

**Return of Organization Exempt From Income Tax**

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

**A** For the 2020 calendar year, or tax year beginning **05/01/2020** and ending **04/30/2021**

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization **METRO UNITED WAY INC**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**334 East Broadway**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Louisville, KY 40202**  
**F** Name and address of principal officer: **Adria Johnson**  
**334 East Broadway, Louisville, KY 40202**

**D** Employer identification number  
**61-0444680**  
**E** Telephone number  
**502-583-2821**  
**G** Gross receipts \$ **50,833,938**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ [www.metrounitedway.org](http://www.metrounitedway.org)

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1917** **M** State of legal domicile: **KY**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>Metro United Way's mission is to improve lives and our community by engaging people to give, advocate and volunteer.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>39</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>39</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>90</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>6,593</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>23,894,734</b>	<b>48,045,932</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>44,135</b>	<b>18,739</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>235,968</b>	<b>568,368</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>134,858</b>	<b>568,430</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>24,309,695</b>	<b>49,201,469</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>10,973,149</b>	<b>15,868,103</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>0</b>	<b>0</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>6,406,382</b>	<b>6,013,741</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,321,959</b>	<b>0</b>	<b>0</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>5,748,818</b>	<b>5,237,357</b>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>23,128,349</b>	<b>27,119,201</b>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,181,346</b>	<b>22,082,268</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>32,586,000</b>	<b>59,596,828</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>6,823,808</b>	<b>5,923,739</b>
			<b>25,762,192</b>	<b>53,673,089</b>

**Part II Signature Block**

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

**Sign Here** Signature of officer Phillip Bond, CFO Date  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name Preparer's signature Date Check  if self-employed PTIN  
 Firm's name ▶ Firm's EIN ▶  
 Firm's address ▶ Phone no.

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

**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:

As the backbone of a movement of nearly 1,000 corporate partners, 35,000 individual donors (almost 10% of Louisville area households) and 100+ nonprofits, for more than 100 years, Metro United Way has worked to identify and implement solutions to improve lives and our community. Because systemic community challenges are most often rooted in multiple causes, Metro United  
(Continued on Schedule O, Statement 1)

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 5,046,205 including grants of \$ 3,137,876 ) (Revenue \$ 0 )

Children in MUW-supported high quality early care and education are 2x more likely to be prepared for kindergarten than their peers. In addition, 95% of kids in high quality early care and education through MUW-supported programs demonstrated progress.

**4b** (Code: ) (Expenses \$ 4,184,609 including grants of \$ 3,068,013 ) (Revenue \$ 0 )

Some of the major accomplishments achieved through our United Community programs were as follows: 1. 52,902 people were helped with immediate needs through MUW-supported programs. 2. 12,989 people were sheltered by emergency and transitional housing services through MUW-supported programs. 3. 5,299 households avoided foreclosure, eviction or homelessness through rent and mortgage assistance, this includes a new pilot through United Community.

**4c** (Code: ) (Expenses \$ 1,838,814 including grants of \$ 1,571,867 ) (Revenue \$ 0 )

1,150 people sought skills development and training; 85% attained gainful employment. 8,120 people sought free tax assistance and MUW-supported programs helped return \$8.9 million in refunds to them. 2,057 individuals in homeless prevent programs; 77% made progress toward financial sufficiency.

**4d** Other program services (Describe on Schedule O.) See Schedule O, Statement 2  
(Expenses \$ 11,057,714 including grants of \$ 8,090,347 ) (Revenue \$ 18,739 )

**4e** Total program service expenses **▶** 22,127,342

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I See instructions . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

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

		Yes	No
<b>2a</b>	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		
	<b>2a</b> <span style="float: right;">90</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	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)?		✓
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	✓

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		✓
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		✓
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		✓
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		✓
<b>6</b>	Did the organization have members or stockholders? . . . . .		✓
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		✓
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		✓
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	✓	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	✓	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		✓

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► IN, KY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - Own website
  - Another's website
  - Upon request
  - Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
Phillip Bond, (502)292-6121

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Theresa Reno-Weber President, CEO and Board Secretary	50.00			✓			249,569	0	25,179	
Phillip Bond Chief Financial Officer	50.00			✓			131,618	0	38,610	
David Lopez Chief Development Officer	50.00					✓	130,196	0	17,842	
Adria Johnson Chief Impact Officer	50.00					✓	116,912	0	5,654	
Kent W Blake Board Chair	1.00	✓					0	0	0	
Antonio Boadas Director	0.50	✓					0	0	0	
Jeffrey A Calabrese Director	0.50	✓					0	0	0	
Patricia Carver Director	0.50	✓					0	0	0	
Ashley N Duncan Director	0.50	✓					0	0	0	
Nicole R Durbin Director	0.50	✓					0	0	0	
Kenneth M Eddy Director	0.50	✓					0	0	0	
Henry A Erk III Treasurer	1.00	✓					0	0	0	
Jose Ricardo Gaztambide Director	0.50	✓					0	0	0	
Elaine M Gravatte Director	0.50	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Keith Hamilton Director	0.50	<input checked="" type="checkbox"/>						0	0	0
Theo Hamilton Director	0.50	<input checked="" type="checkbox"/>						0	0	0
Pat Hargadon Director	0.50	<input checked="" type="checkbox"/>						0	0	0
Natalie H Harris Director	0.50	<input checked="" type="checkbox"/>						0	0	0
Jerry Henderson Director	0.50	<input checked="" type="checkbox"/>						0	0	0
Cassidy Hyde Director	0.50	<input checked="" type="checkbox"/>						0	0	0
Louis S Jensen Jr Director	0.50	<input checked="" type="checkbox"/>						0	0	0
Aimee M Jewell Director	0.50	<input checked="" type="checkbox"/>						0	0	0
Glenn E Levine Director	0.50	<input checked="" type="checkbox"/>						0	0	0
Charlon McIntosh Director	0.50	<input checked="" type="checkbox"/>						0	0	0
Robert A McIntosh Director	0.50	<input checked="" type="checkbox"/>						0	0	0
Ashwin Netto Director	0.50	<input checked="" type="checkbox"/>						0	0	0
Greg Newbern Director	0.50	<input checked="" type="checkbox"/>						0	0	0
Kent Oyler Director	0.50	<input checked="" type="checkbox"/>						0	0	0



