

### SB & Company, LLC 10200 Grand Central Ave., Suite 250 Owings Mills, MD 21117

(410) 584-0060

March 6, 2023

The United Way of Central Maryland, Inc. 1800 Washington Boulevard 340 Baltimore, MD 21230

The United Way of Central Maryland, Inc.:

Enclosed is the organization's 2021 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before May 15, 2023.

Mail to:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Monique Booker

# TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

### FOR THE YEAR ENDING

June 30, 2022

Prepared F	For:
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The United Way of Central Maryland, Inc. 1800 Washington Boulevard 340 Baltimore, MD 21230

### Prepared By:

SB & Company, LLC 10200 Grand Central Ave., Suite 250 Owings Mills, MD 21117

### **Amount Due or Refund:**

Not applicable

### Make Check Payable To:

Not applicable

### Mail Tax Return and Check (if applicable) To:

Not applicable

### Return Must be Mailed On or Before:

Not applicable

# Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

### Form 8879-TE

### IRS e-file Signature Authorization for a Tax Exempt Entity

JUN	30	. 20 22

OMB No.	1545-0047
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Department of the Treasury Internal Revenue Service

Name of filer

Part I

For calendar year 2021, or fiscal year beginning JUL 1 , 2021, and ending

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

52-0591543

Name and title of officer or person subject to tax

Type of Return and Return Information

THE UNITED WAY OF CENTRAL MARYLAND,

FRANKLYN D BAKER

PRESIDENT & CEO

Check the box for the return for which you are using this Form 8879-TE and enter the appli	icable amount if any from the return. Form 9039 CD and
Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.	If you check the box on line 12 22 32 42 52 62 72 92 02
or <b>10a</b> below, and the amount on that line for the return being filed with this form was blan	k, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b
whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then e	enter -0- on the applicable line below. <b>Do not</b> complete more
than one line in Part I.	
1a Form 990 check here X b Total revenue, if any (Form 990, Part V)	III column (A) line 12) 1688 763 556

1a	Form 990 check here	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)		ъ88,763,556.
2a	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)		2b
3a	Form 1120-POL check here ▶	b	Total tax (Form 1120-POL, line 22)		3b
4a	Form 990-PF check here >		Tax based on investment income (Form 990-PF, Part V, line 5)		4b
5a	Form 8868 check here >		Balance due (Form 8868, line 3c)		5b
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)		6b
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)		7b
8a	Form 5227 check here		FMV of assets at end of tax year (Form 5227, Item D)		8b
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)		9b
	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 2	(2)	10b
Part	II Declaration and Signatu	ıre	Authorization of Officer or Person Subject to Tax		
Under p	penalties of perjury, I declare that X	l ar	n an officer of the above entity or I am a person subject to tax w	ith resp	pect to (name
of entity					examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

ы	N:	check	one	box	only	

X	I authorize	sb	&	COMPANY,	LLC
---	-------------	----	---	----------	-----

to enter my PIN

91543

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Certification and Authentication

Date >

3/6/2023

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

27037520721

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

**ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)

102521 01-11-22

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print THE UNITED WAY OF CENTRAL MARYLAND, 52-0591543 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1800 WASHINGTON BOULEVARD, 340 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions BALTIMORE, MD 21230 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) JAMES MCINTYRE The books are in the care of ► 1800 WASHINGTON BLVD - BALTIMORE, MD 21230 Telephone No.  $\triangleright$  (410) 547 – 8000 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning  $\_JUL$  1, 2021  $\underline{\hspace{0.5cm}}$  , and ending  $\underline{\hspace{0.5cm}}$  JUN  $\hspace{0.1cm}$  30 ,  $\hspace{0.1cm}$  2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending JUN 30, 2022

<u>A I</u>	For the	e 2021 calendar year, or tax year beginning $$ JUL $1,$ $2021$ $$ and ending	<u>JUN 3</u>	0, 2022				
B	Check if applicabl	C Name of organization	D Em	ployer identific	cation number			
	Addre chang	THE UNITED WAY OF CENTRAL MARYLAND, INC.						
Г	Name chang			2-05915	43			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s		ephone numbe				
	Final return	1800 WACHINGTON BOILEWARD		410)547				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gros	ss receipts \$	99,938,127.			
	Ameno return	BALLIMOKE, MD 21230	H(a) is	this a group re	eturn			
	Application	F Name and address of principal officer: FRANKLYN D. BAKER	fo	for subordinates? Yes X No				
	pendir	SAME AS C ABOVE	H(b) A	re all subordinates in	cluded? Yes No			
					list. See instructions			
		te: > WWW.UWCM.ORG		iroup exemptio				
K	orm of		ear of format	tion: 1925 <b>N</b>	1 State of legal domicile: MD			
Pa	art I	Summary	T T.	TO DI TI	ADOLUED TMG			
ø	1	Briefly describe the organization's mission or most significant activities: TO IMPRO	AR TIA	ES BY ED	IPOWERING			
an		LEADERS AND MOBILIZING THE CARING POWER OF OU			-1-			
Governance	3	Check this box  if the organization discontinued its operations or disposed of n Number of voting members of the governing body (Part VI, line 1a)			39			
<u>်</u>	4	Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)			39			
≪ ″	1 -	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			215			
iţi		Total number of volunteers (estimate if necessary)			16800			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
Revenue			Pric	or Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)	45,2	48,715.	86,637,259.			
	9	Program service revenue (Part VIII, line 2g)		94,283.	165,288.			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		43,499.	1,585,400.			
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		70,409.	375,609.			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		56,906.	88,763,556.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,2	72,583.	4,760,301.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)	11 7	93,981.	0. 14,143,915.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  4,195,802.		· ·	<u> </u>			
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14 9	83,024.	71,462,637.			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		49,588.	90,366,853.			
		Revenue less expenses. Subtract line 18 from line 12		07,318.	-1,603,297.			
Net Assets or	1			of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		90,542.	67,768,699.			
ASS	21	Total liabilities (Part X, line 26)		19,498.	27,793,315.			
	22	Net assets or fund balances. Subtract line 21 from line 20	49,7	71,044.	39,975,384.			
Pa	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta		-	knowledge and belief, it is			
true	, correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any l	knowledge. T				
		Signature of officer		Date				
Sig		FRANKLYN D. BAKER, PRESIDENT & CEO		Date				
Her	е	Type or print name and title						
		Print/Type preparer's name  Preparer's signature	Date	Check	PTIN			
Paid	j	MONIQUE BOOKER		if self-employ				
	parer	Firm's name SB & COMPANY, LLC			20-2153727			
-	Only	Firm's address 10200 GRAND CENTRAL AVE., SUITE 250						
		OWINGS MILLS, MD 21117		Phone no. (	10) 584-0060			
Max	, tha II	28 discuse this return with the preparer shown above? See instructions			X Ves No			

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	UNITED WAY'S MISSION IS TO IMPROVE LIVES BY EMPOWERING LEADERS AND	
	MOBILIZING THE CARING POWER OF OUR COMMUNITIES. WE HAVE BEEN	
	EMPOWERING FAMILIES TO BECOME SELF-SUFFICIENT BY FOCUSING ON THE	
	BUILDING BLOCKS OF A BETTER LIFE: EDUCATION, ECONOMIC ADVANCEMENT,	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	l No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	JIVO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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 \$	)
	OBJECTIVE OF PROGRAM:	
	EOD OVED OF VENDA INTERD WAY OF GENERAL MARYIAMS (INTERD WAY) WAS DEEN	т
	FOR OVER 95 YEARS, UNITED WAY OF CENTRAL MARYLAND (UNITED WAY) HAS BEEN A HUMAN SERVICE LEADER FOR THE REGION, ENCOURAGING ALL CENTRAL	4
	MARYLANDERS TO GIVE, ADVOCATE AND VOLUNTEER. UNITED WAY IS DEDICATED TO	<del></del>
	HELPING INDIVIDUALS AND FAMILIES FACING POVERTY TO MEET THEIR BASIC	<del></del>
	NEEDS, STABILIZE AND ACHIEVE SELF-SUFFICIENT LIVES. WE DO THIS THROUGH	
	DEVELOPING AND INCUBATING INNOVATIVE SERVICES AND PROGRAMS,	
	GRANTMAKING, COLLABORATION, PROMOTING VOLUNTEERISM AND ADVOCACY AND	
	MOBILIZING RESOURCES AS A TRUSTED FUNDRAISER. ADDITIONALLY, UNITED WAY	
	ADDRESSES LOCAL NEEDS AND CREATES IMPACT THROUGH TARGETED	
	DIRECT-SERVICE INITIATIVES.	
4b	(Code:) (Expenses \$ 1,951,208 ·	)
	OBJECTIVE OF PROGRAM:	
	211 MARYLAND IS AN ACCESSIBLE, FREE OF CHARGE, 24 HOURS A DAY	
	INFORMATION AND REFERRAL SERVICE FOR THE STATE OF MARYLAND. PEOPLE	
	SEEKING INFORMATION ABOUT SERVICES SUCH AS FOOD ASSISTANCE, SHELTER,	
	MEDICAL CARE, SUBSTANCE ABUSE TREATMENT, PROTECTION FROM DOMESTIC	
	VIOLENCE, AND MANY MORE, CAN CALL THIS EASY-TO-USE HELPLINE. AVAILABLE	
	IN 150+ LANGUAGES, 211 CONNECTS CALLERS TO TRAINED, CERTIFIED CALL	
	SPECIALISTS AT ONE OF FOUR NATIONALLY ACCREDITED CALL CENTERS IN	
	MARYLAND WHO ASSESS THEIR NEEDS AND LINK THEM TO THE RIGHT SOLUTIONS USING A COMPREHENSIVE DATABASE OF FEDERAL, STATE AND LOCAL SERVICES -	
	BOTH GOVERNMENT AND NON-PROFIT. 211 IS PART OF THE NATIONAL 211 SYSTEM	
4c	(Code:) (Expenses \$ 2,351,364. including grants of \$ \$ 433,843. ) (Revenue \$	
	UNITED WAY NEIGHBORHOOD ZONE IN BROOKLYN (A.K.A. BEN CENTER):	— <i>'</i>
	IN OCTOBER 2017, UWCM TOOK OVER THE OPERATIONS OF THE BEN CENTER AND	
	INTEGRATED THE STRATEGY/PROGRAMS INTO OPERATIONS. THE UW NEIGHBORHOOD	
	ZONE IN BROOKLYN IS OPERATED OUT OF BENJAMIN FRANKLIN HIGH SCHOOL IN	
	THE BROOKLYN/CURTIS BAY NEIGHBORHOOD OF BALTIMORE CITY. THIS UNIQUE	
	CONCEPT HAS BEEN DESIGNED TO CREATE A "HUB" WITHIN THE COMMUNITY THAT	
	PROVIDES A SAFE, NURTURING ENVIRONMENT FOR STUDENTS AND COMMUNITY MEMBERS TO NOT ONLY SEEK OUT A VAST ARRAY OF SERVICES, BUT TO BE ACTIVE	
	PARTICIPANTS IN SHAPING THEIR COMMUNITY TO BE WHAT WILL HELP THEM	<u>a                                    </u>
	FULFILL THEIR HOPES AND DREAMS FOR THEMSELVES, THEIR FAMILY, AND THE	
	COMMUNITY.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 3,963,236 • including grants of \$ 2,203,927 • ) (Revenue \$ )	
4e	Total program service expenses ► 83,937,675.	
	Form 990 (	2024

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_ <u>X</u> _
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
a	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	Х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	21	
IZa	, ,	12a		х
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
D		12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. Tu		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	
· <u> </u>			000	_

Form 990 (2021) THE UNITED WAY OF Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			_
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a	Х	
h	"Yes," complete Schedule L, Part IV	28b	71	Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
•	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			х
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			<b> </b>
۔ ف	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 401  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
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Form 990 (2021) THE UNITED WAY OF CENTRAL MARYLAND, INC.

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

			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f			
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
g					
h	, , , , , , , , , , , , , , , , , , , ,				
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
_	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.	0-			
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b			
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	อม			
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand			77	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<del>.</del>	
	excess parachute payment(s) during the year?	15		X	
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		y	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X	
17	If "Yes," complete Form 4720, Schedule O.  Section 501(a)(21) organizations. Did the trust any disqualified person, or mine operator engage in any				
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				
	, , , , , , , , , , , , , , , , , , , ,				

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3:	9		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3:	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	and the second s			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset					Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	,	· ·	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code )		•	•
			<del> </del>		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent w	th a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►MD					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (section 501(c)(3	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		. , ,	-,		
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	nd finan	cial	
	statements available to the public during the tax year.		• • •			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records >			
	JAMES MCINTYRE - (410)547-8000					
	1800 WASHINGTON BLVD, BALTIMORE, MD 21230					

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

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

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

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

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

See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average				C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per			ss per nd a di				compensation	compensation	amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) FRANKLYN BAKER	50.00									
PRESIDENT & CEO				Х				334,320.	0.	334,320.
(2) MARTINA A. MARTIN	50.00								_	
SVP & CHIEF OPERATING OFFICER					Х			204,158.	0.	204,158.
(3) KAREN PATE	50.00									
VP & CHIEF INFORMATION OFFICER					Х			209,415.	0.	209,415.
(4) JAMES MCINTYRE	50.00									
SVP & CHIEF FINANCIAL OFFICER				Х				225,659.	0.	225,659.
(5) SANDRA MONCK	50.00									
SVP & CHIEF IMPACT OFFICER					Х			196,331.	0.	196,331.
(6) JARNELL BONDS-SWECKER	50.00								_	
SVP & CHIEF MARKETING & INNOVATION O					Х			187,767.	0.	187,767.
(7) LILLIAN KILROY	50.00									
SVP & CHIEF DEVELOPMENT OFFICER					Х			188,453.	0.	188,453.
(8) ROBERT L. CLARK	50.00									, _ ,
SVP & CHIEF GRANTS OFFICER					Х			159,554.	0.	159,554.
(9) GAIL T. JAMES	50.00					l		144 050		1 4 4 9 5 9
VP & CONTROLLER	F0 00					Х		144,050.	0.	144,050.
(10) HOLLY JOYCE HOEY	50.00					l		100 615		422 645
SVP & CHIEF PRINCIPAL GIFTS OFFICER	F0 00					Х		133,615.	0.	133,615.
(11) RENEE BECK	50.00					l		146 050		446 050
VP MARKETING & INNOVATION	F0 00					Х		146,253.	0.	146,253.
(12) HEATHER N. CHAPMAN	50.00					,,		120 (50		120 650
VP UNITED WAY NEIGHBORHOOD ZONES	F0 00					Х		130,652.	0.	130,652.
(13) ANGELA C. MCALLISTER	50.00					,,		125 257		125 257
VP STRATEGIC INITIATIVES & PROGRAM C	F0 00					Х		135,357.	0.	135,357.
(14) SARAH MALLONGA	50.00	ŀ				,,		107 546		107 546
VP RESULTS & ACCOUNTABILITY	F0 00					Х		127,546.	0.	127,546.
(15) ROBERT L. DUBEAU	50.00	ł				\ \ \		124 625		124 625
VP HUMAN RESOURCES AND CHIEF PEOPLE	E0 00		$\vdash$			X		134,635.	0.	134,635.
(16) NATALIE F. DIXON	50.00					\ \ \		120 027	_	120 027
VP OF EDUCATION AND SR PROGRAM OFFIC	E0 00					Х		129,927.	0.	129,927.
(17) RAMANA PISUPATI AVP INFORMATION TECHNOLOGY & SECURIT	50.00	ł				\ <sub>V</sub>		114 441	0.	111111
AVP INFORMATION TECHNOLOGY & SECURIT						Х		114,441.	U •	114,441. Form <b>990</b> (2021)

132007 12-09-21

THE UNITED WAY OF CENTRAL MARYLAND, INC. 52-0591543 Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Position Average Name and title Reportable Reportable **Estimated** (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any ndividual trustee or director the organizations compensation hours for organization (W-2/1099-MISC/ from the lighest compensated related nstitutional truste (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) 1.00 (18) JORGE ACEVEDO MEMBER BOARD OF DIRECTORS Х 0. 0. 0. (19) TRIF ALATZAS 1.00 X 0. 0 . 0. MEMBER BOARD OF DIRECTORS (20) KEISHA ALLEN 1.00 MEMBER BOARD OF DIRECTORS Х 0 0. 0. (21) ALFRED J. BAILEY 1.00 MEMBER BOARD OF DIRECTORS X 0. 0. (22) JEREL BRAGER 1.00 MEMBER BOARD OF DIRECTORS Х 0. 0. 0. (23) MARC BROADY 1.00 MEMBER BOARD OF DIRECTORS Х 0. 0. 0. (24) STEPHEN E BUDORICK 1.00 0. 0. MEMBER BOARD OF DIRECTORS Х 0 (25) ANGELA CELESTIN 1.00 MEMBER BOARD OF DIRECTORS 0. 0. 0. (26) KELLY CHASE 1.00 0. MEMBER BOARD OF DIRECTORS n 0 2,902,133. 2902133. 0. 1b Subtotal 0. 0. Ο. Total from continuation sheets to Part VII, Section A 2,902,133. 0. 2902133. Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 17 compensation from the organization Yes No

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on Х line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person

### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PLANO-COUDON LLC	CONSTRUCTION	
2101 WASHINGTON BLVD, BALTIMORE, MD 21230	SERVICES	1,292,430.
CORPORATE OFFICE PROPERTIES LP	CONSTRUCTION	
P.O. BOX 824383, PHILADELPHIA, PA 19182	SERVICES	840,042.
UNITED WAY WORLDWIDE		
701 N. FAIRFAX STREET, ALEXANDRIA, VA 22314	MEMBERSHIP DUES	279,759.
COMMUNITY PLAYTHINGS		
P.O. BOX 2, ULSTER PARK, NY 12487	FURNITURE PURCHASE	163,593.
COMMUNITY COUNSELING SERVICES LLC	CONSULTING SERVICES	
P.O. BOX 824885, PHILADELPHIA, PA 19182	- 100TH ANNIVERSARY	120,000.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 5		

