGHEST NEED NEIGHBORHOODS. UNITED WAY HAS HELPED TO CREATE A PARTNERSHIP THAT IS TEACHING YOUNG CHILDREN HOW TO BE GOOD CITIZENS AND BECOME FUTURE COMMUNITY LEADERS.

4) AGENCY CAPACITY - UNITED WAY CONNECTS DONORS AND CAUSES AND IS DEDICATED TO PUTTING DONOR DOLLARS TO WORK MAKING THE GREATEST IMPACT FOR PEOPLE IN NEED. UNITED WAY PROVIDES RESEARCH INTO EMERGING COMMUNITY ISSUES, ESTABLISHES AND MEASURES OUTCOMES FOR THE DESIRED RESULTS AND PROVIDES AGENCY PARTNERS RESOURCES FOR CAPACITY BUILDING. UNITED WAY ALSO FUNDS CATHOLIC CHARITIES, UNITED BLACK FUND AND THE JEWISH COMMUNITY FEDERATION.

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST P	AID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MARCUS THOMAS LLC P.O. BOX 74694 CLEVELAND, OH 44194	ADVERTISING & MEDIA	205,510.
COMMUNITY COUNSELING SERVICE CO., LLC P.O. BOX 824885 PHILADELPHIA, PA 19182	FUNDRAISING	200,500.
STAFFING SOLUTIONS ENTERPRISES, INC. P.O. BOX 74385 CLEVELAND, OH 44194	TEMPORARY STAFFING	196,780.

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Schedule O (Form 990 or 990-EZ) 2020		Page 2
Name of the organization		Employer identification number
UNITED WAY OF GREATER CLEVELAND		34-6516654
		ATTACHMENT 3 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTO	
STOUT RISIUS ROSS LLC P.O. BOX 71770 CHICAGO, IL 60694	MGMT/TECH CONSUL	TING 171,523.
LAKETEC COMMUNICATIONS, INC.	INFORMATION TECH	145,897.

27881 LORAIN ROAD NORTH OLMSTED, OH 44070

OMB No. 1545-0047

Open to Public

Inspection

ZU

2

Employer identification number

34-6516654

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 GREATER CLEVELAND

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

	licable) 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
Name, address, and EIN (if applicable) of disregarded entity UNITED WAY PROPERTIES, LLC 31 EUCLID AVENUE CLEVELAND, OH 44115						
1331 EUCLID AVENUE	CLEVELAND, OH 44115	PROPERTY MGMT	ОН	0.	0.	UWGC
(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	Section 5 contr ent	512(b)(13)
						Yes	No
(1) UNITED WAY OF GEAUGA COUNTY 20-5575556							
209 CENTER STREET CHARDON, OH 44024	COMM ADVANCE	OH	501(C)(3)	7	UWGC	Х	
(2) CLEVELAND COMMUNITY FUND 34-0714586							
1331 EUCLID AVENUE CLEVELAND, OH 44115	SUPPORT ORG.	OH	501(C)(3)	12A	N/A		Х
(3) UW GREATER CLEVELAND PHILANTHROPIC FUND 84-2305005							
1331 EUCLID AVENUE CLEVELAND, OH 44115	SUPPORT ORG.	OH	501(C)(3)	12A	UWGC	Х	
(4)							
(5)							
(6)							
							ĺ
(7)							
							ĺ

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

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.

	inere related org				e tax year					-		
(a) Name, address, and related organizati	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(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	(i) Section 512(b)(controll entity
(1)							Yes N
(2)							
(3)							
(5)							
(6)							
(7)							

Part	V Transactions With Related Organizations. Complete if the organization answered	"Yes" on Form 990, Par	rt IV, line 34, 35b, or 36.				
Note	e: 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 mo	ore related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
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		Х
	Loans or loan guarantees by related organization(s)				1e	Х	
					1f		
f	Dividends from related organization(s)						X
	Sale of assets to related organization(s)				1g 1h		X
	Purchase of assets from related organization(s)				1i		X
	Exchange of assets with related organization(s).				1j		X
J	Lease of facilities, equipment, or other assets to related organization(s)				-'J		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х
	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
	5 1 1 3 1 1 1 1 1 1 1 1 1 1						
р	Reimbursement paid to related organization(s) for expenses.				1p		Х
-	Reimbursement paid by related organization(s) for expenses				1q		Х
-							
r	Other transfer of cash or property to related organization(s)				1r		X
S	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must comple	ete this line, including cove	•	action three	shold	s.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d)	rminir	na
	Name of related organization	type (a-s)	Amount involveu		int invo		ig
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
		1	Sc	i hedule R (f	Form	990)	2020
JSA 0E1309	1.000					,	

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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, a	(a) (c) address, and EIN of entity Primary activity Legal domicile (state or foreign country)		(c) Legal domicile (state or foreign country)	income (related, section total income unrelated, excluded 501(c)(3) from tax under organizations?		(f) Share of total income	income end-of-year assets		h) (i) ortionate ations? (code V - UBI amount in box 2/ of Schedule K-1 (Form 1065)	man part	(j) eral or aging tner?	(k) Percentag ownershij		
				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)														

Schedule R (Form 990) 2020

JSA

Schedule R (Form 990) 2020

 Part VII
 Supplemental Information

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