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Lauren Wood Peter Director	0.50	✓						0	0	0
Judith Nell Petty Director	0.50	✓						0	0	0
Martin A Pollio Director	0.50	✓						0	0	0
Holly Prather Director	0.50	✓						0	0	0
Carlos Rivas Director	0.50	✓						0	0	0
Krishnan Sastry Director	0.50	✓						0	0	0
Holly S Schifano Director	0.50	✓						0	0	0
Kelly W Schulz Director	0.50	✓						0	0	0
Seema Sheth Director	0.50	✓						0	0	0
Jeff Shireman Director	0.50	✓						0	0	0
Alan G Taylor Director	0.50	✓						0	0	0
Morris Turner Director	0.50	✓						0	0	0
Thomas Wallace Director	0.50	✓						0	0	0
Kristen M Williams Director	0.50	✓						0	0	0



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 0				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 0				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 5,203,800				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 42,842,132				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 364,728				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		48,045,932			
	<b>Program Service Revenue</b>			Business Code			
<b>2a</b>		Rental income . . . . .	531120	14,732	14,732	0	
<b>b</b>		Administrative services . . . . .	541200	4,007	4,007	0	
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . . . . .		0	0	0	
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		18,739				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		159,041	0	0	
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶		0	0	0	
	<b>5</b>	Royalties . . . . . ▶		0	0	0	
	<b>6a</b>	Gross rents . . . . .	(i) Real	0			
			(ii) Personal	0			
			<b>6b</b>	Less: rental expenses . . . . .	0	0	0
			<b>6c</b>	Rental income or (loss) . . . . .	0	0	0
	<b>d</b>	Net rental income or (loss) . . . . . ▶		0	0	0	
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	2,041,796			
			(ii) Other	0			
			<b>7b</b>	Less: cost or other basis and sales expenses . . . . .	1,632,469	0	0
			<b>7c</b>	Gain or (loss) . . . . .	409,327	0	0
	<b>d</b>	Net gain or (loss) . . . . . ▶		409,327	0	0	
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b> 0				
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b> 0				
	<b>c</b>	Net income or (loss) from fundraising events . . . ▶		0	0	0	
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b> 0				
<b>9b</b> 0							
<b>c</b> Net income or (loss) from gaming activities . . . ▶				0	0	0	
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b> 0					
		<b>10b</b> 0					
		<b>c</b> Net income or (loss) from sales of inventory . . . ▶		0	0	0	
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>	Miscellaneous reimbursements . . . . .	900099	67,518	67,518	0	
	<b>b</b>	Subcontract work for Ohio Valley Education . . . . .	541610	500,912	500,912	0	
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .		0	0	0	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		568,430				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		49,201,469	587,169	0	568,368	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	15,868,103	15,868,103		
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
4	Benefits paid to or for members . . . . .	0	0		
5	Compensation of current officers, directors, trustees, and key employees . . . . .	445,779	110,163	225,453	110,163
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
7	Other salaries and wages . . . . .	4,277,412	1,890,655	737,397	1,649,360
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	475,400	202,046	62,568	210,786
9	Other employee benefits . . . . .	462,398	200,891	88,876	172,631
10	Payroll taxes . . . . .	352,752	149,544	68,033	135,175
11	Fees for services (nonemployees):				
a	Management . . . . .	0	0	0	0
b	Legal . . . . .	9,127	5,593	3,534	0
c	Accounting . . . . .	39,455	0	39,455	0
d	Lobbying . . . . .	0	0	0	0
e	Professional fundraising services. See Part IV, line 17 . . . . .	0			0
f	Investment management fees . . . . .	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	426,883	319,780	86,847	20,256
12	Advertising and promotion . . . . .	666,934	456,347	58,618	151,969
13	Office expenses . . . . .	819,250	602,022	54,335	162,893
14	Information technology . . . . .	1,931,068	1,698,820	61,155	171,093
15	Royalties . . . . .	0	0	0	0
16	Occupancy . . . . .	386,591	158,351	55,913	172,327
17	Travel . . . . .	12,248	9,703	328	2,217
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
19	Conferences, conventions, and meetings . . . . .	255,141	179,054	11,205	64,882
20	Interest . . . . .	0	0	0	0
21	Payments to affiliates . . . . .	359,816	143,926	57,571	158,319
22	Depreciation, depletion, and amortization . . . . .	272,381	108,952	43,581	119,848
23	Insurance . . . . .	39,089	15,275	10,130	13,684
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . . . .				
a	Membership dues . . . . .	16,125	6,202	4,113	5,810
b	Miscellaneous Expenses . . . . .	3,249	1,915	788	546
c	-----				
d	-----				
e	All other expenses . . . . .				
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	27,119,201	22,127,342	1,669,900	3,321,959
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	4,312,064	<b>2</b>	12,210,472
	<b>3</b> Pledges and grants receivable, net . . . . .	13,338,221	<b>3</b>	8,888,128
	<b>4</b> Accounts receivable, net . . . . .	284,304	<b>4</b>	230,485
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0	<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	7,128,787	<b>10a</b>	
	<b>b</b> Less: accumulated depreciation . . . . .	5,090,635	<b>10b</b>	
	<b>11</b> Investments—publicly traded securities . . . . .	12,382,554	<b>11</b>	36,229,591
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	32,586,000	<b>16</b>	59,596,828	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	531,766	<b>17</b>	3,132,805
	<b>18</b> Grants payable . . . . .	5,089,015	<b>18</b>	1,636,589
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	1,103,800	<b>24</b>	1,073,500
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	99,227	<b>25</b>	80,845
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	6,823,808	<b>26</b>	5,923,739
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	11,588,389	<b>27</b>	38,073,297
	<b>28</b> Net assets with donor restrictions . . . . .	14,173,803	<b>28</b>	15,599,792
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	25,762,192	<b>32</b>	53,673,089	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	32,586,000	<b>33</b>	59,596,828	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	49,201,469
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	27,119,201
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	22,082,268
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	25,762,192
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,137,415
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	2,691,214
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	53,673,089