SEE PART VII, SECTION A CONTINUATION SHEETS

										1543
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	.or				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	or directo				d em		(W-2/1099-MISC)	(***-2/1099-141130)	organization
	related	ee or	stee			nsate		(** 27 1000 1/1100)		and related
	organizations	Individual trustee	Institutional trustee		oyee	ош ре				organizations
	below	vidua	itution	ser	Key employee	hest c	Former			
	line)	lbdi	Inst	Officer	Key	Higl	Forr			
(27) RYAN COUDON	1.00									
CHAIR ELECT		Х		Х				0.	0.	0.
(28) TESHIA DAVIS	1.00									
MEMBER BOARD OF DIRECTORS		Х						0.	0.	0.
(29) JOHN DAVIS	1.00									
MEMBER BOARD OF DIRECTORS		Х						0.	0.	0.
(30) SUSAN K. GAUVEY, J.D.	1.00									
MEMBER BOARD OF DIRECTORS		Х						0.	0.	0.
(31) ERNEST R. GRECCO	1.00									
EMERITUS		Х		Х				0.	0.	0.
(32) WHITNEY B. HARMEL	1.00	1								_
MEMBER BOARD OF DIRECTORS		Х						0.	0.	0.
(33) MARIE HARTMAN	1.00									
MEMBER BOARD OF DIRECTORS	1	Х						0.	0.	0.
(34) CHARLENE MOORE HAYES	1.00	ļ								
MEMBER BOARD OF DIRECTORS	1 00	Х						0.	0.	0.
(35) THOMASINA L. HIERS	1.00								•	•
PAST CHAIR	1 00	Х		Х				0.	0.	0.
(36) JERMAINE JONES	1.00	٠,,							0	•
MEMBER BOARD OF DIRECTORS	1 00	Х						0.	0.	0.
(37) S. MICHELLE LEE, CPA	1.00	<b>.</b> ,		37					0	_
TREASURER	1 00	Х		Х				0.	0.	0.
(38) PATRICIA MCCARTHY CARROLL	1.00	<b>.</b>							0	^
MEMBER BOARD OF DIRECTORS (39) CAROLE B. MILLER	1 00	Х						0.	0.	0.
	1.00	Х							0	^
MEMBER BOARD OF DIRECTORS	1 00	Δ						0.	0.	0.
(40) DOLORES NJOKU	1.00	Х						0.	0	n
MEMBER BOARD OF DIRECTORS (41) RODNEY ODDOYE	1.00	Λ						0.	0.	0.
MEMBER BOARD OF DIRECTORS	1.00	Х						0.	0.	n
(42) LEONARD R. PARRISH	1.00	Δ						0.	0.	0.
MEMBER BOARD OF DIRECTORS	1.00	Х						0.	0.	0.
(43) SHERRY B. PERKINS	1.00	^						0.	0.	0.
MEMBER BOARD OF DIRECTORS	1.00	Х						0.	0.	0.
(44) BETH S. PERLMAN	1.00	22						· ·	0 •	0.
MEMBER BOARD OF DIRECTORS	1.00	Х						0.	0.	0.
(45) ELIZABETH M. PHELAN	1.00	22						· ·	0 •	· · · · · · · · · · · · · · · · · · ·
MEMBER BOARD OF DIRECTORS	1.00	Х						0.	0.	0 .
(46) CHARLES B. REULAND	1.00	^						0.	0.	0.
(10) CHARLED D. KEULAND	T • 0 0	J	ı		Ì	ı	l	l		
CHAIR		Х		Х	l			0.	0.	0.

	ED WAY C	)F	CE	ΓN	'RA	L	MΑ	RYLAND, INC.	52-059	1543
Part VII   Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd F	lighe	est (	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	all :	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	-				Highest compensated employee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	al trus		yee	m pen				organizations
	below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	est co	-e			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(47) LORI A. ROBINSON	1.00									
SECRETARY		Х		х				0.	0.	0.
(48) JOANNA ROMBRO	1.00									
MEMBER BOARD OF DIRECTORS		Х						0.	0.	0.
(49) PETER B. ROSENWALD II	1.00									
MEMBER BOARD OF DIRECTORS		Х						0.	0.	0.
(50) SONJA SANTELISES	1.00								•	
MEMBER BOARD OF DIRECTORS		х						0.	0.	0.
(51) CARRIE SCHREIBER	1.00									
MEMBER BOARD OF DIRECTORS		Х						0.	0.	0.
(52) DAVID J. THOMPSON	1.00							-	-	
MEMBER BOARD OF DIRECTORS		Х						0.	0.	0.
(53) LORI VILLEGAS	1.00									
MEMBER BOARD OF DIRECTORS		Х						0.	0.	0.
(54) DOC WALTHER	1.00							-	-	
MEMBER BOARD OF DIRECTORS		Х						0.	0.	0.
(55) MICHAEL WEIGAND	1.00							-	-	
MEMBER BOARD OF DIRECTORS		Х						0.	0.	0.
(56) ANTOINETTE WILLIAMS	1.00							-	-	
MEMBER BOARD OF DIRECTORS		Х						0.	0.	0.
								-	-	
		1								
		1								
		1								
		1								
		1								
Total to Part VII, Section A, line 1c										
Total to Fair VII, Goodon A, III G To								1	1	

Form 990 (2021) THE UNI
Part VIII Statement of Revenue

_		Check if Schedule O contains a response o	r note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	a Federated campaigns 1a	268,048.				
Contributions, Gifts, Grants and Other Similar Amounts	1 4	b Membership dues 1b	200,010.				
Ę g	'						
ts, Ar	(	3					
ij Gi	(		63 257 743				
ns, Sim	•	e Government grants (contributions)	63,257,743.				
utio er (	1	f All other contributions, gifts, grants, and	22 111 460				
έŧ		similar amounts not included above 1f	23,111,468.				
ont od (	9	g Noncash contributions included in lines 1a-1f 1g   \$	1,693,439.	06 635 050			
<u>0</u> 8		h Total. Add lines 1a-1f	<b>D</b>	86,637,259.			
			Business Code				
ce	2 8			164,288.			164,288.
ë vi	ŀ	b MARYLAND CLIFF BENEFITS		1,000.			1,000.
Program Service Revenue	(	c					
ar	(	d					
ю. Н	•	e					
P	1	f All other program service revenue					
		g Total. Add lines 2a-2f	<b>&gt;</b>	165,288.			
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)		370,561.			370,561.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	<b>a</b> Gross rents <b>6a</b> 12,568.					
		<b>b</b> Less: rental expenses <b>6b</b> 0.					
		c Rental income or (loss) 6c 12,568.					
		d Net rental income or (loss)	<b>•</b>	12,568.			12,568.
		a Gross amount from sales of (i) Securities	(ii) Other				,
		assets other than inventory 7a 12,389,410.					
		b Less: cost or other basis					
ø		and sales expenses <b>7b</b> 11,174,571.					
nu.		c Gain or (loss) 7c 1,214,839.					
eve		d Net gain or (loss)		1,214,839.			1214839.
her Revenue		a Gross income from fundraising events (not		1,211,000.			1211005.
	0 0						
Ö							
		contributions reported on line 1c). See					
		Part IV, line 18         8a           b Less: direct expenses         8b					
		c Net income or (loss) from fundraising events	···········				
	9 8	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities	·····				
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
	(	c Net income or (loss) from sales of inventory	<b>&gt;</b>				
Ø			Business Code	. <u> </u>			
on e	11 a	a DESIGNATION FEE		187,234.	187,234.		
Miscellaneous Revenue	ŀ	b MISCELLANEOUS INCOME		175,807.	175,807.		
cell eve	(	c					
Mis	(	d All other revenue					
	•	e Total. Add lines 11a-11d	<b></b>	363,041.			
	12	Total revenue. See instructions	<b>&gt;</b>	88,763,556.	363,041.	0.	1763256.

# Form 990 (2021) THE UNITED WA Part IX Statement of Functional Expenses

Do r	Check if Schedule O contains a responnot include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	4 760 201	4 760 201		
	and domestic governments. See Part IV, line 21	4,760,301.	4,760,301.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
Ļ	Benefits paid to or for members				
,	Compensation of current officers, directors,				
	trustees, and key employees	1,773,248.	1,006,215.	386,591.	380,44
	Compensation not included above to disqualified			300,0021	000,11
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	10,473,690.	7,474,032.	832,801.	2,166,85
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	285,256.	179,625.	38,377.	67,25
	Other employee benefits	725,064.	490,562.	53,437.	181,06
	Payroll taxes	886,657.	617,577.	87,926.	181,15
	Fees for services (nonemployees):				
a	Management				
b	Legal	32,070.	16,270.	15,800.	
0	Accounting	72,100.		72,100.	
b	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	4 560 500	272 442		00
	column (A), amount, list line 11g expenses on Sch O.)	1,560,730.	970,148.	292,837.	297,74
	Advertising and promotion	100,382.	57,732.	5,477.	37,17
	Office expenses	535,220.	427,059.	48,288.	59,87
	Information technology	419,731.	269,143.	150,588.	
	Royalties	660 105	440 607	106 514	110 00
	Occupancy	660,125. 35,026.	442,627. 25,941.	106,514.	110,98 7,04
	Travel	33,020.	25,941.	2,030.	7,04
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	173,176.	148,986.	23,971.	21
	Conferences, conventions, and meetings	113,110•	140,900•	45,9110	21
	Payments to affiliates	666,301.	439,759.	76,558.	149,98
	Depreciation, depletion, and amortization	370,324.	285,384.	27,308.	57,63
	Insurance	2.0,0210		= 7 , 5 5 5 1	2.,00
	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.)				
а	CLIENT ASSISTANCE	60,362,835.	60,362,835.		
2	DESIGNATED REVENUE AND	5,501,086.	5,501,086.		
2	MARKETING EXPENSES	680,280.	291,244.		389,03
d	DUES & SUBSCRIPTION	58,923.	31,839.	6,922.	20,16
е	All other expenses	234,328.	139,310.	5,843.	89,17
	Total functional expenses. Add lines 1 through 24e	90,366,853.	83,937,675.	2,233,376.	4,195,80
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990

Form 990 (2021)
Part X Balance Sheet

Fai	IL A	Balance Sneet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			15,826,671.	2	16,195,916.
	3	Pledges and grants receivable, net			6,940,976.	3	11,469,489.
	4	Accounts receivable, net			233,897.	4	426,811.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, substa	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualification	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	750 501
⋖	9	Prepaid expenses and deferred charges			908,822.	9	753,591.
	10a	Land, buildings, and equipment: cost or other		6 445 655			
		basis. Complete Part VI of Schedule D	10a	6,147,677.	1 600 101		2 222 242
		Less: accumulated depreciation		2,258,629.	1,683,491.	10c	3,889,048.
	11	Investments - publicly traded securities	27,601,909.	11	31,504,842.		
	12	Investments - other securities. See Part IV, line 1	6,994,776.	12	3,529,002.		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			CO 100 F40	15	(7 7(0 (00
	16	Total assets. Add lines 1 through 15 (must equa			60,190,542.	16	67,768,699.
	17	Accounts payable and accrued expenses			10,380,212.	17	9,916,614.
	18	Grants payable	39,286.	18	17,876,701.		
	19	Deferred revenue			39,200.	19	11,010,101.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
Liabilities	22	Loans and other payables to any current or forme					
oi II		trustee, key employee, creator or founder, substa				22	
Lia	23	controlled entity or family member of any of these Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pay				24	
	20	parties, and other liabilities not included on lines					
		of Schedule D	17 27)	. Complete Fart X		25	
	26	Total liabilities. Add lines 17 through 25		·····	10,419,498.	26	27,793,315.
		Organizations that follow FASB ASC 958, check			., === , == 3 (		, : : : ; : : : : : : : : : : : : : : :
es		and complete lines 27, 28, 32, and 33.					
auc	27				38,168,644.	27	32,564,674.
Bala	28	Net assets with donor restrictions	11,602,400.	28	7,410,710.		
<u> </u>		Organizations that do not follow FASB ASC 95					
Ξ		and complete lines 29 through 33.					
, o	29	Capital stock or trust principal, or current funds			29		
sets	30	Paid-in or capital surplus, or land, building, or equ			30		
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			49,771,044.	32	39,975,384.
_	33	Total liabilities and net assets/fund balances			60,190,542.	33	67,768,699.

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,76</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2		,36				
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	,60	3,2	<u>97.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				44.		
5	5 Net unrealized gains (losses) on investments 5 -4							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-3	, 33	9,3	14.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	coluṃn (B))	10	39	,97	5,3	82.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			<b>2</b> b	Х			
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O	).					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	dit					
	Act and OMB Circular A-133?			За	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		it					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X			

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization THE UNITED WAY OF CENTRAL MARYLAND 52-0591543 INC. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	29230379.	25062562.	26921801.	45248715.	86637259.	213100716
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	29230379.	<u> 25062562.</u>	26921801.	45248715.	86637259.	213100716
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						213100716
Sec	tion B. Total Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	29230379.	<u> 25062562.</u>	<u> 26921801.</u>	45248715.	<u>86637259.</u>	213100716
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	493,645.	336,221.	260,342.	290,620.	383,129.	1763957.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						214864673
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	-			•		
	organization, check this box and sto	p here					<b>&gt;</b>
	tion C. Computation of Publ					<del> </del>	00 10
	Public support percentage for 2021 (					14	99.18 %
	Public support percentage from 2020					15	98.93 %
16a	33 1/3% support test - 2021. If the						
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2020. If the	•		•		•	
	and <b>stop here.</b> The organization qua						
1/a	10% -facts-and-circumstances test	ū					•
	and if the organization meets the fact			=	· ·	VI now the organiz	zation
	meets the facts-and-circumstances to	•	•				
b	10% -facts-and-circumstances test	_					10% Or
	more, and if the organization meets the				-		▶ □
40	organization meets the facts-and-circ		-	•	•		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 1/b	o, cneck this box a	na see instruction:	s

Schedule A (Form 990) 2021

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
_			-				<b>&gt;</b>
	ction C. Computation of Publi					<del></del>	
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					0.1/00/	%
19a	33 1/3% support tests - 2021. If the						/ is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	▶Ш

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
	1		
	-		
	2		
	3a		
	Ja		
- ;	3b		
	3c		
_	4a		
	4b		
	4-		
	4c		
	5a		
	Ja		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	O.L.		
	9b		
	9с		
	l0a		
	Ja		
	l0b		
ule A	(Forn	n 990)	2021

ection E. Type	e III Functio	onally Integrated	Supporting C	)rganizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see installation)	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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 Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	nization (see
	instructions)			

Schedule A (Form 990) 2021

Pa	Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	tion D - Distributions	Current Year						
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3				
4	4 Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.							
9								
10	Line 8 amount divided by line 9 amount		1	0				
		/:\	/::\		/:::\			

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
<u>a</u>	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
<u>b</u>	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
<u> </u>	Excess from 2021			

Schedule A (Form 990) 2021

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

INC.

OMB No. 1545-0047

2021

Name of the organization

THE UNITED WAY OF CENTRAL MARYLAND

Employer identification number

52-0591543

Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (2021)

Page 2

Name of organization Employer identification number

# THE UNITED WAY OF CENTRAL MARYLAND, INC.

52-0591543

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>47,368,489</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 3,929,476.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 9,994,715.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# THE UNITED WAY OF CENTRAL MARYLAND, INC.

52-0591543

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

Name of organization **Employer identification number** THE UNITED WAY OF CENTRAL MARYLAND, INC. 52-0591543 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

**Employer identification number** 

Name of the organization

52-0591543 THE UNITED WAY OF CENTRAL MARYLAND, INC.

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register	•	I I
3	Number of conservation easements modified, transferred, rele		
	year▶	, 3	3
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	•	
	violations, and enforcement of the conservation easements it	0, . ,	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	<b>•</b>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservat	ion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.	-	
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
			<b>.</b> .
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

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	dule D (Form 990) 2021 THE UNIT	TED WAY OF					52-05 r <b>Assets</b>			age <b>2</b>
3	Using the organization's acquisition, accession							(COTILIT	iuea)	
Ū	collection items (check all that apply):	on, and other records	s, officer any of the f	onowing that ma	inc oigi	iniodite	300 01 110			
а	Public exhibition	d	Loan or excl	hange program						
b	Scholarly research	e		9-  9						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	exemp	ot purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	•	•	-	-					
	to be sold to raise funds rather than to be ma		·	•				Yes		No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	te if the organization					ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets	not in	cluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amount	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
	Did the organization include an amount on Fo				-	/?	L	Yes	L	_ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	T V Endowment Funds. Complete it							/ \ F		le e el e
		(a) Current year	(b) Prior year	(c) Two years ba			years back			
1a	Beginning of year balance	3,133,622.	2,848,663.	1,679,0	50.	1,0	96,165.	1,	043,	297.
b	Contributions	1 507 057	204 050	1 160 6	12		.00 005			0.60
С.	Net investment earnings, gains, and losses	-1,507,057.	284,959.	1,169,63	13.	5	82,885.	885.		868.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses	1,626,565.	3,133,622.	2,848,60	63	1 6	79,050.	1	096	165.
g	End of year balance				03.	1,0	77,030.		000,	103.
2	Board designated or quasi-endowment	ent year end balance		) rieiu as.						
a b	Permanent endowment 100	%	_%							
	_									
·	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	•	tion that are held an	nd administered f	or the	organiza	ation			
-	by:	oolon or the organiza	tion that are note an	ia aariii iiotoroa i	01 1110	organiz.	2011	ſ	Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	ırt X, lir	ne 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other	( <b>c</b> ) Acc	cumulate	ed	(d) Bool	k valu	e
		basis (investm	nent) basis	(other)	depr	eciation				
1a	Land									
	Buildings	<b>I</b>								
С	Leasehold improvements			6,416.		92,2		3,21		
d	Equipment		2,04	1,261.	1,3	66,3	81.	674	<u>1,8</u>	80.
е	Other									
Total	Add lines 1a through 1e (Column (d) must on	autol Forms OOO Don't	V asluman (D) line 1	0-1				3.889	a O	48.

Schedule D (Form 990) 2021

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	dule D (Form 990) 2021 THE UNITED WAY OF CENTRAL M					0591543	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	its Wit	h Re	venue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements				1	76,607	<u>,954.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					1	
а	Net unrealized gains (losses) on investments	2a	-4	853,051.		1	
b	Donated services and use of facilities	2b				1	
С	Recoveries of prior year grants	2c				I	
d	Other (Describe in Part XIII.)	2d	-1	867,482.		I	
е	Add lines 2a through 2d				2e	-6,720,	<u>,533.</u>
3	Subtract line 2e from line 1				3	83,328	<u>,487.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				I	
b	Other (Describe in Part XIII.)	4b	5	435,069.		1	
С	Add lines 4a and 4b				4c	5,435	<u>,069.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	88,763	,556.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	ith Ex	penses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements				1	86,403,	<u>,615.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					1	
а	Donated services and use of facilities	2a	1,	537,850.		I	
b	Prior year adjustments	2b				1	
С	Other losses	2c				I	
d	Other (Describe in Part XIII.)	2d		-66,018.		1	
е	Add lines 2a through 2d				2e	1,471	,832.
3	Subtract line 2e from line 1				3	1,471, 84,931,	783.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				I	
	Other (Describe in Part XIII.)		5	435,069.		I	
	Add lines <b>4a</b> and <b>4b</b>			•	4c	5,435,	.069.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	90,366	,852.
Par	t XIII Supplemental Information.						
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I'	V. lines	1b and	2b: Part V. line 4	: Part :	X. line 2: Part X	 I.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit				,	,	,
PAR	T V, LINE 4:						
	,						
PUR	POSE OF ENDOWMENT FUNDS:						
THE	ENDOWMENT FUND OF UNITED WAY OF CENTRAL M	ARYL.	AND	INC.(UWC	<b>M</b> )	HAS BEEN	1
			-	,			
FOR	MED TO PROVIDE INDIVIDUALS, BUSINESSES, FO	UNDA	TIO	NS AND OT	HER	S. THE	
	ind to though the transfer to	011211		11112 01		<u>,                                    </u>	
OPF	ORTUNITY TO DONATE CASH OR OTHER PROPERTIE	S TO	TJW	CM. THE F	OTITIO	OWING	
<u> </u>	ONICIALITY TO DOMINIC ONDITION ON COMMENTAL TRANSPORTED	<u> </u>			<u></u>	<u> </u>	
POT	ICY HAS BEEN ADOPTED BY THE UWCM BOARD OF	DIRE	СТОІ	RS TO PRO	VTD.	E FOR TE	IE.
	101 Into Duni Indi Indi Into Onom Bonico Of		010.	10 110	<u> </u>		
TINT	FORM ADMINISTRATION OF THE ENDOWMENT FUND.	тне	BO	ARD RECOG	NT7.	ES THE	
0111	TORM ADMINIBIRATION OF THE ENDOWMENT TONDS	11111	<u> </u>	TID KECCO	11 1 2		
тмр	ORTANCE OF ESTABLISHING STANDARDS FOR THE	CREA	ירד∩ו	תבאת כותב ז	ACE	меит оғ	
1111	OKTANCE OF ESTABLISHING STANDARDS FOR THE	CILLA	1101	N AND MAIN	AGE.	MENT OF	
ENL	OWED GIFTS TO UWCM TO ENSURE FISCAL INTEGR	тту	ΔCO	יחוואיים פדו.	тту	ΔND	
111T	OHID CITTO TO ONCE TO EMBORE PIECAL INTEGR		ACI	COMINDID	<u> </u>	תווני	
ψъх	NSPARENCY, AND TO SUPPORT ACTIVE SOLICITAT	TON	Оፑ (	STETS			
11/2	MOLIMANCE, MAD TO BULLONE ACTIVE BULLCHAR	T OTA	OT. (	J-1 1 D •			
т	ROLE OF ENDOWMENT:						
_ •							

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Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THE UNITED WAY OF CENTRAL MARYLAND, INC. 52-0591543 Page 5

Part XIII Supplemental Information (continued)

THE UWCM ENDOWMENT REPRESENTS PERMANENT FUNDS THAT PROVIDE LONG-TERM

INCOME FROM ENDOWED FUNDS ALIGN UWCM TO:

- . CREATE CAPACITY TO DELIVER MISSION OVER TIME.
- . MAINTAIN INSTITUTIONAL STABILITY.

ECONOMIC SUSTAINABILITY FOR UWCM AND ITS PROGRAMS.

. BUILD LONG-TERM RESOURCES FOR THE ORGANIZATION THAT PROVIDE THE

CAPACITY TO RESPOND TO CRITICAL COMMUNITY NEEDS, AND TO ALLOW UWCM TO MAKE

STRATEGIC INVESTMENTS IN COMMUNITY SERVICES AND RESOURCES.

### II.ROLE OF POLICIES:

THESE ENDOWMENTS POLICIES ARE DESIGNED TO DEFINE THE STANDARDS FOR

ACQUISITION, ADMINISTRATION, MANAGEMENT AND REPORTING OF ENDOWED GIFTS,

AND TO ANTICIPATE THE MOST COMMON ISSUES ENCOUNTERED IN MANAGING ENDOWED

GIFTS. IN THE EVENT THAT THESE STANDARDS DO NOT ANTICIPATE A SPECIFIC GIFT

ISSUE, THE ENDOWMENT OVERSIGHT COMMITTEE SHALL DETERMINE THE RECOMMENDED

COURSE OF ACTION.

### PART X, LINE 2:

UWCM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE. IN ADDITION, UWCM QUALIFIES FOR CHARITABLE

CONTRIBUTION DEDUCTIONS UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED

AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION

509(A)(1). INCOME, WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS

APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME

TAXES. UWCM HAD NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 30,

2022 AND 2021.

WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN
WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE

Schedule D (Form 990) 2021

OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN
OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. THE
BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE
PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES
IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON
EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES,
IF ANY. TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER
POSITIONS. TAX POSITIONS THAT MEET THE MORE LIKELY THAN NOT RECOGNITION
THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE
THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE
TAXING AUTHORITY. AS OF JUNE 30, 2022 AND 2021, AND FOR THE YEARS THEN
ENDED, THERE ARE NO MATERIAL UNRECOGNIZED/DERECOGNIZED TAX BENEFITS OR TAX
PENALTIES OR INTEREST. UWCM IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE
INCOME TAX EXAMINATIONS BY AUTHORITIES BEFORE 2017.

PART	XI,	LINE	2D	_	OTHER	ADJUSTMENTS:
------	-----	------	----	---	-------	--------------

ADJUSTMENT TO LANGENFELDER TRUST	-3,339,314.
DESIGNATION EXPENSE	-66,018.
IN-KIND REVENUE	1,537,850.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,867,482.

### PART XI, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS	TO	AGENCIES	AND	PROVISION	FOR	BAD	DEBT	5,435,069.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

DESIGNATION	EXPENSE	-66,018.

### PART XII, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2021 THE UNITED WAY OF CENTRAL MARYLAND, INC. 52-0591543 Page 5  Part XIII Supplemental Information (continued)
DESIGNATIONS TO AGENCIES AND PROVISION FOR BAD DEBT 5,435,069.
FORM 990, SCHEDULE D
OVERHEAD RATIO CALCULATION:
THE OVERHEAD RATE FORMULA USED TO CALCULATE THE STANDARDIZED OVERHEAD
FIGURES FOR INDIVIDUAL UNITED WAYS AND THE UNITED WAY SYSTEM AS A WHOLE IS
OUTLINED IN THE UNITED WAY WORLDWIDE FINANCIAL ISSUES COMMITTEE(FIC)
FUNCTIONAL EXPENSES AND OVERHEAD REPORTING GUIDELINES:
NUMERATOR = MANAGEMENT & GENERAL EXPENSES(PART IX, LINE 25, COLUMN C)
+ FUNDRAISING EXPENSES(PART IX, LINE 25, COLUMN D)
DENOMINATOR = TOTAL REVENUE (PART VIII, LINE 12, COLUMN A)
NUMERATOR = 2,233,376 + 4,195,802 = 6,429,178
<u>DENOMINATOR</u> = 88,763,556
TAX RETURN OVERHEAD = 7.24%

## **SCHEDULE G** (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Name of the organization

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

Inspection

Employer identification number

	TED WAY OF CENTRAL	MAI	<u> ХУ Г. А</u>	AND, INC.	52-0591	543				
Part I Fundraising Activities. required to complete this part	Complete if the organization answett.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not				
<ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul>										
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
		Yes	No							
<sup>-</sup> otal			<b>•</b>							
<b>3</b> List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration				
<b>I</b> D										

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

			TED WAY							
Pa	rt I									
		of fundraising event contributions and gro							pts greater th	ıan \$5,000.
			(a) Event	AΤ	(b) E	ent #2	(c) C	ther events	, , ,	al events (a) through
			THE LYRI		lovon	+ +vno)	/tot	al numbar\	- co	l. <b>(c)</b> )
e			(event typ	(e)	(even	t type)	(101)	al number)	_	
Revenue	1	Gross receipts								
	2	Less: Contributions								
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
S	5	Noncash prizes								
xpense	6	Rent/facility costs								
Direct Expenses	7	Food and beverages							_	
	8	Entertainment Other direct expenses								
	10				ı			<b>&gt;</b>		
		Net income summary. Subtract line 10 from li						_		
Pa	rt I	Gaming. Complete if the organization	answered "Yes"						•	
		\$15,000 on Form 990-EZ, line 6a.								
Revenue			(a) Bingo	<b>o</b>		abs/instant ressive bingo	(c) O	ther gaming		gaming (add ough col. <b>(c)</b> )
Re	1	Gross revenue								
ses	2	Cash prizes							_	
Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes No	%	Yes_	%	Ye		6	
	7	Direct expense summary. Add lines 2 through	ı 5 in column (d)					<b>&gt;</b>		
	8	Net gaming income summary. Subtract line 7	from line 1, colu	ımn (d)				<b>&gt;</b>		
۵	En	ter the state(s) in which the organization condu	icts gaming activ	/ities:						
а	ls t	the organization licensed to conduct gaming ac No," explain:	ctivities in each o	of these s					Ye	s No
	_									
		ere any of the organization's gaming licenses re Yes," explain:					year?		Ye	s No
	_									
	_									

Schedule G (Form 990) 2021

132082 10-21-21

	Page 3
Yes	☐ No
Yes	No
132	%
	<del>//</del> %
เงม	70
Yes	☐ No
Yes	☐ No
t III. linos Q	9b 10b
t III, lines 9,	9b, 10b,
t III, lines 9,	9b, 10b,
t III, lines 9,	9b, 10b,
t III, lines 9,	9b, 10b,
t III, lines 9,	9b, 10b,
t III, lines 9,	9b, 10b,
t III, lines 9,	9b, 10b,
t III, lines 9,	9b, 10b,
t III, lines 9,	9b, 10b,
t III, lines 9,	9b, 10b,
t III, lines 9,	9b, 10b,
t III, lines 9,	9b, 10b,
t III, lines 9,	9b, 10b,
t III, lines 9,	9b, 10b,
t III, lines 9,	9b, 10b,

Schedule G	i (Form 990)	THE	UNITED	WAY	OF	CENTRAL	MARYLAND,	INC.	52-0591543	Page 4
Part IV	(Form 990) Supplemental Infor	mation	(continued)							
									<u> </u>	

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

**2021** 

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  THE UNITE	D WAY OF	CENTRAL MAR	YLAND, INC	2.			Employer identification number 52-0591543
Part I General Information on Grants a			•				
<ol> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pre</li> </ol>	stance?				-		
Part II Grants and Other Assistance to recipient that received more than to	_				anization answered "\	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2-1-1 MARYLAND, INC. 1800 WASHINGTON BLVD, STE.340 BALTIMORE, MD 21230	27-3681569	501 (C) (3)	9,191.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
29TH STREET COMMUNITY CENTER INC 300 E. 29TH ST BALTIMORE, MD 21218	85-3140009	501 (C) (3)	10,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
3 SEVEN MILE LANE LIMITED PARTNERSHIP - 1950 OLD GALLOWS RD, STE.600 - VIENNA, VA 22182	54-1875733	501 (C) (3)	19,630.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AANSRR ENTERPRISES, LLC 5305 VILLAGE CENTER DR #258 COLUMBIA, MD 21044	85-1297497	501 (C) (3)	6,375.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ACCESS ART 2446 WASHINGTON BLVD BALTIMORE, MD 21230	52-2275407	501 (C) (3)	132,508.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ACCESS COMMUNITY DEVELOPMENT CORP 100 SCOTT AVE GLEN BURNIE, MD 21060	46-2596948	501 (C) (3)	10,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	nd government or	ganizations listed in th	ne line 1 table				<b>&gt;</b>