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> 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?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization <b>METRO UNITED WAY INC</b>	Employer identification number <b>61-0444680</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	24,278,565	33,051,570	27,433,872	23,894,734	28,045,932	136,704,673
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	24,278,565	33,051,570	27,433,872	23,894,734	28,045,932	136,704,673
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						38,491,427
<b>6 Public support.</b> Subtract line 5 from line 4						98,213,246

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 . . . . .	24,278,565	33,051,570	27,433,872	23,894,734	28,045,932	136,704,673
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	111,149	182,883	256,939	199,291	159,041	909,303
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	6,012	74,652	102,178	134,858	568,430	886,130
<b>11 Total support.</b> Add lines 7 through 10						138,500,106
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	172,432
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	70.91 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	70.87 %
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11a</b>	
<b>b</b> A family member of a person described in line 11a above?	<b>11b</b>	
<b>c</b> 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 <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.	<b>2a</b>	
<b>b</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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b> 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? If "Yes" or "No," provide details in <b>Part VI</b> .	<b>3a</b>	
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>	

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015 . . . . .			
<b>b</b> From 2016 . . . . .			
<b>c</b> From 2017 . . . . .			
<b>d</b> From 2018 . . . . .			
<b>e</b> From 2019 . . . . .			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> Excess distributions carryover to 2021. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016 . . .			
<b>b</b> Excess from 2017 . . .			
<b>c</b> Excess from 2018 . . .			
<b>d</b> Excess from 2019 . . .			
<b>e</b> Excess from 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, Line 10 - Schedule A, Part II, Line X - These amounts represent miscellaneous reimbursements that help offset expenses incurred for various training sessions, along with other minor expenses such as the use of Metro United Way postage and copier machines by others, and distribution of promotional T-shirts.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization <b>METRO UNITED WAY INC</b>	Employer identification number <b>61-0444680</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) . . . . . ▶ \$
- 3 Volunteer hours for political campaign activities (See instructions) . . . . .

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	✓		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?	✓		54,828
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		12,092
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?		✓	
<b>j</b> Total. Add lines 1c through 1i			66,920
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Schedule C, Part II-B, Line 1 - Lobbying state government to provide adequate funding for childcare and other activities to help children to be ready to succeed in school, beginning with kindergarten.

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

METRO UNITED WAY INC

Employer identification number

61-0444680

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about conservation easement purposes, monitoring, and expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	5,754,749	5,719,554	4,710,473	2,718,006	2,474,814
<b>b</b> Contributions	20,154,577	162,236	802,507	1,825,755	10,850
<b>c</b> Net investment earnings, gains, and losses	1,689,618	27,715	371,528	281,058	359,859
<b>d</b> Grants or scholarships	0	0	0	0	0
<b>e</b> Other expenditures for facilities and programs	103,456	154,756	164,954	114,346	127,517
<b>f</b> Administrative expenses	0	0	0	0	0
<b>g</b> End of year balance	27,495,488	5,754,749	5,719,554	4,710,473	2,718,006

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 77.71 %
- b** Permanent endowment ▶ 9.93 %
- c** Term endowment ▶ 12.36 %

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

	Yes	No
<b>3a(i)</b>	✓	
<b>3a(ii)</b>		✓
<b>3b</b>		

**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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	403,218	0	403,218
<b>b</b> Buildings	0	4,934,500	3,407,178	1,527,322
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	1,758,378	1,650,766	107,612
<b>e</b> Other	0	32,691	32,691	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,038,152

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .		

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (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
(1) Federal income taxes	
(2) <b>Amounts due custodian funds</b>	<b>80,845</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	<b>80,845</b>

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	47,320,731
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	3,137,415	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	0	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	0	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 3,137,415
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 44,183,316
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	0	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	5,018,153	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 5,018,153
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b> 49,201,469

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	22,101,048
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	0	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	0	
<b>c</b>	Other losses . . . . .	<b>2c</b>	0	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 22,101,048
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	0	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	5,018,153	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 5,018,153
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b> 27,119,201

**Part XIII Supplemental Information.**

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

Schedule D, Part V, Line 4 - Metro United Way intends to use the net income from its endowment funds for purposes approved by its Board of Directors and in accordance with the intentions of the donors who provided the funds.