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADELANTE LATINA!							DESIGNATED AND OR GRANTE
2907 W. STRATHMORE AVE							IN SUPPORT OF AGENCY
BALTIMORE, MD 21209	46-4288885	501 (C) (3)	12,000.	0.			PROGRAMS
ADOPTIONS TOGETHER, INC.							DESIGNATED AND OR GRANTE
4061 POWDER MILL RD							IN SUPPORT OF AGENCY
CALVERTON, MD 20705	52-1703994	501 (C) (3)	8,078.	0.			PROGRAMS
ADULT POLYGLUCOSAN BODY DISEASE							DESIGNATED AND OR GRANTE
RESEARCH FOUNDATION - 2257 E. 63RD							IN SUPPORT OF AGENCY
ST BROOKLYN, NY 11234	20-3609790	501 (C) (3)	5,481.	0.			PROGRAMS
AFRICAN AMERICAN FIRE FIGHTERS			,,,,,,,				
HISTORICAL SOCIETY INC - 2901							DESIGNATED AND OR GRANTE
DRUID PARK DR #402 - BALTIMORE, MD							IN SUPPORT OF AGENCY
21217	26-4107255	501 (C) (3)	10,000.	0.			PROGRAMS
ALSTON FOR ATHLETES C/O MARCUS							DESIGNATED AND OR GRANTE
ALSTON - 2601 TALBOT RD, APT.2 -							IN SUPPORT OF AGENCY
CURTIS BAY, MD 21226	84-3816092	501 (C) (3)	25,000.	0.			PROGRAMS
ALZHEIMERS DISEASE AND RELATED		(1)	23,333				
DISORDERS ASSOCIATION CENTRAL MD							DESIGNATED AND OR GRANTE
CHAPTER - 1850 YORK RD., STE. D -							IN SUPPORT OF AGENCY
TIMONIUM, MD 21093	52-1219428	501 (C) (3)	23,491.	0.			PROGRAMS
AMERICAN CANCER SOCIETY INC, SOUTH							DESIGNATED AND OR GRANTE
ATLANTIC DIVISION - 8219 TOWN							IN SUPPORT OF AGENCY
CENTER DRIVE - TOWSON, MD 21236	54-0515701	501 (C) (3)	8,558.	0.			PROGRAMS
AMERICAN CIVIL LIBERTIES UNION			, ,				
FOUNDATION OF MARYLAND, INC							DESIGNATED AND OR GRANTE
3600 CLIPPER MILL RD., STE. 350 -							IN SUPPORT OF AGENCY
BALTIMORE, MD 21211	23-7209538	501 (C) (3)	10,521.	0.			PROGRAMS
AMERICAN DESIGN ASSOCIATES INC.							DESIGNATED AND OR GRANTE
9000 HARFORD RD							IN SUPPORT OF AGENCY
BALTIMORE, MD 21234	52-2083508	501 (C) (3)	8,496.	0.			PROGRAMS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION,							DESIGNATED AND OR GRANTED
MID-ATLANTIC AFFILIATE - 4217 PARK							IN SUPPORT OF AGENCY
PLACE CT GLEN ALLEN, VA 23060	13-5613797	501 (C) (3)	11,316.	0.			PROGRAMS
			,				
AMERICAN INSTITUTE FOR CANCER							DESIGNATED AND OR GRANTED
RESEARCH - 1759 R ST., NW -							IN SUPPORT OF AGENCY
WASHINGTON, DC 20009	52-1238026	501 (C) (3)	11,156.	0.			PROGRAMS
AMERICAN NATIONAL RED CROSS #09004							DESIGNATED AND OR GRANTED
P.O BOX 37243				_			IN SUPPORT OF AGENCY
WASHINGTON, DC 20013	53-0196605	501 (C) (3)	5,214.	0.			PROGRAMS
AMERICAN RED CROSS OF CENTRAL							DESIGNATED AND OR GRANTED
MARYLAND #20012 - 4800 MT. HOPE							IN SUPPORT OF AGENCY
DRIVE - BALTIMORE, MD 21215	53-0196605	501 (C) (3)	200,000.	0.			PROGRAMS
AMERICAN RED CROSS OF THE	33 0130003	501 (0) (3)	200,000.	· ·			I ROGRAMS
CHESAPEAKE REGION #20012 - 4800							DESIGNATED AND OR GRANTED
MT. HOPE DR BALTIMORE, MD							IN SUPPORT OF AGENCY
21215-3231	53-0196605	501 (C) (3)	27,647.	0.			PROGRAMS
AMERICAN SOCIETY FOR THE	33 0130003	301 (0) (3)	27,017.	**			- Noordand
PREVENTION OF CRUELTY TO ANIMALS -							DESIGNATED AND OR GRANTED
P.O. BOX 96929 - WASHINGTON, DC							IN SUPPORT OF AGENCY
20077-7127	13-1623829	501 (C) (3)	5,680.	0.			PROGRAMS
			,				
AMERRICAN DIABETES ASSOCIATION							DESIGNATED AND OR GRANTED
(BALTIMORE) - PO BOX 7023 -							IN SUPPORT OF AGENCY
MERRIFIELD, VA 22116	13-1623888	501 (C) (3)	11,377.	0.			PROGRAMS
ANNE ARUNDEL COUNTY PARTNERSHIP							
FOR CHILDREN, YOUTH&FAMILIES - 1							DESIGNATED AND OR GRANTED
HARRY S. TRUMAN PKWY - ANNAPOLIS,							IN SUPPORT OF AGENCY
MD 21401	52-6000878	501 (C) (3)	524,891.	0.			PROGRAMS
ARABA MAZE							DESIGNATED AND OR GRANTED
7819 MAIN FALLS CIRCLE							IN SUPPORT OF AGENCY
CATONSVILLE, MD 21228	22-0235779	501 (C) (3)	20,000.	0.			PROGRAMS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCHDIOCESE OF BALTIMORE CATHOLIC							DESIGNATED AND OR GRANTED
SCHOOLS - 320 CATHEDRAL STREET - BALTIMORE, MD 21201	52-0591535	501 (C) (3)	14,057.	0.			IN SUPPORT OF AGENCY PROGRAMS
ARTS FOR LEARNING MARYLAND, INC.							DESIGNATED AND OR GRANTED
927 NORTH CALVERT ST. BALTIMORE, MD 21202	52-0698849	501 (C) (3)	10,000.	0.			IN SUPPORT OF AGENCY PROGRAMS
ASHLAND COMMUNITY DEVELOPMENT CORP	E2 2002071	E01 (G) (2)	7,000				DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY
BALTIMORE, MD 21205	52-2083871	501 (C) (3)	7,000.	0.			PROGRAMS
ASSOCIATED BLACK CHARITIES 2 HAMILL ROAD - SUITE 272 NORTH QUA							DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY
BALTIMORE, MD 21210	52-1427774	501 (C) (3)	164,610.	0.			PROGRAMS
ASYLEE WOMEN ENERPRISE INC. 2229 W. JOPPA ROAD							DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY
LUTHERVILLE, MD 21093	45-3769025	501 (C) (3)	15,033.	0.			PROGRAMS
BACK ON MY FEET - BALTIMORE CHAPTER - 1017 E. BALTIMORE ST, STE 2016 - BALTIMORE, MD 21202	26-2109809	501 (C) (3)	18,166.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BACKYARD BASECAMP INC. 4706 MORAVIA RD			,				DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY
BALTIMORE, MD 21206	84-3528011	501 (C) (3)	20,169.	0.			PROGRAMS
BALLET AFTER DARK 636 N. GILMOR ST, APT.303	02 2051071	F01 (G) (2)	25 000				DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY
BALTIMORE, MD 21217	82-3951071	501 (C) (3)	25,000.	0.			PROGRAMS
BALTIMORE ANIMAL RESCUE AND CARE SHELTER INC - 2490 GILES ROAD -							DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY
BALTIMORE, MD 21225	86-1130456	501 (C) (3)	13,586.	0.			PROGRAMS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALTIMORE AREA COUNCIL- BSA FOR							DESIGNATED AND OR GRANTED
BROAD CREEK MEMORIAL SCOUT RESERVAT							IN SUPPORT OF AGENCY
BALTIMORE, MD 21211		501 (C) (3)	7,722.	0.			PROGRAMS
			, -	-			
BALTIMORE CHESAPEAKE BAY OUTWARD							DESIGNATED AND OR GRANTED
BOUND - 1900 EAGLE DRIVE -							IN SUPPORT OF AGENCY
BALTIMORE, MD 21207	34-2007841	501 (C) (3)	12,811.	0.			PROGRAMS
BALTIMORE CHILD ABUSE CENTER, INC							DESIGNATED AND OR GRANTED
2300 N.CHARLES ST. 4TH FLOOR							IN SUPPORT OF AGENCY
BALTIMORE, MD 21218	52-1681279	501 (C) (3)	12,701.	0.			PROGRAMS
D. I							
BALTIMORE CITY PUBLIC SCHOOLS							DESIGNATED AND OR GRANTED
200 E. NORTH AVE	F0 0064035	F01 (G) (3)	201 600	0			IN SUPPORT OF AGENCY
BALTIMORE, MD 21202	52-2064235	501 (C) (3)	201,609.	0.			PROGRAMS
BALTIMORE CIVIC FUND - THE JOURNEY							DESIGNATED AND OR GRANTED
HOME - 1 NORTH CHARLES ST., SUITE							IN SUPPORT OF AGENCY
1600 - BALTIMORE, MD 21201	52-1212473	501 (C) (3)	59,575.	0.			PROGRAMS
1000 Billimond, Mb 21201	32 1212473	301 (6) (3)	33,373.	••			ROGRAMO
BALTIMORE COMMUNITY FOUNDATION							DESIGNATED AND OR GRANTED
2 EAST READ ST. 9TH FLR							IN SUPPORT OF AGENCY
BALTIMORE, MD 21202-2470	23-7180620	501 (C) (3)	18,317.	0.			PROGRAMS
BALTIMORE COUNTY AFRICAN AMERICAN							
CULTURAL FESTIVAL - BALTIMORE							DESIGNATED AND OR GRANTED
COUNTY COURTS BUILDING, 401 BOSLEY							IN SUPPORT OF AGENCY
AVE - TOWSON, MD 21204	52-2007541	501 (C) (3)	9,883.	0.			PROGRAMS
BALTIMORE EDUCATION SCHOLARSHIP							
TRUST (BEST) - 808 NORTH CHARLES							DESIGNATED AND OR GRANTED
ST., STE. 200-C - BALTIMORE, MD							IN SUPPORT OF AGENCY
21201	52-1072250	501 (C) (3)	31,232.	0.			PROGRAMS
BALTIMORE JESUIT EDUCATIONAL							DESIGNATED AND OR GRANTED
INITIATIVE - 420 S. CHESTER ST -							IN SUPPORT OF AGENCY
BALTIMORE, MD 21231	05-0632734	ри1 (C) (3)	55,830.	0.			PROGRAMS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rayer
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALTIMORE LEADERSHIP SCHOOL FOR							DESIGNATED AND OR GRANTED
YOUNG WOMEN #348 - 128 W, FRANKLIN							IN SUPPORT OF AGENCY
STREET - BALTIMORE, MD 21201	26-2221540	501 (C) (3)	7,321.	0.			PROGRAMS
BALTIMORE MEDICAL SYSTEM, INC.							DESIGNATED AND OR GRANTED
3501 SINCLAIR LN.							IN SUPPORT OF AGENCY
BALTIMORE, MD 21213-2037	52-1358241	501 (C) (3)	9,851.	0.			PROGRAMS
BALTIMORE MUSEUM OF ART							DESIGNATED AND OR GRANTED
10 ART MUSEUM DR							IN SUPPORT OF AGENCY
BALTIMORE, MD 21218	52-6000162	501 (C) (3)	10,888.	0.			PROGRAMS
			·				
BALTIMORE SCHOOL FOR THE ARTS							DESIGNATED AND OR GRANTED
FOUNDATION - 712 CATHEDRAL ST							IN SUPPORT OF AGENCY
BALTIMORE, MD 21201	52-1174284	501 (C) (3)	7,585.	0.			PROGRAMS
BALTIMORE SYMPHONY ORCHESTRA							DESIGNATED AND OR GRANTED
1212 CATHEDRAL ST.							IN SUPPORT OF AGENCY
BALTIMORE, MD 21201-5545	52-0629696	501 (C) (3)	19,398.	0.			PROGRAMS
BALTIMORE URBAN LEADERSHIP							
FOUNDATION, INC. C/O THE DOOR -							DESIGNATED AND OR GRANTED
219 NORTH CHESTER STREET -							IN SUPPORT OF AGENCY
BALTIMORE, MD 21231	52-1708248	501 (C) (3)	10,000.	0.			PROGRAMS
BE THE REVOLUTION - B-360							DESIGNATED AND OR GRANTED
PO BOX 67052							IN SUPPORT OF AGENCY
BALTIMORE, MD 21215	83-0545344	501 (C) (3)	125,000.	0.			PROGRAMS
,							
BEREAN COMMUNITY CHURCH INC							DESIGNATED AND OR GRANTED
2709 MILFORD HARRINGTON HWY							IN SUPPORT OF AGENCY
MILFORD, DE 19963	51-0273448	501 (C) (3)	12,000.	0.			PROGRAMS
BETTER DAIS AHEAD INC							DESIGNATED AND OR GRANTED
743 ARNCLIFFE RD							IN SUPPORT OF AGENCY
ESSEX, MD 21221	85-2027369	501 (C) (3)	10,000.	0.			PROGRAMS
	1 -3 -3-1007	(0)		· ·		L	F NOORMINE

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Tuge 1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIOTECHNICAL INSTITUTE OF MARYLAND, INC 1101 WEST PRATT ST - BALTIMORE, MD 21223	52-2067671	501 (C) (3)	8,009.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BIRTHRIGHT PREGNANCY AID CENTER BIRTHRIGHT OF HARFORD COUNTY BEL AIR, MD 21014	52-1305958	501 (C) (3)	8,009.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
B'MORE CLUBHOUSE, INC. 9 EAST FRANKLIN ST BALTIMORE, MD 21202	20-8956918	501 (C) (3)	6,118.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BON SECOURS COMMUNITY WORKS OF MARYLAND FOUNDATION - 26 NORTH FULTON AVE - BALTIMORE, MD 21223	52-1732800	501 (C) (3)	9,636.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BROKEN WALL COMMUNITY CHURCH 5521 MEDWICK GARTH S. CATONSVILLE, MD 21228	47-1865416	501 (C) (3)	7,500.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BUDDIES, INC. 1206 PLEASANT VALLEY DRIVE BALTIMORE, MD 21228	52-6042656	501 (C) (3)	7,500.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CALVERT HALL COLLEGE HIGH SCHOOL 8102 LASALLE ROAD BALTIMORE, MD 21286	52-0607966	501 (C) (3)	6,065.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CALVERT SCHOOL INC. 105 TUSCANY ROAD BALTIMORE, MD 21210	52-0591510	501 (C) (3)	5,500.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CAMP ATTAWAY 9770 PATUXENT WOODS DR, STE.303 COLUMBIA, MD 21046	52-1795189	501 (C) (3)	10,237.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROLINE CENTER AT SOMERSET STREET							DESIGNATED AND OR GRANTE
900 SOMERSET ST.							IN SUPPORT OF AGENCY
BALTIMORE, MD 21202	52-1920377	501 (C) (3)	20,105.	0.			PROGRAMS
			,				
CARROLL COUNTY CHAMBER OF COMMERCE							DESIGNATED AND OR GRANTE
PO BOX 871							IN SUPPORT OF AGENCY
WESTMINSTER, MD 21157	52-0684041	501 (C) (3)	6,000.	0.			PROGRAMS
CARDOLL COUNTY DUDI TO COULOUS							DEGLONAMED AND OD ODANMEN
CARROLL COUNTY PUBLIC SCHOOLS							DESIGNATED AND OR GRANTEI
125 N. COURT ST.	F0 C000011	E01 (Q) (2)	15 415	0			IN SUPPORT OF AGENCY
WESTMINSTER, MD 21157	52-6000911	501 (C) (3)	15,417.	0.			PROGRAMS
CASA, INC							DESIGNATED AND OR GRANTE
2706 PULASKI HWY							IN SUPPORT OF AGENCY
BALTIMORE, MD 21224	52-1372972	501 (C) (3)	20,000.	0.			PROGRAMS
,			, -	-			
CATHEDRAL OF MARY OUR QUEEN							DESIGNATED AND OR GRANTEI
DEVELOPMENT OFFICE, 5200 NORTH CHAR							IN SUPPORT OF AGENCY
BALTIMORE, MD 21210	56-2401335	501 (C) (3)	5,783.	0.			PROGRAMS
CATHOLIC RELIEF SERVICES - USCCB							DESIGNATED AND OR GRANTEI
PO BOX 17090				_			IN SUPPORT OF AGENCY
BALTIMORE, MD 21297	13-5563422	501 (C) (3)	15,531.	0.			PROGRAMS
CCBC CATONSVILLE FOUNDATION							DESIGNATED AND OR GRANTEI
7200 SOLLERS POINT ROAD							IN SUPPORT OF AGENCY
DUNDALK, MD 21222	20-3246676	501 (C) (3)	22,317.	0.			PROGRAMS
CENTER FOR URBAN FAMILIES, INC.							DESIGNATED AND OR GRANTE
3002 DRUID PARK DR.							IN SUPPORT OF AGENCY
BALTIMORE, MD 21215	52-2142708	501 (C) (3)	111,843.	0.			PROGRAMS
GENMBAL DREGDYMEDIAN GUUDGY							DEGLONAMED AND OD COANTE
CENTRAL PRESBYTERIAN CHURCH							DESIGNATED AND OR GRANTEI
7308 YORK RD	22 6202277	E01 (Q) (2)	F 700	^			IN SUPPORT OF AGENCY
TOWSON, MD 21204	23-6393377	501 (C) (3)	5,700.	0.			PROGRAMS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAI ASSOCIATES LLC							DESIGNATED AND OR GRANTEI
11426 YORK RD 1ST FLOOR							IN SUPPORT OF AGENCY
COCKEYSVILLE, MD 21030	52-2166984	501 (C) (3)	12,692.	0.			PROGRAMS
CHESAPEAKE ARTS CENTER							DESIGNATED AND OR GRANTEI
194 HAMMONDS LANE							IN SUPPORT OF AGENCY
BROOKLYN, MD 21225	52-2056995	501 (C) (3)	5,676.	0.			PROGRAMS
CHESAPEAKE BAY FOUNDATION							DESIGNATED AND OR GRANTEI
6 HERNDON AVE.							IN SUPPORT OF AGENCY
ANNAPOLIS, MD 21403-4503	52-6065757	501 (C) (3)	11,030.	0.			PROGRAMS
CHESAPEAKE DOWN SYNDROME PARENTS							DESIGNATED AND OR GRANTEI
GROUP, INC P.O. BOX 20127 -							IN SUPPORT OF AGENCY
BALTIMORE, MD 21284-0127	52-1753132	501 (C) (3)	6,533.	0.			PROGRAMS
CHESAPEAKE THERAPEUTIC RIDING							DESIGNATED AND OR GRANTEI
PO BOX 475							IN SUPPORT OF AGENCY
ABINGDON, MD 21009	26-0068227	501 (C) (3)	10,514.	0.			PROGRAMS
CHILDREN'S HOME, INC., THE							DESIGNATED AND OR GRANTEI
205 BLOOMSBURY AVE.							IN SUPPORT OF AGENCY
CATONSVILLE, MD 21228	52-0608012	501 (C) (3)	5,989.	0.			PROGRAMS
CHILDREN'S SCHOLARSHIP FUND OF							DESIGNATED AND OR GRANTEI
BALTIMORE - 1000 SAINT PAUL STREET							IN SUPPORT OF AGENCY
- BALTIMORE, MD 21202	31-1480933	501 (C) (3)	18,000.	0.			PROGRAMS
CHURCH OF THE NATIVITY - TOWSON							DESIGNATED AND OR GRANTE
20 E. RIDGELY ROAD							IN SUPPORT OF AGENCY
TIMONIUM, MD 21093	52-0894058	501 (C) (3)	5,500.	0.			PROGRAMS
CITY ARTS 2 LP							DESIGNATED AND OR GRANTED
1700 GREENMOUNT AVE							IN SUPPORT OF AGENCY
BALTIMORE, MD 21202	46-3446465	501 (C) (3)	48,820.	0.			PROGRAMS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	- raye
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY ARTS LP							DESIGNATED AND OR GRANTED
440 E. OLIVER ST							IN SUPPORT OF AGENCY
BALTIMORE, MD 21202	27-0442796	501 (C) (3)	17,854.	0.			PROGRAMS
CLAY PARTNERS							DESIGNATED AND OR GRANTED
1613 N. CHARLES ST							IN SUPPORT OF AGENCY
BALTIMORE, MD 21213	84-1732183	501 (C) (3)	77,831.	0.			PROGRAMS
CODY YOUNG EMPOWERMENT YOUTH							DESIGNATED AND OR GRANTED
CHARITIES INC - 3301 LIBERTY							IN SUPPORT OF AGENCY
HEIGHTS AVE - BALTIMORE, MD 21215	83-0597921	501 (C) (3)	10,000.	0.			PROGRAMS
milionis iivi similioni, iis siisi	03 0337321	301 (0) (3)	10,000.	••			- Noordand
COMMUNITY SERVICES OF CENTRAL							DESIGNATED AND OR GRANTED
MARYLAND - 2701 W. PATAPSCO AVE.,							IN SUPPORT OF AGENCY
STE. 110 - BALTIMORE, MD 21230	52-1271898	501 (C) (3)	48,125.	0.			PROGRAMS
<u> </u>	02 22/2000	(0) (0)	10,120.				1
CO-OP ARUNDEL INC							DESIGNATED AND OR GRANTED
214 ST. ANTON'S WAY							IN SUPPORT OF AGENCY
ARNOLD, MD 11012	82-3843334	501 (C) (3)	10,000.	0.			PROGRAMS
·			,				
CORNER TEAM INC							DESIGNATED AND OR GRANTED
1101 E. 25TH STREET							IN SUPPORT OF AGENCY
BALTIMORE, MD 21218	82-4223365	501 (C) (3)	10,057.	0.			PROGRAMS
CORNERSTONE COMMUNITY HOUSING INC.							DESIGNATED AND OR GRANTED
1400 E. LOMBARD STREET		504 (5) (0)	45.000				IN SUPPORT OF AGENCY
BALTIMORE, MD 21231	52-1857927	501 (C) (3)	15,000.	0.			PROGRAMS
COUNTY UNITED WAY							DESIGNATED AND OR GRANTED
113 A SOUTH CENTRE ST							IN SUPPORT OF AGENCY
CUMBERLAND, MD 21502	52-0695477	501 (C) (3)	7,961.	0.			PROGRAMS
CROHN'S & COLITIS FOUNDATION	32-0033477	DOT (C) (3)	7,301.	٠.			ENOGRAPIS
							DECICNAMED AND OD CRANMED
D.C., MARYLAND & VIRGINIA CHAPTER - 2202 18TH ST NW #116 - WASHINGTON.							DESIGNATED AND OR GRANTED
,	12 6102105	E01 (C) (3)	E 074	0.			IN SUPPORT OF AGENCY
DC 20009	13-6193105	DOT (C) (3)	5,974.	U.			PROGRAMS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	raye i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENT EDUCATION							DESIGNATED AND OR GRANTED
10 E. NORTH AVE, STE.#5							IN SUPPORT OF AGENCY
BALTIMORE, MD 21202	82-0782182	501 (C) (3)	10,000.	0.			PROGRAMS
DIVISION STREET LANDSCAPING							DESIGNATED AND OR GRANTED
1009 WITHERSPOON RD							IN SUPPORT OF AGENCY
BALTIMORE, MD 21212	82-1866380	501 (C) (3)	20,000.	0.			PROGRAMS
DOMINIECE CLIFTON C/O WELLNESS MOM							DESIGNATED AND OR GRANTED
DOM LLC - 1600 WINFORD RD -							IN SUPPORT OF AGENCY
BALTIMORE, MD 21239	85-2778467	501 (C) (3)	10,000.	0.			PROGRAMS
DOWNTOWN BALTIMORE CHILD CARE INC.							DESIGNATED AND OR GRANTED
237 ARCH STREET							IN SUPPORT OF AGENCY
BALTIMORE, MD 21201-1526	52-1226027	501 (C) (3)	5,191.	0.			PROGRAMS
		(2, (2,	3,222				
DRF INTERNATIONAL							DESIGNATED AND OR GRANTED
200 VESEY ST, 28TH FL							IN SUPPORT OF AGENCY
NEW YORK, NY 10281	23-1907729	501 (C) (3)	8,154.	0.			PROGRAMS
DUNDALK RENAISSANCE CORP							DESIGNATED AND OR GRANTED
11 CENTER PL							IN SUPPORT OF AGENCY
DUNDALK, MD 21222	52-2306483	501 (C) (3)	20,000.	0.			PROGRAMS
·							
EARTHSHARE MID-ATLANTIC							DESIGNATED AND OR GRANTED
7735 OLD GEORGETOWN ROAD							IN SUPPORT OF AGENCY
BETHESDA, MD 20814	27-3918694	501 (C) (3)	9,819.	0.			PROGRAMS
EN CHI DAL HITMODEL TANZEGEMENTIC TAC							DEGLOVATED AND OF GRAVEED
EAST BALTIMORE INVESTMENTS LLC							DESIGNATED AND OR GRANTED
PO BOX 2437 GLEN BURNIE, MD 21060	01-0901499	501 (C) (3)	7,000.	0.			IN SUPPORT OF AGENCY PROGRAMS
		(0, (0,	7,200.	· ·			
ED FARM							DESIGNATED AND OR GRANTED
1914 4TH AVE N. #200							IN SUPPORT OF AGENCY
BIRMINGHAM, AL 35203	47-4045034	501 (C) (3)	30,000.	0.			PROGRAMS