Schedule D, Part XI, Line 4b - Donor designated contributions

Schedule D, Part XII, Line 4b - Donor designated contributions.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**METRO UNITED WAY INC**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

**61-0444680**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1)</b> <u>Sch I, Stmt 1</u>							
<b>(2)</b>							
<b>(3)</b>							
<b>(4)</b>							
<b>(5)</b>							
<b>(6)</b>							
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 110

**3** Enter total number of other organizations listed in the line 1 table ▶ 3

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

Schedule I, Part I, Line 2 - Agencies are awarded grants to support specific programs or to accomplish specific objectives. Agencies are subjected to a program review of their finances and their track record in achieving their exempt purposes. Most agencies are also required to submit an annual or end of year grant report detailing the specific accomplishments of their supported program or initiative.

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## Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
<b>Name and address</b>	2 Not 1 Fatherhood and Families 1600 West St Catherine Street Louisville, KY 40210	26-2914155	53,145	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Parent and Child Time Programming			
<b>Name and address</b>	A Hand Up Community Resource Center PO Box 16066 Louisville, KY 40256	82-4185771	7,000	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Financial Literacy Project			
<b>Name and address</b>	Academy Of Music Production Ed & Development LLC 4425 Greenwood Avenue Louisville, KY 40211	47-1113120	53,277	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To support youth programming			
<b>Name and address</b>	ACE Project Inc 2336 Standard Avenue Louisville, KY 40210	83-3117851	17,687	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Ace Place Program			
<b>Name and address</b>	Adelante Hispanic Achievers Inc 4801 Southside Drive Louisville, KY 40214	20-2267012	6,914	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	After school tutoring, mentoring and enrichment programs			
<b>Name and address</b>	American Red Cross PO Box 1675 Louisville, KY 40201	53-0196605	796,094	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Fund raising partnership payments			
<b>Name and address</b>	Americana Community Center Inc 4801 Southside Dr Louisville, KY 40214	61-1251306	94,381	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				



## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	After school programming and family education			
<b>Name and address</b>	Association of Community Ministries 10617 Taylorsville Road Louisville, KY 40299	61-1361750	155,746	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Emergency assistance			
<b>Name and address</b>	Awake Ministries PO Box 1302 Shelbyville, KY 40066	26-4436314	7,000	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Provide emergency assistance			
<b>Name and address</b>	Backside Learning Center South 4th Street Louisville, KY 40208	37-1803514	18,458	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Family education programming			
<b>Name and address</b>	Big Brothers Big Sisters 1519 Gardiner Ln B Louisville, KY 40218	61-6057856	105,509	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Youth mentoring			
<b>Name and address</b>	Bingham Child Guidance 200 E Chestnut Street Louisville, KY 40202	61-0445838	18,530	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Outpatient psychiatric services for youth			
<b>Name and address</b>	Black Community Development Corporation 678 S 38th Street Louisville, KY 40211	61-1233868	37,500	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	The EDge Afterschool Program			
<b>Name and address</b>	Blue River Services PO Box 547 Corydon, IN 47112	35-1101603	17,118	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Childcare and residential youth services			
<b>Name and address</b>	Boy Scouts Of America Lincoln Heritage Council Inc	61-0445839	7,142	0

	PO Box 36273 Louisville, KY 40233			
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	providing programs for young people that build character.			
<b>Name and address</b>	Boys & Girls Clubs Of Kentuckiana 1516 Story Ave Louisville, KY 40206	61-0568789	198,814	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Provides social, vocational, cultural, spiritual and other programming for children ages 6-18			
<b>Name and address</b>	Boys And Girls Club Of Harrison County 600 East Chestnut St Corydon, IN 47112	35-1983078	7,303	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Supporting youth programming			
<b>Name and address</b>	Bridge Kids International 501 West Kenwood Drive Louisville, KY 40214	84-1681205	18,220	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Youth development and cultural promotion			
<b>Name and address</b>	Bridgehaven Inc 950 South First Street Louisville, KY 40203	61-0548949	5,388	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Mental health rehabilitation and recovery			
<b>Name and address</b>	Bridging the Gap Learning Academy 1368 South 28th St Louisville, KY 40211	47-3322565	37,500	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Bridging the Gap Learning Academy Program			
<b>Name and address</b>	Bullitt County Housing First 131 Garner Way Mt Washington, KY 40047	61-1854572	11,448	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To end homelessness in Bullitt County by providing immediate shelter, coordinating resources, transitioning housing services through community, and building business partnerships.			
<b>Name and address</b>	Bullitt County Public Schools 1040 Highway 44 East	61-6001357	40,119	0

Shepherdsville, KY 40165

## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Support Teen Aged Parenting Program

<b>Name and address</b>	California Area Family Development Center Inc 1705 South 13th Street Louisville, KY 40210	61-0668916	67,424	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Childcare services and developmental programs

<b>Name and address</b>	Center For Lay Ministries 213 E Maple St Jeffersonville, IN 47131	31-0903413	27,287	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Provides emergency assistance

<b>Name and address</b>	Center For Non-Profit Excellence 323 W Broadway Suite 501 Louisville, KY 40202	20-0040424	6,933	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Research, training and consultation

<b>Name and address</b>	Center For Women & Families PO Box 2048 Louisville, KY 40201	61-0444846	141,291	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Provides programs and housing for people affected by domestic violence, rape/sexual assault and economic hardship.