Part II Continuation of Grants and Other		mestic Organizations	•		edule I (Form 990), Pa		- raye i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDNOR GARDENS LAKESIDE CIVIC ASSOCIATION - PO BOX 7204 - BALTIMORE, MD 21218	84-3561579	501 (C) (3)	8,494.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ELEV8 BALTIMORE, INC. 800 N. CHARLES ST #400 BALTIMORE, MD 21201	46-0889783	501 (C) (3)	35,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ENOCH PRATT FREE LIBRARY OF BALTIMORE CITY - 400 CATHEDRAL ST - BALTIMORE, MD 21201	52-6001143	501 (C) (3)	14,101.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ENTERPRISE COMMUNITY DEVELOPMENT 875 HOLLINS STREET, SUITE 202 BALTIMORE, MD 21201	52-1888775	501 (C) (3)	21,605.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ENTERPRISE COMMUNITY PARTNERS 70 CORPORATE CENTER COLUMBIA, MD 21044	52-1231931	501 (C) (3)	7,415.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
EPISCOPAL HOUSING CORPORATION 3986 ROLAND AVE. BALTIMORE, MD 21211	52-1939344	501 (C) (3)	140,196.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
EVERY KID CAN COOK INC 4240 COLUMBIA RD ELLICOTT CITY, MD 21042	82-1954638	501 (C) (3)	10,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FAITH CHRISTIAN FELLOWSHIP WORLD OUTREACH INC - 9306 WINANDS RD - OWINGS MILLS, MD 21117	52-1268437	501 (C) (3)	9,163.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FAMILY & CHILDREN'S SERVICES OF CENTRAL MARYLAND, INC 4623 FALLS RD BALTIMORE, MD 21209-4914	52-0591546	501 (C) (3)	6,790.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FARM ALLIANCE OF BALTIMORE							DESIGNATED AND OR GRANTE
2801 SISSON ST #202							IN SUPPORT OF AGENCY
BALTIMORE, MD 21211	81-2974222	501 (C) (3)	7,000.	0.			PROGRAMS
FEDERAL EDUCATION GROUP, PLLC							DESIGNATED AND OR GRANTE
1455 PENNSYLVANIA AVE, STE.400							IN SUPPORT OF AGENCY
WASHINGTON, DC 20004	26-4370702	501 (C) (3)	18,500.	0.			PROGRAMS
FELLS POINT CREATIVE ALLIANCE INC							DESIGNATED AND OR GRANTE
3134 EASTERN AVE							IN SUPPORT OF AGENCY
BALTIMORE, MD 21224	52-1919988	501 (C) (3)	10,203.	0.			PROGRAMS
		(0) (0)	10,200.				11100111111
FIRST FRUITS FARM, INC.							DESIGNATED AND OR GRANTE
20431 MIDDLETOWN RD							IN SUPPORT OF AGENCY
FREELAND, MD 21053	65-1220502	501 (C) (3)	28,477.	0.			PROGRAMS
FIRST PRESBYTERIAN CHURCH OF							DESIGNATED AND OR GRANTE
ANNAPOLIS - 171 DUKE OF GLOUCESTER							IN SUPPORT OF AGENCY
ST - ANNAPOLIS, MD 21401	52-0607990	501 (C) (3)	18,000.	0.			PROGRAMS
FISHER HOUSE FOUNDATION							DESIGNATED AND OR GRANTE
111 ROCKVILLE PIKE, STE. 420							IN SUPPORT OF AGENCY
ROCKVILLE, MD 20850-5168	11-3158401	501 (C) (3)	5,345.	0.			PROGRAMS
DOIND IN DIEM MINISTER							DEGLOVATED AND OD GDANTE
FOUND IN FAITH MINISTRIES 610 TOWNE CENTER DR							DESIGNATED AND OR GRANTE IN SUPPORT OF AGENCY
JOPPA, MD 21085	81-1718801	501 (C) (3)	20,000.	0.			PROGRAMS
OOFFA, MD 21003	81-1718801	501 (C) (3)	20,000.	0.			FROGRAMS
FOUR MILE UNITED PRESBYTERIAN							DESIGNATED AND OR GRANTE
CHURCH - 6078 TUSCARAWAS RD -							IN SUPPORT OF AGENCY
BEAVER, PA 15009-9549	25-1381363	501 (C) (3)	17,920.	0.			PROGRAMS
TDDG 114							DEGLOVAMED AND OR SPINISH
FPBC LLC							DESIGNATED AND OR GRANTE
1028 COLLINGTON AVE BALTIMORE, MD 21205	83-4601629	501 (C) (3)	10,500.	0.			IN SUPPORT OF AGENCY PROGRAMS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANCISCAN CENTER							DESIGNATED AND OR GRANTED
101 WEST 23RD STREET							IN SUPPORT OF AGENCY
BALTIMORE, MD 21218	52-1164260	501 (C) (3)	17,510.	0.			PROGRAMS
FREEDOM CHURCH							DESIGNATED AND OR GRANTED
1214 AMBRIDGE RD							IN SUPPORT OF AGENCY
BEL AIR, MD 21014	52-2102603	501 (C) (3)	10,400.	0.			PROGRAMS
FRIENDS OF SISSON STREET PARK CORP							DESIGNATED AND OR GRANTED
541 W. 27TH ST							IN SUPPORT OF AGENCY
BALTIMORE, MD 21211	84-3899815	501 (C) (3)	10,000.	0.			PROGRAMS
FUND FOR EDUCATIONAL EXCELLENCE							DESIGNATED AND OR GRANTED
800 N. CHARLES ST #400							IN SUPPORT OF AGENCY
BALTIMORE, MD 21201	52-1129402	501 (C) (3)	7,500.	0.			PROGRAMS
FUND FOR EDUCATIONAL EXCELLENCE							DESIGNATED AND OR GRANTED
800 N. CHARLES ST #400							IN SUPPORT OF AGENCY
BALTIMORE, MD 21201	46-0889783	501 (C) (3)	49,521.	0.			PROGRAMS
FUSION PARTNERSHIPS INC							DESIGNATED AND OR GRANTED
1601 GUILFORD AVE 2 SOUTH							IN SUPPORT OF AGENCY
BALTIMORE, MD 21202	52-2148413	501 (C) (3)	66,573.	0.			PROGRAMS
GILCHRIST HOSPICE CARE							DESIGNATED AND OR GRANTED
6545 NORTH CHARLES ST, SUITE 201							IN SUPPORT OF AGENCY
BALTIMORE, MD 21204	52-1851251	501 (C) (3)	8,238.	0.			PROGRAMS
GIRL SCOUTS OF CENTRAL MARYLAND							DESIGNATED AND OR GRANTED
4806 SETON DR.							IN SUPPORT OF AGENCY
BALTIMORE, MD 21215-3247	52-0780207	501 (C) (3)	26,066.	0.			PROGRAMS
GLOBAL IMPACT							DESIGNATED AND OR GRANTED
PO BOX 4096							IN SUPPORT OF AGENCY
ATLANTA, GA 30384	52-1273585	501 (C) (3)	12,213.	0.			PROGRAMS

Organization or government if applicable cash grant non-cash assistance (book, FMV, appraisal, other)  GOODWILL INDUSTRIES OF THE CHESAPEAKE, INC - 222 EAST REDWOOD ST BALTIMORE, MD 21202-3312 52-0591576 501 (C) (3) 7,632. 0. DESIGNATED AND OR IN SUPPORT OF AGEN PROGRAMS  GOVANS ECUMENICAL DEVELOPMENT CORP 1010 E, 33RD STREET - BALTIMORE, MD 21218 52-1767577 501 (C) (3) 10,678. 0. DESIGNATED AND OR IN SUPPORT OF AGEN PROGRAMS  GRACE COMMUNITY CHURCH 8200 OLD COLUMBIA RD FROGRAMS  GRASSROOTS CRISIS INTERVENTION CENTER, INC 6700 FREETONN RD COLUMBIA, MD 21044 52-0909351 501 (C) (3) 85,637. 0. DESIGNATED AND OR IN SUPPORT OF AGEN PROGRAMS  GREATER BALTIMORE CENTER FOR PROGRAMS  GREATER BALTIMORE, MD 21201 52-1192219 501 (C) (3) 15,285. 0. DESIGNATED AND OR IN SUPPORT OF AGEN PROGRAMS  GREATER BALTIMORE, MD 21201 52-1192219 501 (C) (3) 15,285. 0. DESIGNATED AND OR DESIGNATE	Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
CHESAPEAKE, INC - 222 EAST REDWOOD ST BALTIMORE, MD 21202-3312  52-0591576  501 (C) (3)  7,632.  0.  PROGRAMS  GOVANS ECUMENICAL DEVELOPMENT CORP 1010 E. 33RD STREET - BALTIMORE, MD 21218  52-1767577  501 (C) (3)  10,678.  0.  PROGRAMS  GRACE COMMUNITY CHURCH 8200 OLD COLUMBIA RD FULTON, MD 20759  52-1367382  501 (C) (3)  9,952.  0.  PROGRAMS  GRASSROOTS CRISIS INTERVENTION CENTER, INC 6700 FREETOWN RD COLUMBIA, MD 21044  52-0909351  501 (C) (3)  85,637.  0.  PROGRAMS  DESIGNATED AND OR IN SUPPORT OF AGEN FROGRAMS	* *	( <b>b)</b> EIN			noncash	valuation (book, FMV,		(h) Purpose of grant or assistance
CHESAPEAKE, INC - 222 EAST REDWOOD ST BALTIMORE, MD 21202-3312  52-0591576  501 (C) (3)  7,632.  0.  PROGRAMS   GOVANS ECUMENICAL DEVELOPMENT CORP 1010 E. 33RD STREET - BALTIMORE, MD 21218  52-1767577  501 (C) (3)  10,678.  0.  PROGRAMS   GRACE COMMUNITY CHURCH 8200 OLD COLUMBIA RD FULTON, MD 20759  52-1367382  501 (C) (3)  9,952.  0.  PROGRAMS   GRASSROOTS CRISIS INTERVENTION CENTER, INC 6700 FREETOWN RD COLUMBIA, MD 21044  52-0909351  501 (C) (3)  85,637.  0.  PROGRAMS   DESIGNATED AND OR IN SUPPORT OF AGEN FROGRAMS   DESIGNATED AND OR IN SUPPORT OF AGEN FROGRAMS  CREATER BALTIMORE CENTER FOR FROGRAMS  GREATER BALTIMORE CENTER FOR FROGRAMS  GREATER BALTIMORE, MD 21201  52-1192219  501 (C) (3)  15,285.  0.  DESIGNATED AND OR IN SUPPORT OF AGEN FROGRAMS  DESIGNATED AND OR IN SUPPORT OF AGEN FROGRAMS  CREATER BALTIMORE MEDICAL CENTER GREATER BALTIMORE MEDICAL CENTER G	GOODWILL INDUSTRIES OF THE							DESIGNATED AND OR GRANTED
ST BALTIMORE, MD 21202-3312 52-0591576 501 (C) (3) 7,632. 0. PROGRAMS  GOVANS ECUMENICAL DEVELOPMENT CORP 1010 E. 33RD STREET - BALTIMORE, MD 21218 52-1767577 501 (C) (3) 10,678. 0. PROGRAMS  GRACE COMMUNITY CHURCH 8200 OLD COLUMBIA RD FULTON, MD 20759 52-1367382 501 (C) (3) 9,952. 0. PROGRAMS  GRASSROOTS CRISIS INTERVENTION CENTER, INC 6700 FREETOWN RD COLUMBIA, MD 21044 52-0909351 501 (C) (3) 85,637. 0. PROGRAMS  GREATER BALTIMORE CENTER FOR PROGRAMS  GREATER BALTIMORE CENTER FOR STREET - BALTIMORE, MD 21201 52-1192219 501 (C) (3) 15,285. 0. PROGRAMS  GREATER BALTIMORE MEDICAL CENTER GREATER BALTIMORE MEDI								
CORP 1010 E. 33RD STREET - BALTIMORE, MD 21218 52-1767577 501 (C) (3) 10,678. 0. PROGRAMS  GRACE COMMUNITY CHURCH 8200 OLD COLUMBIA RD FULTON, MD 20759 52-1367382 501 (C) (3) 9,952. 0. PROGRAMS  GRASSROOTS CRISIS INTERVENTION CENTER, INC 6700 FREETOWN RD COLUMBIA, MD 21044 52-0909351 501 (C) (3) 85,637. 0. PROGRAMS  GREATER BALTIMORE CENTER FOR PROGRAMS  GREATER BALTIMORE, MD 21201 52-1192219 501 (C) (3) 15,285. 0. PROGRAMS  GREATER BALTIMORE MEDICAL CENTER IN SUPPORT OF AGEN	·	52-0591576	501 (C) (3)	7,632.	0.			
CORP 1010 E. 33RD STREET - BALTIMORE, MD 21218	GOVANS ECUMENICAL DEVELOPMENT							DESIGNATED AND OR GRANTED
BALTIMORE, MD 21218 52-1767577 501 (C) (3) 10,678. 0. PROGRAMS  GRACE COMMUNITY CHURCH 8200 OLD COLUMBIA RD FULTON, MD 20759 52-1367382 501 (C) (3) 9,952. 0. PROGRAMS  GRASSROOTS CRISIS INTERVENTION CENTER, INC 6700 FREETOWN RD COLUMBIA, MD 21044 52-0909351 501 (C) (3) 85,637. 0. PROGRAMS  GREATER BALTIMORE CENTER FOR PREGRAMS  GREATER BALTIMORE, MD 21201 52-1192219 501 (C) (3) 15,285. 0. PROGRAMS  GREATER BALTIMORE MEDICAL CENTER GREATER BALTIMORE MED								IN SUPPORT OF AGENCY
8200 OLD COLUMBIA RD  FULTON, MD 20759  52-1367382  501 (C) (3)  9,952.  0.  PROGRAMS  GRASSROOTS CRISIS INTERVENTION  CENTER, INC 6700 FREETOWN RD  COLUMBIA, MD 21044  52-0909351  501 (C) (3)  85,637.  0.  BESIGNATED AND OR  FREGNANCY CONCERNS - 328 N. HOWARD  STREET - BALTIMORE, MD 21201  52-1192219  501 (C) (3)  15,285.  0.  IN SUPPORT OF AGEN  DESIGNATED AND OR  IN SUPPORT OF AGEN  STREET - BALTIMORE MEDICAL CENTER  GREATER BALTIMORE		52-1767577	501 (C) (3)	10,678.	0.			
8200 OLD COLUMBIA RD  FULTON, MD 20759  52-1367382  501 (C) (3)  9,952.  0.  PROGRAMS  GRASSROOTS CRISIS INTERVENTION CENTER, INC 6700 FREETOWN RD COLUMBIA, MD 21044  52-0909351  501 (C) (3)  85,637.  0.  BESIGNATED AND OR PROGRAMS  GREATER BALTIMORE CENTER FOR PREGNANCY CONCERNS - 328 N. HOWARD STREET - BALTIMORE, MD 21201  52-1192219  501 (C) (3)  15,285.  0.  BESIGNATED AND OR GREATER BALTIMORE MEDICAL CENTER GREATER	GRACE COMMUNITY CHURCH							DESIGNATED AND OR GRANTED
### FULTON, MD 20759								IN SUPPORT OF AGENCY
CENTER, INC 6700 FREETOWN RD COLUMBIA, MD 21044  52-0909351  501 (C) (3)  85,637.  0.  IN SUPPORT OF AGEN PROGRAMS  DESIGNATED AND OR IN SUPPORT OF AGEN OR PREGNANCY CONCERNS - 328 N. HOWARD STREET - BALTIMORE, MD 21201  52-1192219  501 (C) (3)  15,285.  0.  DESIGNATED AND OR IN SUPPORT OF AGEN PROGRAMS  GREATER BALTIMORE MEDICAL CENTER GBMC FOUNDATION - 6701 N. CHARLES		52-1367382	501 (C) (3)	9,952.	0.			
CENTER, INC 6700 FREETOWN RD COLUMBIA, MD 21044  52-0909351 501 (C) (3)  85,637.  0.  IN SUPPORT OF AGEN PROGRAMS  DESIGNATED AND OR IN SUPPORT OF AGEN OR PREGNANCY CONCERNS - 328 N. HOWARD STREET - BALTIMORE, MD 21201  52-1192219 501 (C) (3)  15,285.  0.  GREATER BALTIMORE MEDICAL CENTER GBMC FOUNDATION - 6701 N. CHARLES  IN SUPPORT OF AGEN TO SU	CDACCDOOMC CDICIC INMEDIVENITION							DECICNAMED AND OD CDANMED
COLUMBIA, MD 21044  52-0909351  501 (C) (3)  85,637.  0.  PROGRAMS  GREATER BALTIMORE CENTER FOR PREGNANCY CONCERNS - 328 N. HOWARD STREET - BALTIMORE, MD 21201  52-1192219  501 (C) (3)  15,285.  0.  PROGRAMS  GREATER BALTIMORE MEDICAL CENTER GBMC FOUNDATION - 6701 N. CHARLES								
GREATER BALTIMORE CENTER FOR PREGNANCY CONCERNS - 328 N. HOWARD STREET - BALTIMORE, MD 21201  GREATER BALTIMORE MEDICAL CENTER GBMC FOUNDATION - 6701 N. CHARLES  DESIGNATED AND OR IN SUPPORT OF AGEN  DESIGNATED AND OR IN SUPPORT OF AGEN	•	52-0909351	501 (C) (3)	85 637.	0.			
PREGNANCY CONCERNS - 328 N. HOWARD  STREET - BALTIMORE, MD 21201  GREATER BALTIMORE MEDICAL CENTER  GBMC FOUNDATION - 6701 N. CHARLES  IN SUPPORT OF AGEN  DESIGNATED AND OR  IN SUPPORT OF AGEN  DESIGNATED AND OR  IN SUPPORT OF AGEN				10,00,0				
STREET - BALTIMORE, MD 21201 52-1192219 501 (C) (3) 15,285. 0. PROGRAMS  GREATER BALTIMORE MEDICAL CENTER GBMC FOUNDATION - 6701 N. CHARLES IN SUPPORT OF AGEN	GREATER BALTIMORE CENTER FOR							DESIGNATED AND OR GRANTED
GREATER BALTIMORE MEDICAL CENTER  GBMC FOUNDATION - 6701 N. CHARLES  DESIGNATED AND OR IN SUPPORT OF AGEN	PREGNANCY CONCERNS - 328 N. HOWARD							IN SUPPORT OF AGENCY
GBMC FOUNDATION - 6701 N. CHARLES IN SUPPORT OF AGEN	STREET - BALTIMORE, MD 21201	52-1192219	501 (C) (3)	15,285.	0.			PROGRAMS
GBMC FOUNDATION - 6701 N. CHARLES IN SUPPORT OF AGEN	GREATER BALTIMORE MEDICAL CENTER							DESIGNATED AND OR GRANTED
								IN SUPPORT OF AGENCY
		52-6049658	501 (C) (3)	8,883.	0.			PROGRAMS
GREENLIGHT FUND BALTIMORE DESIGNATED AND OR	GREENLIGHT FUND BALTIMORE							DESIGNATED AND OR GRANTED
								IN SUPPORT OF AGENCY
BOSTON, MA 02109 20-0407083 501 (C) (3) 10,000. 0. PROGRAMS		20-0407083	501 (C) (3)	10,000.	0.			
GROW HOME INC DESIGNATED AND OR	GROW HOME INC							DESIGNATED AND OR GRANTED
								IN SUPPORT OF AGENCY
BALTIMORE, MD 21224 83-2797904 501 (C) (3) 37,180. 0. PROGRAMS		83-2797904	501 (C) (3)	37,180.	0.			
HABITAT FOR HUMANITY OF THE DESIGNATED AND OR	HARITAT FOR HIMANITY OF THE							DESIGNATED AND OR GRANTED
								IN SUPPORT OF AGENCY
SUITE 309 - HALETHORPE, MD 21227   52-1226188   501 (C) (3)   41,228.   0.   PROGRAMS		52-1226188	501 (C) (3)	41 228.	0.			