<b>Name and address</b>	Centro Latino Of Shelbyville Inc 121 Main St Shelbyville, KY 40065	02-0628043	24,434	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Immigrant programming

<b>Name and address</b>	Change Today Change Tomorrow 2803 South Floyd Street Suite 2A Louisville, KY 40209	84-3715550	15,000	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Feed the West Program

<b>Name and address</b>	Children Shouldn't Hunger 1229 South Shelby Street Louisville, KY 40202	81-1022081	36,500	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant	The Akoma Fellowship Program			
<b>Name and address</b>	Clark Co Youth Shelter PO Box 886 Clarksville, IN 47131	31-1126065	5,757	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Provides 24-hour residential care for adolescents in crisis situations.			
<b>Name and address</b>	Communities In School Clark County 1406 Fredrick St Jeffersonville, IN 47130	32-0015379	78,241	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	After school wrap-around support			
<b>Name and address</b>	Community Chest Of Oldham Co Kentucky Inc PO Box 556 LaGrange, KY 40031	61-1240248	36,675	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Emergency assistance			
<b>Name and address</b>	Community Coordinated Child Care Inc 960 South Third Street Louisville, KY 40203	23-7160437	78,116	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Assists parents in locating and paying for childcare; offers innovative training for childcare providers; provides childcare data to employers and policy makers; advocates for children and families on a national, state and local level.			
<b>Name and address</b>	Concordia Lutheran Church 1127 East Broadway Louisville, KY 40204	61-0461819	58,750	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Doner designations			
<b>Name and address</b>	Council On Developmental Disabilities Inc 1151 South Third Street Louisville, KY 40203	61-0476686	66,849	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Advocacy and support			
<b>Name and address</b>	Decode Project Inc 2509 Portland Avenue Louisville, KY 40212	83-2280075	9,520	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				

Schedule I, Part IV, Statement 1

METRO UNITED WAY INC

Purpose of grant	Literacy Mentors			
<b>Name and address</b>	Doors To Hope 4333 Hazelwood Avenue Louisville, KY 40215	75-3124022	28,700	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	After school tutoring			
<b>Name and address</b>	Dorman Preschool Center PO Box 853 Shelbyville, KY 40066	61-0620554	63,750	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Childcare			
<b>Name and address</b>	Elderserve Inc 411 E Muhammad Ali Blvd Louisville, KY 40202	61-6024140	91,831	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Social services for seniors			
<b>Name and address</b>	Elevate Inc 13701 Forest Bend Circle Louisville, KY 40245	20-5644799	8,537	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Group mentoring for youth			
<b>Name and address</b>	Evolve 502 334 E Broadway Room 326 Louisville, KY 40202	83-1877240	30,250	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Removing the persistent barriers to college education			
<b>Name and address</b>	Family And Children'S Place PO Box 3784 Louisville, KY 40201	61-0549561	447,159	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Provides services for children and families affected by abuse, neglect and violence.			
<b>Name and address</b>	Family Health Centers Of Southern Indiana 1301 Akers Avenue Jeffersonville, IN 47130	35-1842342	30,745	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Provides primary and preventative care and education to low-income, uninsured Clark County residents.			

Schedule I, Part IV, Statement 1

METRO UNITED WAY INC

<b>Name and address</b>	Family Scholar House Inc 403 Reg Smith Circle Louisville, KY 40208	61-1285124	76,161	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Support for single parents			
<b>Name and address</b>	First Gethsemane Baptist Church 1221 First Gethsemane Ave Louisville, KY 40208	61-1309277	8,877	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Supporting youth programming			
<b>Name and address</b>	Global Game Changers Children'S Education 201 East Main Street Louisville, KY 40202	46-3268917	12,256	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Teaches philanthropy as a tool to promote deeper learning experiences that improve students social-emotional competencies and power skills, using our Superpower Equation			
<b>Name and address</b>	Goodwill Of Southern Indiana PO Box 2488 Clarksville, IN 47131	35-1019658	98,829	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Offers rehabilitation, child development, family support, job placement: an array of programs under one roof.			
<b>Name and address</b>	Harrison Co Community Services PO Box 308 Corydon, IN 47112	35-1378568	35,880	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Provides programs in crisis assistance including a Food Pantry and Clothes Closet. Assists individuals and families in accessing services and building assets.			
<b>Name and address</b>	Highland Park Community Development Corporation PO Box 16661 Louisville, KY 40256	80-0162257	9,409	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	develop and implement programs to address issues that disproportionately affect high-risk and disadvantaged populations within the community including youth development, education, research and service.			
<b>Name and address</b>	Hjw Career And Financial Literacy Institute PO Box 71 Shelbyville, KY 40066	20-3329409	15,013	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Financial stability efforts in Shelby and Oldham Counties

<b>Name and address</b>	Home Of The Innocents 1100 E Market Street Louisville, KY 40203	61-0445834	71,277	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Provides emergency and long-term residential treatment and services to children with a variety of needs.

<b>Name and address</b>	Hoosier Hills Pact 35 N Public Square Salem, IN 47167	23-7351004	5,983	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Victims services

<b>Name and address</b>	Hope Southern Indiana 702 E Market Street New Albany, IN 47150	35-1128300	88,213	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Retired and senior volunteer program

<b>Name and address</b>	House Of Ruth Inc 607 E St Catherine St Louisville, KY 40203	61-1231355	11,952	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Provides housing and support services for individuals and families affected by HIV/AIDS.

<b>Name and address</b>	Jewish Community Of Louisville 3600 Dutchmans Lane Louisville, KY 40205	61-0445859	18,254	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Provides health-related activities, cultural and educational programs to the community at large, including at-risk individuals.

<b>Name and address</b>	Jewish Family And Career Services 3587 Dutchmans Lane Louisville, KY 40205	61-0444704	77,229	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Serves families and individuals facing emotional crises or seeking improvement in their lives.

<b>Name and address</b>	KentuckianaWorks Foundation 410 W Chestnut Street Suite 200 Louisville, KY 40202	37-1508088	20,833	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Help job seekers find jobs and good careers, education and training

<b>Name and address</b>	Kentucky Youth Advocates Inc 11001 Bluegrass Pkwy Ste 100 Louisville, KY 40299	61-0929390	35,608	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Youth case advocacy

<b>Name and address</b>	Kids Center For Pediatric Therapies 982 Eastern Pkwy Box 6 Louisville, KY 40217	61-0492378	48,410	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Provides early intervention for children with cerebral palsy, traumatic head injuries and other developmental disabilities.

<b>Name and address</b>	Hope Health Clinic 1139 Commerce Pkwy LaGrange, KY 40031	46-5509958	16,493	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Hope Health Clinic

<b>Name and address</b>	Learning For Life Inc 120001 Sycamore Station PL No A Louisville, KY 40253	46-5501637	14,367	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Building character for young people

<b>Name and address</b>	Legal Aid Society Inc 425 W Muhammad Ali Blvd Louisville, KY 40202	61-0537626	58,060	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Offers legal advice and representation to clients who meet poverty guidelines.

<b>Name and address</b>	LHome 11269 Berry Boulevard Louisville, KY 40215	45-4127209	16,667	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Financial Navigator Program

<b>Name and address</b>	Lifespan Resources Inc PO Box 995 New Albany, IN 47151	35-1306887	34,939	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.



Schedule I, Part IV, Statement 1

METRO UNITED WAY INC

<b>Purpose of grant</b>	Provides a service network enabling older adults and the disabled to remain independent.			
<b>Name and address</b>	Lighthouse Academy At Newburg 5312 Shepherdsville Road Louisville, KY 40228	61-1362760	14,167	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Provide youth in the community a safe place to learn and grow through educational, spiritual, and economic programs.			
<b>Name and address</b>	Louisville Asset Building Coalition 334 East Broadway Louisville, KY 40202	61-0444680	24,182	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Help people live better lives today and have brighter futures tomorrow by increasing the financial stability of families			
<b>Name and address</b>	Louisville Central Community Ctrs 1300 W Muhammad Ali Blvd Louisville, KY 40203	61-0590743	178,734	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Childcare and workforce solutions			
<b>Name and address</b>	Louisville Urban League 1535 W Broadway Louisville, KY 40203	61-0444771	83,541	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Assists minorities and disadvantaged persons through workforce development, housing counseling, and youth development and education. Improving race relations by promoting a greater appreciation for diversity.			
<b>Name and address</b>	Maryhurst Inc 1015 Dorsey Lane Louisville, KY 40223	31-1542209	71,457	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Offers treatment programs for emotionally disabled children who have been neglected, abandoned or abused.			
<b>Name and address</b>	MOLO Village CDC 1407 West Jefferson Suite 120 Louisville, KY 40201	27-5347893	11,500	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Education and NTI Hub			
<b>Name and address</b>	Multi Purpose Caa PO Box 305 Shelbyville, KY 40065	61-0867061	7,911	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** Provides numerous services to the elderly, mentally retarded and others in need.

<b>Name and address</b>	Neighborhood House 201 N 25th Street Louisville, KY 40212	61-0445842	80,524	0
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**IRC code section** 501(C)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** Youth development

<b>Name and address</b>	New Century Fellowship Christian Church 1875 Farnsley Road Louisville, KY 40216	47-1310903	5,650	0
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**IRC code section** 501(C)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** Employability Management

<b>Name and address</b>	New Directions Housing Corp 1000 E Liberty Street Louisville, KY 40204	61-0715630	30,854	0
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**IRC code section** 501(C)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** Provides housing and support services for children and single-parent homeless families.

<b>Name and address</b>	Oldham County Education Foundation 6165 W Hwy 146 Crestwood, KY 40014	61-1165130	29,898	0
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**IRC code section** 501(C)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** Enhance the educational experience of the Oldham County school's students

<b>Name and address</b>	Oldham County Health Department 1786 Commerce Pkwy La Grange, KY 40031	61-1035072	18,412	0
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**IRC code section**

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** Protecting and promote community health and safety

<b>Name and address</b>	Operation Care Inc PO Box 1393 Shelbyville, KY 40066	61-1211189	39,667	0
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**IRC code section** 501(C)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

**Purpose of grant** Offers women and children emergency assistance, including shelter, food, clothing and medical attention.

<b>Name and address</b>	Options Unlimited 205 Castlerock Drive Shepherdsville, KY 40165	61-1127049	7,591	0
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**IRC code section** 501(C)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Student transition/employment programs

<b>Name and address</b>	Our Place Drug & Alcohol Education Services Inc	31-1202976	9,155	0
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PO Box 8

Mount St Francis, IN 47146

## IRC code section

501(C)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Offers a variety of prevention, intervention and education services for youth, adults and family.

<b>Name and address</b>	Personal Counseling Services	31-0919635	28,046	0
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1205 Applegate Lane

Clarksville, IN 47129

## IRC code section

501(C)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Offers counseling and therapy to individuals, couples and families both on- and off-site.

<b>Name and address</b>	Play Cousins Inc	82-2811602	82,000	0
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401 Northwestern Pkwy

Louisville, KY 40212

## IRC code section

501(C)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Celebrates and utilizes the the critical thinking skills and cultural genius of our collective villages.