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	. ,	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
HACKERMAN PATZ HOUSE AT SINAI							DESIGNATED AND OR GRANTE
2401 WEST BELVEDERE AVENUE							IN SUPPORT OF AGENCY
BALTIMORE, MD 21215	52-0486540	501 (C) (3)	100,000.	0.			PROGRAMS
HAMILTON-LAURAVILLE MAIN STREET							DESIGNATED AND OR GRANTE
3015 HAMILTON AVE							IN SUPPORT OF AGENCY
BALTIMORE, MD 21214	26-3450169	501 (C) (3)	10,000.	0.			PROGRAMS
HARFORD FAMILY HOUSE, INC							DESIGNATED AND OR GRANTE
53 E. BEL AIR AVE. #3							IN SUPPORT OF AGENCY
ABERDEEN, MD 21001	52-1706367	501 (C) (3)	6,684.	0.			PROGRAMS
HARPER HOUSE							DESIGNATED AND OR GRANTE
5495 CEDAR LANE							IN SUPPORT OF AGENCY
COLUMBIA, MD 21044	27-3169195	501 (C) (3)	14,850.	0.			PROGRAMS
		(1)					
HEALTH CARE FOR THE HOMELESS, INC.							DESIGNATED AND OR GRANTE
421 FALLSWAY							IN SUPPORT OF AGENCY
BALTIMORE, MD 21202	52-1576404	501 (C) (3)	54,317.	0.			PROGRAMS
HELPING UP MISSION INC							DESIGNATED AND OR GRANTE
1029 E. BALTIMORE ST.							IN SUPPORT OF AGENCY
BALTIMORE, MD 21202	52-0635090	501 (C) (3)	41,603.	0.			PROGRAMS
HENDERSON HOPKINS SCHOOL							DESIGNATED AND OR GRANTE
2100 ASHLAND AVENUE							IN SUPPORT OF AGENCY
BALTIMORE, MD 21205	52-0595110	501 (C) (3)	8,604.	0.			PROGRAMS
HISTORIC EAST BALTIMORE COMMUNITY			·				
ACTION COALITION INC - 1212 N.							DESIGNATED AND OR GRANTE
WOLFE ST BALTIMORE, MD							IN SUPPORT OF AGENCY
21213-3303	52-1903732	501 (C) (3)	21,312.	0.			PROGRAMS
HIWAY 80 RESCUE MISSION							DESIGNATED AND OR GRANTE
PO BOX 3223							IN SUPPORT OF AGENCY
LONGVIEW, TX 75606-3223	23-7112088	501 (C) (3)	6,109.	0.			PROGRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSE OF RUTH MARYLAND, INC.							DESIGNATED AND OR GRANTEI
2201 ARGONNE DR.							IN SUPPORT OF AGENCY
BALTIMORE, MD 21218	52-1100236	501 (C) (3)	81,863.	0.			PROGRAMS
HOWARD COUNTY AUTISM SOCIETY, INC.							DESIGNATED AND OR GRANTEI
10280 OLD COLUMBIA ROAD							IN SUPPORT OF AGENCY
COLUMBIA, MD 21046-2378	52-1857721	501 (C) (3)	6,759.	0.			PROGRAMS
HOWARD COUNTY GENERAL HOSPITAL							DESIGNATED AND OR GRANTE
FOUNDATION - 10700 CHARTER DRIVE,							IN SUPPORT OF AGENCY
SUITE 250 - COLUMBIA, MD 21044	52-1072778	501 (C) (3)	7,284.	0.			PROGRAMS
HUMANE SOCIETY BALTIMORE COUNTY							DESIGNATED AND OR GRANTE
1601 NICODEMUS RD.							IN SUPPORT OF AGENCY
REISTERSTOWN, MD 21136-5830	52-0623165	501 (C) (3)	6,523.	0.			PROGRAMS
	01 0010100	(0) (0)	7,525.				110 0111110
HUMANIM, INC							DESIGNATED AND OR GRANTE
6355 WOODSIDE CT.							IN SUPPORT OF AGENCY
COLUMBIA, MD 21046	52-0962588	501 (C) (3)	5,318.	0.			PROGRAMS
I AM MENTALITY YOUTH MALE							DESIGNATED AND OR GRANTEI
EMPOWERMENT PROJECT - 4142							IN SUPPORT OF AGENCY
FALLSTAFF RD - BALTIMORE, MD 21215	81-3874418	501 (C) (3)	9,649.	0.			PROGRAMS
IMPROVING EDUCATION INC							DESIGNATED AND OR GRANTEI
1794 UNION AVE							IN SUPPORT OF AGENCY
BALTIMORE, MD 21211	47-3271696	501 (C) (3)	25,000.	0.			PROGRAMS
INTERNATIONAL PARURESIS							DESIGNATED AND OR GRANTEI
ASSOCIATION, INC PO BOX 65111 -							IN SUPPORT OF AGENCY
BALTIMORE, MD 21209	06-1509744	501 (C) (3)	9,500.	0.			PROGRAMS
JDRF MID-ATLANTIC CHAPTER							DESIGNATED AND OR GRANTEI
1400 K STREET NW, SUITE 1200							DESIGNATED AND OR GRANTE. IN SUPPORT OF AGENCY
WASHINGTON, DC 20005	02 1007700	501 (C) (3)	5,868.	0.			PROGRAMS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEMICY SCHOOL							DESIGNATED AND OR GRANTED
11 CELADON RD. OWINGS MILLS, MD 21117	52-0976194	501 (C) (3)	6,286.	0.			IN SUPPORT OF AGENCY PROGRAMS
JEWISH COMMUNITY SERVICES INC 5750 PARK HEIGHTS AVE.							DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY
BALTIMORE, MD 21215	52-0607909	501 (C) (3)	70,000.	0.			PROGRAMS
JH CAREERS IN SCIENCE AND MEDICINE OVERCOMING SOCIOECONOMIC BARRIERS - 725 N. WOLFE ST BALTIMORE, MD 21205	52-0595110	501 (C) (3)	15,407.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
21203	32-0393110	301 (C) (3)	13,407.	0.			FROGRAMS
JOHN CARROLL SCHOOL 703 CHURCHVILLE RD			5 224				DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY
BEL AIR, MD 21014	52-0800342	501 (C) (3)	5,394.	0.			PROGRAMS
JOHN FETTING FUND FOR BREAST CANCER PREVENTION - 750 E. PRATT							DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY
ST, STE 1700 - BALTIMORE, MD 21201	52-0591656	501 (C) (3)	10,048.	0.			PROGRAMS
JOHN HOPKINS HOSPITAL  HACKERMAN-PATZ PATIENT AND FAMILY PAVILLION - SARAH HOEHLEIN, 301 N.							DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY
BROADWAY - BALTIMORE, MD 21231	52-0595110	501 (C) (3)	100,000.	0.			PROGRAMS
JOHNS HOPKINS BAYVIEW MEDICAL CENTER - 5200 EASTERN AVE, STE 356 - BALTIMORE, MD 21224	52-1341890	501 (C) (3)	18,014.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
•			,	-			
JOHNS HOPKINS HOME CARE GROUP,							DESIGNATED AND OR GRANTED
INC 5901 HOLABIRD AVE. STE. A -	E2 0505110	E01 (C) (2)	15 101	0			IN SUPPORT OF AGENCY
BALTIMORE, MD 21224	52-0595110	501 (C) (3)	15,181.	0.			PROGRAMS
JOHNS HOPKINS HOSPITAL WILMER EYE							DESIGNATED AND OR GRANTED
INSTITUTE - 600 N. WOLFE ST. RM							IN SUPPORT OF AGENCY
112 - BALTIMORE, MD 21287	52-0595110	501 (C) (3)	5,555.	0.			PROGRAMS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS SCHOOL OF EDUCATION							
C/O JOHNS HOPKINS UNIVERSITY -						1	DESIGNATED AND OR GRANTED
3400 N. CHARLES ST - BALTIMORE, MD				_			IN SUPPORT OF AGENCY
21230	52-0595110	501 (C) (3)	15,233.	0.			PROGRAMS
JOHNS HOPKINS SCHOOL OF NURSING 525 N. WOLFE ST. SON HOUSE 200							DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY
BALTIMORE, MD 21205	52-0595110	501 (C) (3)	11,205.	0.			PROGRAMS
JOHNS HOPKINS UNIVERSITY 750 E. PRATT ST, STE 1700 BALTIMORE, MD 21202	52-0595110	501 (C) (3)	77,800.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JUNIOR LEAGUE ANNAPOLIS 128 LUBRANO DR STE: L-101 ANNAPOLIS, MD 21401	52-1214525	501 (C) (3)	7,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
KENNEDY KRIEGER INSTITUTE 707 NORTH BROADWAY BALTIMORE, MD 21205	52-0607971	501 (C) (3)	34,237.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
KIDS CHANCE OF MARYLAND, INC. P. O. BOX 20262 BALTIMORE, MD 21286	52-2037902	501 (C) (3)	10,906.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
KINDNESS GROWS HERE 2307 SEBASTIAN CT GAMBRILLS, MD 21054	82-2861572	501 (C) (3)	10,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
KITS TO HEART 6941 CROSSFIELD CT CLARKSVILLE, MD 21029	85-0767060	501 (C) (3)	50,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LEARNING IS FOR TOMORROW, INC. 901 N. MILTON AVE, STE.210 BALTIMORE, MD 21205	20-8861631	501 (C) (3)	12,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	- Fage I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEA'S FOUNDATION FOR LEUKEMIA							DESIGNATED AND OR GRANTED
RESEARCH INC - 522 COTTAGE GROVE							IN SUPPORT OF AGENCY
RD, BLDG H - BLOOMFIELD, CT 06002	06-1520923	501 (C) (3)	10,351.	0.			PROGRAMS
LEGAL AID BUREAU, INC.							DESIGNATED AND OR GRANTED
500 EAST LEXINGTON ST							IN SUPPORT OF AGENCY
BALTIMORE, MD 21202	52-0591621	501 (C) (3)	22,887.	0.			PROGRAMS
LET'S THRIVE BALTIMORE							DESIGNATED AND OR GRANTED
1911 N. PAYSON ST							IN SUPPORT OF AGENCY
BALTIMORE, MD 21217	81-4554599	501 (C) (3)	10,000.	0.			PROGRAMS
LEWINSVILLE PRESBYTERIAN CHURCH							DESIGNATED AND OR GRANTED
FOUNDATION - 1724 CHAIN BRIDGE RD							IN SUPPORT OF AGENCY
- MC LEAN, VA 22101	52-1413439	501 (C) (3)	7,500.	0.			PROGRAMS
10 1111, 11 1111	32 1113133	301 (0) (3)	7,300.	· ·			I ROGIUM D
LIFEBRIDGE HEALTH, DEPT OF							DESIGNATED AND OR GRANTED
DEVELOPMENT - 2401 WEST BELVEDERE							IN SUPPORT OF AGENCY
AVE - BALTIMORE, MD 21215	52-0591460	501 (C) (3)	11,000.	0.			PROGRAMS
LIGHT HOUSE, INC.							DESIGNATED AND OR GRANTED
10 HUDSON STREET							IN SUPPORT OF AGENCY
ANNAPOLIS, MD 21401	52-1671388	501 (C) (3)	6,482.	0.			PROGRAMS
LIGHTHOUSE SHELTER OF ANNAPOLIS							DESIGNATED AND OR GRANTED
10 HUDSON STREET							IN SUPPORT OF AGENCY
ANNAPOLIS, MD 21401	52-1441457	501 (C) (3)	6,013.	0.			PROGRAMS
LITTLE HEARTS UNITED							DESIGNATED AND OR GRANTED
327 WARREN AVE, APT.J							IN SUPPORT OF AGENCY
SIMPSONVILLE, MD 21150	85-3264734	501 (C) (3)	10,000.	0.			PROGRAMS
LIVING CLASSROOMS FOUNDATION							DESIGNATED AND OR GRANTED
802 SOUTH CAROLINE ST.							IN SUPPORT OF AGENCY
BALTIMORE, MD 21231	52-1369524	501 (C) (3)	48,073.	0.			PROGRAMS
	32 1303324	201 (0) (3)	1 =0,075.	ı			E ROGRAMS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LS ASSOCIATION, THE NATIONAL OFFICE - 1275 K ST. NW, STE.250 - WASHINGTON, DC 20005	13-3271855	501 (C) (3)	8,961.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LUMINUS NETWORK INC 5999 HARPERS FARM RD, STE.E-200 COLUMBIA, MD 21044	52-1397480	501 (C) (3)	6,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MADISON PARK IMPROVEMENT ASSOCIATION - 2018 MADISON AVE - BALTIMORE, MD 21217	33-1147331	501 (C) (3)	10,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MAKE-A-WISH FOUNDATION OF THE MID ATLANTIC INC - 6555 ROCK SPRING DR, STE.280 - BETHESDA, MD 20817	52-1306075	501 (C) (3)	9,218.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MANNEQART 8775 CLOUD LEAP CT. UNIT 1 COLUMBIA, MD 21045	37-1706866	501 (C) (3)	10,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MARIAN HOUSE INC. 949 GORSUCH AVE BALTIMORE, MD 21218	52-1243849	501 (C) (3)	14,373.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MARYLAND FAMILY NETWORK 1001 EASTERN AVE., 2ND FLOOR BALTIMORE, MD 21202-4364	52-1486702	501 (C) (3)	12,763.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MARYLAND FOOD BANK, INC. 2200 HALETHORPE FARMS RD BALTIMORE, MD 21227-4551	52-1135690	501 (C) (3)	43,258.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MARYLAND NEW DIRECTIONS, INC. 2700 NORTH CHARLES STREET BALTIMORE, MD 21218	52-1021365	501 (C) (3)	12,475.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYLAND PHILANTHROPY NETWORK							DESIGNATED AND OR GRANTED
1600 W. 41ST STREET, SUITE 700							IN SUPPORT OF AGENCY
BALTIMORE, MD 21211	52-1326863	501 (C) (3)	150,000.	0.			PROGRAMS
,							
MARYLAND SPCA OF BALTIMORE CITY,							DESIGNATED AND OR GRANTED
INC 3300 FALLS RD BALTIMORE,							IN SUPPORT OF AGENCY
MD 21211	52-6001558	501 (C) (3)	12,784.	0.			PROGRAMS
MARYLAND VOLUNTEER LAWYERS							
SERVICE, INC 201 N. CHARLES							DESIGNATED AND OR GRANTED
ST., STE. 1400 - BALTIMORE, MD							IN SUPPORT OF AGENCY
21201-3710	52-1225979	501 (C) (3)	8,418.	0.			PROGRAMS
MATTHEW FINNERTY 8030 LONG HILL RD PASADENA, MD 21122	21-6061053	501 (C) (3)	13,600.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
•			,				
MCDONOGH SCHOOL							DESIGNATED AND OR GRANTED
8600 MCCONOGH RD							IN SUPPORT OF AGENCY
OWINGS MILLS, MD 21117	52-6001577	501 (C) (3)	6,860.	0.			PROGRAMS
MEALS ON WHEELS OF CENTRAL						1	DESIGNATED AND OR GRANTED
MARYLAND, INC - 515 SOUTH HAVEN ST	50 6054500	E01 (a) (b)	50.051				IN SUPPORT OF AGENCY
- BALTIMORE, MD 21224-4238 MEDICAL EDUCATION RESOURCE	52-6074723	501 (C) (3)	50,051.	0.			PROGRAMS
INITIATIVE FOR TEENS INC - 1 N.							DESIGNATED AND OR GRANTED
HAVEN ST, STE.4 - BALTIMORE, MD						1	IN SUPPORT OF AGENCY
21224	47-1139530	501 (C) (3)	17,943.	0.			PROGRAMS
	17 1133330	301 (0) (3)	17,513.	•			
MERCY HIGH SCHOOL							DESIGNATED AND OR GRANTED
1300 E. NORTHERN PKWY							IN SUPPORT OF AGENCY
BALTIMORE, MD 21239	52-0735462	501 (C) (3)	5,143.	0.			PROGRAMS
MESSIAH COMMUNITY CHURCH							DESIGNATED AND OR GRANTED
909 BERRYMANS LN							IN SUPPORT OF AGENCY
REISTERSTOWN, MD 21136	20-4397841	501 (C) (3)	18,292.	0.			PROGRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOVEABLE FEAST INC							DESIGNATED AND OR GRANTEI
901 N. MILTON AVE							IN SUPPORT OF AGENCY
BALTIMORE, MD 21205	52-1663825	501 (C) (3)	27,837.	0.			PROGRAMS
NAMI OF METROPOLITAN BALTIMORE							DESIGNATED AND OR GRANTED
INC 6600 YORK RD, STE.204 -							IN SUPPORT OF AGENCY
BALTIMORE, MD 21212	52-1301154	501 (C) (3)	5,791.	0.			PROGRAMS
NATIONAL CRYPTOLOGIC FOUNDATION							DESIGNATED AND OR GRANTED
808 LANDMARK DR, STE.223							IN SUPPORT OF AGENCY
GLEN BURNIE, MD 21061	52-1986104	501 (C) (3)	15,000.	0.			PROGRAMS
NATIONAL MULTIPLE SCLEROSIS							
SOCIETY-MARYLAND CHAPTER - 1800 M							DESIGNATED AND OR GRANTE
ST. NW, STE.850 - WASHINGTON, DC							IN SUPPORT OF AGENCY
20036	52-0663815	501 (C) (3)	6,338.	0.			PROGRAMS
NEIGHBORSPACE OF BALTIMORE COUNTY							DESIGNATED AND OR GRANTEI
PO BOX 6715				_			IN SUPPORT OF AGENCY
TOWSON, MD 21285	41-2096888	501 (C) (3)	9,260.	0.			PROGRAMS
NEUBERGER & COMPANY							DESIGNATED AND OR GRANTED
PO BOX 222							IN SUPPORT OF AGENCY
STEVENSON, MD 21153	20-1141028	501 (C) (3)	11,500.	0.			PROGRAMS
NEW LENS C/O FUSION PARTNERSHIPS							DESIGNATED AND OR GRANTEI
1601 GUILFORD AVE 2 SOUTH							IN SUPPORT OF AGENCY
BALTIMORE, MD 21202	52-2148413	501 (C) (3)	10,000.	0.			PROGRAMS
NEW CEDVICE MDAINING EMDIOVACENT							DECTONAMED AND OR CRANMEN
NEW-SERVICE TRAINING EMPLOYMENT							DESIGNATED AND OR GRANTEI
PROGRAM INC (NSTEP) - 1118 OAK TREE DR - HAVRE DE GRACE, MD 21078	83-1817071	501 (C) (3)	10,000.	0.			IN SUPPORT OF AGENCY PROGRAMS
				-			
NO BOUNDARIES COALITION INC							DESIGNATED AND OR GRANTE
PO BOX 12825							IN SUPPORT OF AGENCY
BALTIMORE, MD 21217	30-0788872	501 (C) (3)	85,992.	0.			PROGRAMS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	- Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN VIRGINIA HOMESCHOOL							DESIGNATED AND OR GRANTED
ATHLETIC ASSOCIATION - 10322 BOSNA							IN SUPPORT OF AGENCY
CT - MANASSAS, VA 20110-6903	47-3327818	501 (C) (3)	8,577.	0.			PROGRAMS
OIC OF ANNE ARUNDEL COUNTY INC							DESIGNATED AND OR GRANTED
2600 SOLOMONS ISLAND RD							IN SUPPORT OF AGENCY
EDGEWATER, MD 21037	52-1116510	501 (C) (3)	10,000.	0.			PROGRAMS
ONE CHURCH ONE CHILD OF MARYLAND							DESIGNATED AND OR GRANTED
INC 5900 BLAND AVENUE -							IN SUPPORT OF AGENCY
BALTIMORE, MD 21215	52-2176441	501 (C) (3)	6,334.	0.			PROGRAMS
	02 22/0112	(0) (0)	,,,,,,				
ONE MORE ONE LESS MENTORING							DESIGNATED AND OR GRANTED
PO BOX 2625							IN SUPPORT OF AGENCY
BALTIMORE, MD 21215	27-2613157	501 (C) (3)	24,500.	0.			PROGRAMS
·							
ORGANIZATION FOR AUTISM RESEARCH							DESIGNATED AND OR GRANTED
2111 WILSON BLVD SUITE 401							IN SUPPORT OF AGENCY
ARLINGTON, VA 22201	54-2062167	501 (C) (3)	14,171.	0.			PROGRAMS
OUTCAST FOOD NETWORK							DESIGNATED AND OR GRANTED
2620 QUANTICO AVE							IN SUPPORT OF AGENCY
BALTIMORE, MD 21215	82-2848271	501 (C) (3)	10,000.	0.			PROGRAMS
PACT: HELPING CHILDREN WITH							
SPECIAL NEEDS, INC 7000							DESIGNATED AND OR GRANTED
TUDSBURY RD BALTIMORE, MD							IN SUPPORT OF AGENCY
21244-3501	52-1230183	501 (C) (3)	60,397.	0.			PROGRAMS
DADIMU DALMINODE TUGODOSTES							DEGLOVATED AND OR COLUMN
PARITY BALTIMORE INCORPORATED							DESIGNATED AND OR GRANTED
1014 W 36TH ST, UNIT#96				_			IN SUPPORT OF AGENCY
BALTIMORE, MD 21211	85-0771143	501 (C) (3)	15,000.	0.			PROGRAMS
PARTNERS IN EXCELLENCE							DESIGNATED AND OR GRANTED
320 CATHEDRAL ST.							IN SUPPORT OF AGENCY
	52 0501525	501 (C) (2)	6 042	0.			PROGRAMS
BALTIMORE, MD 21201	52-0591535	501 (C) (3)	6,942.	<u> </u>			PROGRAMS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rayer
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATTERSON PARK PUBLIC CHARTER SCHOOL - ATTN: DEVELOPMENT COORDINATOR - BALTIMORE, MD 21224	01-0819395	501 (C) (3)	5,125.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PEACE PLAYERS INTERNATIONAL 1200 NEW HAMPSHIRE AVE, STE.875 WASHINGTON, DC 20036	52-2272092	501 (C) (3)	5,006.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PENN STATE ANNUAL FUND THE PA STATE UNIVERSITY - 27 OLD MAIN - UNIVERSITY PARK, PA 16802	24-6000376	501 (C) (3)	5,556.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PENNIES FOR POINTE C/O KAYLA MASSEY - 7802 ANNY DR - DISTRICT HEIGHTS, MD 20747	21-6576487	501 (C) (3)	15,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PHILANTHROPY TANK INC 120 SO OLIVE AVE #300 WEST PALM BEACH, FL 33401	46-3206074	501 (C) (3)	10,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PIVOT INC 1725 E BALTIMORE ST BALTIMORE, MD 21231	82-3451911	501 (C) (3)	15,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PLANNED PARENTHOOD OF MARYLAND, INC - 330 NORTH HOWARD ST BALTIMORE, MD 21201	52-0607930	501 (C) (3)	63,610.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PUBLIC JUSTICE CENTER, INC. 201 N. CHARLES ST, STE. 1200 BALTIMORE, MD 21201	52-1412226	501 (C) (3)	26,211.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
QUEER CRISIS RESPONSE UNIT C/O EMILY VICTORIA YOST - 2646 MILES AVE - BALTIMORE, MD 21211	21-3336171	501 (C) (3)	10,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(a) Amount of	(f) Method of	(a) Description of	(h) Purpose of grant
organization or government	(b) EIN	if applicable	cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	or assistance
READY AT FIVE							DESIGNATED AND OR GRANTE
111 S. CALVERT ST. STE. 1720							IN SUPPORT OF AGENCY
BALTIMORE, MD 21202	52-1851611	501 (C) (3)	10,000.	0.			PROGRAMS
REBUILD JOHNSTONE SQUARE							DESIGNATED AND OR GRANTEI
ORGANIZATION, INC - 1207 TURPIN							IN SUPPORT OF AGENCY
LANE - BALTIMORE, MD 21202	81-0848003	501 (C) (3)	10,000.	0.			PROGRAMS
REBUILD METRO INC							DESIGNATED AND OR GRANTEI
1129 N CAROLINE ST							IN SUPPORT OF AGENCY
BALTIMORE, MD 21213	23-2671667	501 (C) (3)	12,500.	0.			PROGRAMS
REISTERSTOWN IMPROVEMENT							DESIGNATED AND OR GRANTEI
ASSOCIATION - 202 MAIN ST -							IN SUPPORT OF AGENCY
REISTERSTOWN, MD 21136	27-3598201	501 (C) (3)	10,000.	0.			PROGRAMS
RENEW HARFORD							DESIGNATED AND OR GRANTEI
499 CRISFIELD DR							IN SUPPORT OF AGENCY
ABINGDON, MD 21009	83-4594272	501 (C) (3)	39,605.	0.			PROGRAMS
RESIDENT SERVICES INC							DESIGNATED AND OR GRANTEI
417 E. FAYETTE ST, 4TH FL							IN SUPPORT OF AGENCY
BALTIMORE, MD 21202	26-1599249	501 (C) (3)	10,000.	0.			PROGRAMS
RESURGE INTERNATIONAL							DESIGNATED AND OR GRANTEI
PO BOX 390966							IN SUPPORT OF AGENCY
MOUNTAIN VIEW, CA 94039	23-7297770	501 (C) (3)	8,908.	0.			PROGRAMS
RICHARD W. BYRD JR.							DESIGNATED AND OR GRANTEI
2820 GRIER NURSERY ROAD							IN SUPPORT OF AGENCY
FOREST HILL, MD 21050	21-2473645	501 (C) (3)	10,350.	0.			PROGRAMS
RIDEOUT HEALTH LLC							DESIGNATED AND OR GRANTEI
10339 TWIN RIVERS RD							IN SUPPORT OF AGENCY
COLUMBIA, MD 21044	82-2698317	501 (C) (3)	15,014.	0.			PROGRAMS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROBERTA'S HOUSE, INC.							DESIGNATED AND OR GRANTED
928 E NORTH AVENUE							IN SUPPORT OF AGENCY
BALTIMORE, MD 21202	26-0517415	501 (C) (3)	9,034.	0.			PROGRAMS
RONALD MCDONALD CHARITIES OF							DESIGNATED AND OR GRANTED
BALTIMORE, INC 1 AISQUITH ST -							IN SUPPORT OF AGENCY
BALTIMORE, MD 21202	52-1184957	501 (C) (3)	8,455.	0.			PROGRAMS
ROWDY ORB.IT							DESIGNATED AND OR GRANTED
1707 LORMAN ST							IN SUPPORT OF AGENCY
BALTIMORE, MD 21217	85-1958299	501 (C) (3)	58,496.	0.			PROGRAMS
SAFE ALTERNATIVE FOUNDATION FOR							DESIGNATED AND OR GRANTED
EDUCATION INC - 1501 W LEXINGTON	90-0884119	501 (C) (3)	36,282.	0.			IN SUPPORT OF AGENCY PROGRAMS
ST - BALTIMORE, MD 21223	90-0884119	501 (C) (3)	30,282.	0.			PROGRAMS
SAINT AGNES HOSPITAL FOUNDATION							DESIGNATED AND OR GRANTED
900 S. CATON AVE.							IN SUPPORT OF AGENCY
BALTIMORE, MD 21229	52-1415083	501 (C) (3)	7,110.	0.			PROGRAMS
SAINT IGNATIUS LOYOLA ACADEMY							DESIGNATED AND OR GRANTED
300 E. GITTINGS STREET							IN SUPPORT OF AGENCY
BALTIMORE, MD 21230	52-1819203	501 (C) (3)	27,262.	0.			PROGRAMS
SAINT JAMES ACADEMY							DESIGNATED AND OR GRANTED
3100 MONKTON RD.							IN SUPPORT OF AGENCY
MONKTON, MD 21111	52-1787345	501 (C) (3)	15,000.	0.			PROGRAMS
SCOUTS OF AMERICA, BALTIMORE AREA							DESIGNATED AND OR GRANTED
COUNCIL - 701 WYMAN PARK DR	F2 0501572	F01 (G) (3)	14 776				IN SUPPORT OF AGENCY
BALTIMORE, MD 21211	52-0591572	501 (C) (3)	14,776.	0.			PROGRAMS
SEXUAL ASSAULT/SPOUSE ABUSE							DESIGNATED AND OR GRANTED
RESOURCE CENTER, INC. (SARC) - PO							IN SUPPORT OF AGENCY
BOX 1207 - BEL AIR, MD 21014-7207	52-1224705	501 (C) (3)	11,747.	0.			PROGRAMS