<b>Name and address</b>	Prichard Committee For Academic Excellence	61-1026214	12,609	0
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271 W Short St Suite 202

Lexington, KY 40507

## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Advocacy

<b>Name and address</b>	Rauch Inc	35-1011521	30,870	0
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845 Park Place

New Albany, IN 47150

## IRC code section

501(C)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Provides employment, therapy, day and other services for adults and children with disabilities and the disenfranchised.

<b>Name and address</b>	Robert Jamison Ministries Inc	27-4782044	10,560	0
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1716 Theresa Avenue

Louisville, KY 40216

## IRC code section

501(C)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Project Inspire

<b>Name and address</b>	Salt And Light Community Development	46-2341396	7,674	0
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3960 Cane Run Road

Louisville, KY 40211

## IRC code section

501(C)(3)

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Donor designation

<b>Name and address</b>	Salvation Army Louisville 216 W Chestnut Street Louisville, KY 40202	58-0660607	92,146	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Provides shelter, food, clothing and other essential services to families in need.

<b>Name and address</b>	Salvation Army Southern Indiana 2300 Green Valley Rd New Albany, IN 47151	58-0660607	53,840	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Supports self-sufficiency and long-range stability through case management in emergency financial assistance.

<b>Name and address</b>	Seven Counties Services 101 W Muhammad Ali Blvd Louisville, KY 40202	31-0939757	30,651	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

A 24-hour telephone hotline providing suicide prevention and intervention, crisis counseling, and information and referral to health and human services.

<b>Name and address</b>	Shelby County Public Schools 1155 Main Street Shelbyville, KY 40065	61-6001356	62,957	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Early education programs

<b>Name and address</b>	Shepherdsville First Church Of The Nazarene 213 North Maple Street Shepherdsville, KY 40165	61-1278159	5,627	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Donor designation

<b>Name and address</b>	Simpsonville Christian Church 7002 Shelbyville Road Simpsonville, KY 40067	61-0592736	10,000	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Food Pantry

<b>Name and address</b>	Skillz 4 Life 204 East Jacob Street Louisville, KY 40203	47-2287725	83,359	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant OST and Trauma Resilience and EC Ed and K Readiness

<b>Name and address</b>	Southeast Christian Church 920 Blankenbaker Rd Louisville, KY 40243	61-0850307	10,000	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Donor designations

<b>Name and address</b>	Sowing Seeds With Faith 1300 W Muhammad Ali Blvd Louisville, KY 40203	81-4862518	11,830	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant To engage youth academically and socially in the Greater Louisville Area in mastering developmental challenges via educational expectations, structure, faith, and accountability.

<b>Name and address</b>	Spalding University 981 S Third Street Louisville, KY 40203	61-0444780	10,000	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Leverage Project

<b>Name and address</b>	St Benedict Center 946 S 25th Street Louisville, KY 40210	61-0719980	37,734	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Serves children (6 weeks-12 years) through a variety of programs, including after-school and summer programs.

<b>Name and address</b>	St George'S Scholar Institute 1508 W Kentucky Street Louisville, KY 40210	61-0651560	22,983	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Out of school time programs for youth.

<b>Name and address</b>	St Mary's Catholic Center 415 E 8th Street New Albany, IN 47150	37-1507632	5,100	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant Rent and utility assistance

<b>Name and address</b>	TECH-Nique 10415 Vantage Road Louisville, KY 40299	83-2267785	15,000	0
<b>IRC code section</b>	501(C)(3)			

## Method of valuation

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	Technology Entrepreneurship to Create Change Boss Summer Internship Program			
<b>Name and address</b>	The Arthur S Kling Center Inc 219 West Ormsby Ave Louisville, KY 40203	31-0993739	21,774	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	A senior center that serves older adults both directly and through links to other providers.			
<b>Name and address</b>	The Food Literacy Project 9001 Limehouse Land Louisville, KY 40222	20-5014424	38,347	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Donor designation			
<b>Name and address</b>	Tiger Strike Martial Arts Academy Inc 2812 Crums Lane Louisville, KY 40216	82-2820508	8,937	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Youth program services			
<b>Name and address</b>	Tri-County Community Action Agency 1015 Dispatchers Way LaGrange, KY 40031	61-0856637	11,975	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Serves elderly and low-income people in Oldham County; provides adult day care, meal delivery and other services.			
<b>Name and address</b>	Turnaround Resource Center PO Box 7 Lebanon Junction, KY 40150	61-1127221	12,207	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Help lift up and encourage persons self worth and life skill successes			
<b>Name and address</b>	United Way Of Greater Cincinnati Inc 2400 Reading Rd Cincinnati, OH 45202	31-0537502	14,167	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Donor designations			
<b>Name and address</b>	Uspiritus Inc 2125 Goldsmith Lane Louisville, KY 40218	61-0471572	18,875	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				