Part II Continuation of Grants and Other		mestic Organizations			edule I (Form 990), Pa		02-0391343 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARP DRESSED MAN C/O BALTIMORE FASHION ALLIANCE - 250 W. DICKMAN ST - BALTIMORE, MD 21230	80-0651580	501 (C) (3)	35,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SHEPHERD'S CLINIC AND JOY WELLNESS CENTER - 2800 KIRK AVE BALTIMORE, MD 21218	52-1739001	501 (C) (3)	10,537.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SINGLE CARROT THEATRE, INC. 2600 N. HOWARD STREET, BALTIMORE, MD 21218	26-0468107	501 (C) (3)	14,941.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SOUTHWEST PARTNERSHIP INC 1317 W. BALTIMORE ST BALTIMORE, MD 21223	47-4390017	501 (C) (3)	10,012.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ST. ANNES PARISH 199 DUKE OF GLOUCESTER STREET ANNAPOLIS, MD 21401	52-0607885	501 (C) (3)	20,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ST. JOSEPH'S COMMUNITY PARTNERSHIP FUND - 3345 MICHELSON DRIVE, STE. 100 - IRVINE, CA 92612	23-2649362	501 (C) (3)	80,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PL - MEMPHIS, TN 38105	62-0646012	501 (C) (3)	19,612.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ST. LUKE'S YOUTH CENTER INC 217 N. CAREY ST BALTIMORE, MD 21223	83-3646791	501 (C) (3)	10,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ST. THOMAS CHURCH 232 ST THOMAS LANE OWINGS MILLS, MD 21117	52-0685069	501 (C) (3)	5,596.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	- Fage I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. VINCENT DE PAUL OF BALTIMORE							DESIGNATED AND OR GRANTED
2305 N. CHARLES ST., STE 300							IN SUPPORT OF AGENCY
BALTIMORE, MD 21218-5128	52-0597056	501 (C) (3)	14,285.	0.			PROGRAMS
STREET ANGEL PROJECT INC							DESIGNATED AND OR GRANTED
55 CLAY ST							IN SUPPORT OF AGENCY
ANNAPOLIS, MD 21401	47-3525277	501 (C) (3)	9,150.	0.			PROGRAMS
SUBURBAN HOSPITAL FOUNDATION							DESIGNATED AND OR GRANTED
8600 OLD GEORGETOWN RD							IN SUPPORT OF AGENCY
BETHESDA, MD 20814	52-2019696	501 (C) (3)	9,342.	0.			PROGRAMS
2211126211, 112 20011	32 2013030	301 (0) (3)	7,312.	· ·			I ROGILINE
SUSAN G. KOMEN BREAST							DESIGNATED AND OR GRANTED
303 INTERNATIONAL CIRCLE, STE.390							IN SUPPORT OF AGENCY
COCKEYSVILLE, MD 21030	52-2053491	501 (C) (3)	5,703.	0.			PROGRAMS
	02 2000191		0,700.	•			
TEACH FOR AMERICA							DESIGNATED AND OR GRANTED
711 W. 40TH ST. STE. 356							IN SUPPORT OF AGENCY
BALTIMORE, MD 21211-2109	13-3541913	501 (C) (3)	10,267.	0.			PROGRAMS
·			,				
TENDEA FAMILY INC							DESIGNATED AND OR GRANTED
4462 ST GEORGES AVE							IN SUPPORT OF AGENCY
BALTIMORE, MD 21212	86-1977333	501 (C) (3)	25,000.	0.			PROGRAMS
THE 3RD							DESIGNATED AND OR GRANTED
6420 FAIRMEAD LN				_			IN SUPPORT OF AGENCY
COLUMBIA, MD 21045	84-2311250	501 (C) (3)	15,000.	0.			PROGRAMS
THE ASSOCIATED - JEWISH COMMUNITY							
FEDERATION OF BALTIMORE, INC							DESIGNATED AND OR GRANTED
101 W. MOUNT ROYAL AVE							IN SUPPORT OF AGENCY
BALTIMORE, MD 21201	52-0607957	501 (C) (3)	280,623.	0.			PROGRAMS
THE BALTIMORE STATION							DESIGNATED AND OR GRANTED
PO BOX 27144							IN SUPPORT OF AGENCY
	52 1504259	501 (C) (2)	7 604	0.			PROGRAMS
BALTIMORE, MD 21230	52-1594258	501 (C) (3)	7,604.	l 0.			PROGRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BIT COMMUNITY CENTER							DESIGNATED AND OR GRANTEI
315 HOMELAND SOUTHWAY							IN SUPPORT OF AGENCY
BALTIMORE, MD 21212	52-2169101	501 (C) (3)	10,000.	0.			PROGRAMS
THE CENTRAL BALTIMORE PARTNERSHIP							DESIGNATED AND OR GRANTEI
25 E. 20TH ST							IN SUPPORT OF AGENCY
BALTIMORE, MD 21218	26-2842736	501 (C) (3)	10,500.	0.			PROGRAMS
THE COMMUNITY ECOLOGY INSTITUTE							DESIGNATED AND OR GRANTEI
8000 HARRIET TUBMAN LANE							IN SUPPORT OF AGENCY
COLUMBIA, MD 21044	81-0954815	501 (C) (3)	20,000.	0.			PROGRAMS
THE COMMUNITY FOUNDATION OF HOWARD							DESIGNATED AND OR GRANTEI
COUNTY (MD) - 6680 MARTIN RD -							IN SUPPORT OF AGENCY
COLUMBIA, MD 21044	52-0937644	501 (C) (3)	14,518.	0.			PROGRAMS
THE FAMILY TREE							DESIGNATED AND OR GRANTE
2108 N. CHARLES ST. BALTIMORE, MD 21218	52-1110645	501 (C) (3)	71,047.	0.			IN SUPPORT OF AGENCY PROGRAMS
THE GLOBAL AIR DRONE ACADEMY							DESIGNATED AND OR GRANTE
1400 GREENMOUNT AVE				_			IN SUPPORT OF AGENCY
BALTIMORE, MD 21202	82-4875600	501 (C) (3)	15,000.	0.			PROGRAMS
THE HARFORD COMMUNITY COLLEGE							DESIGNATED AND OR GRANTE
FOUNDATION - 401 THOMAS RUN RD -							IN SUPPORT OF AGENCY
BEL AIR, MD 21015	52-1635738	501 (C) (3)	25,000.	0.			PROGRAMS
THE LEAGUE FOR PEOPLE WITH							
DISABILITIES, INC 1111 EAST							DESIGNATED AND OR GRANTE
COLD SPRING LN BALTIMORE, MD							IN SUPPORT OF AGENCY
21239	52-0591579	501 (C) (3)	5,078.	0.			PROGRAMS
THE MIX CHURCH							DESIGNATED AND OR GRANTE
1725 E. BALTIMORE ST							IN SUPPORT OF AGENCY
BALTIMORE, MD 21231	52-1326204	501 (C) (3)	20,000.	0.			PROGRAMS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Tugo T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NEIGHBORHOOD DESIGN CENTER INC							DESIGNATED AND OR GRANTED
120 W. NORTH AVE, STE 306							IN SUPPORT OF AGENCY
BALTIMORE, MD 21201	52-0913909	501 (C) (3)	5,181.	0.			PROGRAMS
THE PORTER GROUP							DESIGNATED AND OR GRANTED
901 S. BOND ST							IN SUPPORT OF AGENCY
BALTIMORE, MD 21231	45-3563128	501 (C) (3)	20,000.	0.			PROGRAMS
THE DRO DONG GOVERNEY ING DROVING							DEGLEVATED AND OR GRAVEED
THE PRO BONO COUNSELING PROJECT INC - 5900 METRO DR - BALTIMORE,							DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY
MD 21215	52-1784604	501 (C) (3)	26,000.	0.			PROGRAMS
<u> </u>	32 1704004	301 (0) (3)	20,000.	· ·			FROGRAMS
THE SEED SCHOOL OF MARYLAND							DESIGNATED AND OR GRANTED
200 FONT HILL AVENUE							IN SUPPORT OF AGENCY
BALTIMORE, MD 21223	06-1818759	501 (C) (3)	6,190.	0.			PROGRAMS
•			,				
THE SIXTH BRANCH							DESIGNATED AND OR GRANTED
2400 BOSTON ST, STE 102							IN SUPPORT OF AGENCY
BALTIMORE, MD 21224	27-2516396	501 (C) (3)	8,306.	0.			PROGRAMS
THE SUCCESS PROJECT INC							DESIGNATED AND OR GRANTED
101 STANSBURY COURT							IN SUPPORT OF AGENCY
HAVRE DE GRACE, MD 21078	46-3613481	501 (C) (3)	70,000.	0.			PROGRAMS
THE TRUSTEES OF THE LADEW TOPIARY							DESIGNATED AND OR GRANTED
3535 JARRETTSVILLE PIKE							IN SUPPORT OF AGENCY
MONKTON, MD 21111	13-2782826	501 (C) (3)	7,125.	0.			PROGRAMS
	10 2702020	(0) (0)	7,220.	•			1
THREAD, INC.							DESIGNATED AND OR GRANTED
PO BOX 1584							IN SUPPORT OF AGENCY
BALTIMORE, MD 21203	84-1700955	501 (C) (3)	10,065.	0.			PROGRAMS
TINBURY LIMITED PARTNERSHIP							DESIGNATED AND OR GRANTED
2613 CABOVER DR							IN SUPPORT OF AGENCY
HANOVER, MD 21076	52-1743777	501 (C) (3)	31,260.	0.			PROGRAMS
	1	(0)	1 02,200.	<u> </u>	l	1	