## Schedule I, Part IV, Statement 1

METRO UNITED WAY INC

<b>Purpose of grant</b>	Provides residential and outpatient treatment for children and youth with emotional disabilities.			
<b>Name and address</b>	Visually Impaired Preschool Services Inc 1906 Goldsmith Lane Louisville, KY 40218	61-1061973	15,609	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Provides early educational services to children (birth to school age) who are blind or visually impaired.			
<b>Name and address</b>	Wellspring PO Box 1927 Louisville, KY 40201	31-1020023	29,568	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Promotes the recovery of people with psychiatric disabilities; provides supportive housing with rehabilitation.			
<b>Name and address</b>	Wesley House Community Services 5114 Preston Highway Louisville, KY 40213	61-0449663	65,499	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Offers childcare, youth services, computer education, a gently used clothing store and volunteer income tax assistance.			
<b>Name and address</b>	Ymca Of Greater Louisville Inc 545 South 2nd Street Louisville, KY 40202	61-0444843	226,571	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Community-based programs that support young children, teens, adults and families in building healthy spirit, mind and body for all. Programs include leadership development, healthy actions, childcare and social services.			
<b>Name and address</b>	Young Adult Development In Action Inc 714 South Clay Louisville, KY 40203	61-1374470	12,528	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Workforce development			
<b>Name and address</b>	Young Authors Greenhouse 2509 Portland Avenue Louisville, KY 40212	82-2878352	5,417	0
<b>IRC code section</b>	501(C)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	Youth program services			
<b>Name and address</b>	Youth Build - Young Adult Development In Action 800 South Preston Street PO Box 638 Louisville, KY 40203	61-1374470	8,690	0
<b>IRC code section</b>	501(C)(3)			

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant            Youth program services

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**METRO UNITED WAY INC**

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Employer identification number

**61-0444680**

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	<b>1b</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	<input checked="" type="checkbox"/>
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	<input checked="" type="checkbox"/>
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	<input checked="" type="checkbox"/>
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>	<input checked="" type="checkbox"/>
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	<input checked="" type="checkbox"/>
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>	<input checked="" type="checkbox"/>
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	<input checked="" type="checkbox"/>
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>	<input checked="" type="checkbox"/>
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>	<input checked="" type="checkbox"/>
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	Theresa Reno-Weber, President, CEO and Board Secretary	(i)	249,245	0	5,631	12,766	7,106	274,748	0
		(ii)	0	0	0	0	0	0	0
2	Phillip Bond, Chief Financial Officer	(i)	129,904	0	5,466	27,363	7,496	170,229	0
		(ii)	0	0	0	0	0	0	0
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

**Part III Supplemental Information**

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

Schedule J, Part I, Line 3 - Compensation for Metro United Way's Chief Executive Officer is approved by independent persons on the Board of Directors, including the Board Chair, the Board Treasurer and the Chair of the Metro United Way Human Resources Committee. Prior to approving compensation, a review of compensation data from comparable sources is performed. Deliberation and discussions are contemporaneously documented. The most recent review process occurred during the May-June 2020 time period. Compensation for the Chief Financial Officer is determined by the CEO, based on compensation data from comparable sources, annual performance evaluations for these key positions, and consultation, if necessary.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

**METRO UNITED WAY INC**

**61-0444680**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	✓	25	364,728	Market value
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29** 0

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



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**METRO UNITED WAY INC**

Employer identification number

**61-0444680**

Form 990, Part VI, Section B, Line 11b - The IRS Form 990 is reviewed by Harding, Shymanski & Company P.S.C., the independent accounting firm that conducted Metro United Way's most recent audit. It is also reviewed by the Metro United Way Finance Committee on behalf of the Board of Directors. A copy of the 990 is provided to every member of the Board of Directors prior to filing with the IRS.

Form 990, Part VI, Section B, Line 12c - All members of the Metro United Way Board of Directors, and all employees of Metro United Way are required to disclose any potential conflicts of interest on an annual basis. In addition, all employees must disclose any outside boards or committees on which they serve. These disclosures are reviewed by both the Chief Executive Officer (CEO) and the Vice President of Human Resources. Metro United Way employees are prohibited from serving on boards or committees of any not-for-profit organization either funded or actively involved with Metro United Way without the prior permission of the CEO. The CEO must receive permission from the Metro United Way Board of Directors to serve on such boards or committees.

Form 990, Part VI, Section B, Line 15 - Compensation for Metro United Way's Chief Executive Officer is approved by independent persons on the Board of Directors, including the Board Chair, the Board Treasurer and the Chair of the Metro United Way Human Resources Committee. Prior to approving compensation, a review of compensation data from comparable sources is performed. Deliberation and discussions are contemporaneously documented. The most recent review process occurred during the May-June 2020 time period. Compensation for the Chief Financial Officer is determined by the CEO, based on compensation data from comparable sources, annual performance evaluations for these key positions, and consultation, if necessary.

Form 990, Part VI, Section C, Line 19 - Metro United Way makes its governing documents, conflict of interest policy and financial statements available to the public upon request.

Form 990, Part XI, Line 9 - Pension related changes other than net periodic pension expense. This represents the "Net Effect of Adoption of Recognition Provision of FAS 158" - \$2,961,214.

**Mission Description**

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**Description**

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Way harnesses the power of these donors, volunteers, thought leaders, experts, other nonprofits and government at all levels to ensure positive, sustainable change. We look strategically at our approach to empowering people, supporting families, and transforming the community in the areas of educational success, economic mobility, health, housing and racial equity. With the help of donors, volunteers, and advocates across the seven counties we serve, this past year we were able to make an impact on our community.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Grants to not-for-profit organizations as a result of donor contributions to the Metro United Campaign that were designated to those organizations.	5,018,153	5,018,153	0
	We raised and distributed immediate crisis funding across our seven counties in response to the COVID pandemic. Other programs and activities targeted homelessness, substance abuse, disabilities, foster care, other neighborhood issues and strategies designed to encourage the public to become engaged as volunteers and advocates of Metro United Way's community impact activities. In addition, 3,000 people participated in Racial Wealth Gap simulations and 2,058 attended our Beyond Buzzwords speaker series on diversity, equity and inclusion.	6,039,561	3,072,194	18,739
<b>Total:</b>		<b>11,057,714</b>	<b>8,090,347</b>	<b>18,739</b>