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	- ccree rago
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWSON UNIVERSITY FOUNDATION 8000 YORK RD. TOWSON, MD 21252	52-0939453	501 (C) (3)	9,866.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
TRAY INC PO BOX 1360 GLEN BURNIE, MD 21061	52-0980441	501 (C) (3)	5,236.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
TURNAROUND, INC. 8503 LASALLE ROAD FL 2 TOWSON, MD 21286	52-1159135	501 (C) (3)	11,320.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
TX A&M UNIVERSITY 12TH MAN FOUNDATION - PO BOX 2800 - COLLEGE STATION, TX 77841-2800	74-1185725	501 (C) (3)	20,000.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UMMS FOUNDATION 110 S. PACA ST. 9TH FL BALTIMORE, MD 21201-1642	52-2238893	501 (C) (3)	9,130.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WAY OF CENTRAL WEST VIRGINIA - 1 UNITED WAY SQ CHARLESTON, WV 25301	55-0402755	501 (C) (3)	25,198.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE. CLEVELAND, OH 44115	34-6516654	501 (C) (3)	8,434.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WAY OF MIAMI DADE ANSIN BLDG, 3250 SW THIRD AVENUE MIAMI, FL 33129-2712	59-0830840	501 (C) (3)	38,816.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WAY OF THE GREATER TRIANGLE, INC PO BOX 110583 - DURHAM, NC 27709	56-1949103	501 (C) (3)	5,869.	0.			DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Part II Continuation of Grants and Other		mestic Organizations	•		edule I (Form 990), Pa		- Pager
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE NATIONAL CAPITAL							DESIGNATED AND OR GRANTED
AREA - 1577 SPRING HILL ROAD,							IN SUPPORT OF AGENCY
SUITE 420 - VIENNA, VA 22182	53-0234290	501 (C) (3)	117,359.	0.			PROGRAMS
UNITED WAY OF YORK COUNTY							DESIGNATED AND OR GRANTED
P.O. BOX 1663							IN SUPPORT OF AGENCY
YORK, PA 17405-1663	23-1352588	501 (C) (3)	12,325.	0.			PROGRAMS
UNIVERSITY OF MARYLAND -			,				
SSW-CONTINUING PROFESSIONAL							DESIGNATED AND OR GRANTED
EDUCATION - 525 W. REDWOOD ST -							IN SUPPORT OF AGENCY
BALTIMORE, MD 21201	21-2011777	501 (C) (3)	27,000.	0.			PROGRAMS
UNIVERSITY OF MARYLAND COLLEGE							
PARK FOUNDATION, INC 4603							DESIGNATED AND OR GRANTED
CALVERT RD - COLLEGE PARK, MD							IN SUPPORT OF AGENCY
20740	52-2197313	501 (C) (3)	10,882.	0.			PROGRAMS
UNIVERSITY OF MARYLAND ST JOSEPH							DESIGNATED AND OR GRANTED
MEDICAL CENTER FOUNDATION - 7601 OSLER DRIVE - TOWSON, MD 21204	52-1681044	501 (C) (3)	6,031.	0.			IN SUPPORT OF AGENCY PROGRAMS
OBJEK DRIVE TOWSON, RD 21204	32 1001044	301 (0) (3)	0,031.	0.			ROGRAMS
UPCYCLED INC							DESIGNATED AND OR GRANTED
6879 MANY DAYS							IN SUPPORT OF AGENCY
COLUMBIA, MD 21045	84-3215929	501 (C) (3)	10,000.	0.			PROGRAMS
VILLAGE OF LOVE & RESISTANCE							DESIGNATED AND OR GRANTED
121 N. BROADWAY APT.2							IN SUPPORT OF AGENCY
BALTIMORE, MD 21231-1452	83-4350357	501 (C) (3)	10,189.	0.			PROGRAMS
WALKING IN PURPOSE INC							DESIGNATED AND OR GRANTED
6 BREEZY HILL COURT, APT.E							IN SUPPORT OF AGENCY
COCKEYSVILLE, MD 21030	47-4124907	501 (C) (3)	10,000.	0.			PROGRAMS
WALMEDG ADM GALLEDY							DEGLEMATED AND OR CONTEST
WALTERS ART GALLERY							DESIGNATED AND OR GRANTED
600 NORTH CHARLES ST. BALTIMORE, MD 21201	52-1194738	501 (C) (3)	21,306.	0.			IN SUPPORT OF AGENCY PROGRAMS
DUDITHOUR HD SISAI	34-1134/30	hot (c) (3)	21,300.	υ.			ENOGRAMO

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEGO FOUNDATION 1730 E. EAGER ST							DESIGNATED AND OR GRANTED IN SUPPORT OF AGENCY
BALTIMORE, MD 21205	87-2150075	501 (C) (3)	15,000.	0.			PROGRAMS
WESTMINSTER RESCUE MISSION, INC 6598 LUCABAUGH MILL RD WESTMINSTER, MD 21157	52-0891628	501 (C) (3)	81,533.	0.			DESIGNATED AND OR GRANTE IN SUPPORT OF AGENCY PROGRAMS
WIDE ANGLE YOUTH MEDIA 2601 N. HOWARD STREET BALTIMORE, MD 21218	52-2276602	501 (C) (3)	7,989.	0.			DESIGNATED AND OR GRANTE IN SUPPORT OF AGENCY PROGRAMS
WOMEN'S EDUCATION ALLIANCE 308 W. JOPPA RD BALTIMORE, MD 21204	47-5033849	501 (C) (3)	27,019.	0.			DESIGNATED AND OR GRANTE IN SUPPORT OF AGENCY PROGRAMS
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501 (C) (3)	5,067.	0.			DESIGNATED AND OR GRANTE IN SUPPORT OF AGENCY PROGRAMS
WYPR - YOUR PUBLIC RADIO CORP. 2216 N. CHARLES ST. BALTIMORE, MD 21218	31-1770828	501 (C) (3)	5,206.	0.			DESIGNATED AND OR GRANTE IN SUPPORT OF AGENCY PROGRAMS
Y OF CENTRAL MARYLAND 303 W. CHESAPEAKE AVENUE TOWSON, MD 21204	52-0591699	501 (C) (3)	41,851.	0.			DESIGNATED AND OR GRANTE IN SUPPORT OF AGENCY PROGRAMS

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART 1, LINE 2:					
GRANT FUNDING IS CONTINGENT ON A F.	AVORABLE	REVIEW BY	UWCM OF TH	E	
GRANTEE'S MOST RECENT AUDIT AND FO	RM 990 AN	D AFFIRMAT	TION OF 501	(C)(3)	
STATUS. GRANTEES ARE ALSO REQUIRED	TO PROVI	DE PERIODI	IC (USUALLY		
SEMI-ANNUAL) REPORTS ON THEIR DELI	VERABLES	AND OUTCOM	MES AS SPEC	IFIED IN	
THE GRANT AGREEMENT. UWCM REVIEWS	THESE REP	ORTS AND M	MEETS PERIO	DICALLY	
WITH GRANTEES TO ENSURE THEIR PERF					
WORKS CLOSELY WITH AGENCIES ON COR					
PERFORMANCE DEFICIENCIES ARE IDENT					
LEVIOURIUMCE DELICIENCIES WEE IDENI	TL TUD.				

Schedule I (Form 990) THE UNITED WAY OF CENTRAL MARYLAND, INC. 52-0591543 Page 2  Part IV Supplemental Information
SCHEDULE I, PART II
ORGANIZATIONS LISTED IN SCHEDULE I, PART II, REPRESENT THOSE RECEIVING:
(1) IMPACT, EMERGENCY AND DIRECTED GRANTS AS APPROVED BY UWCM'S BOARD
OF DIRECTORS AND PARTNERSHIP BOARDS, AND/OR (2) DONOR-DESIGNATED GIFTS
MADE THROUGH VARIOUS CAMPAIGNS IN WHICH UWCM SERVES AS FUNDRAISER AND
FISCAL ADMINISTRATOR (UWCM'S PRIVATE SECTOR CAMPAIGN).
TIBOTH TELLIFICATION (ONOT & TRIVITE EDUTOR CHIEFTON)

## SCHEDULE J (Form 990)

**Compensation Information** 

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

THE UNITED WAY OF CENTRAL MARYLAND, INC.

Employer identification number 52-0591543

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

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FRANKLYN BAKER	(i)	274,757.	58,968.	595.	10,036.	23,770.	368,126.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARTINA A. MARTIN	(i)	167,998.	35,228.	932.	31,685.	27,404.	263,247.	0.
SVP & CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KAREN PATE	(i)	173,708.	33,067.	2,640.	31,627.	2,567.	243,609.	0.
VP & CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAMES MCINTYRE	(i)	185,235.	40,036.	388.	7,698.	1,231.	234,588.	0.
SVP & CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SANDRA MONCK	(i)	159,953.	35,755.	623.	10,797.	12,693.	219,821.	0.
SVP & CHIEF IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JARNELL BONDS-SWECKER	(i)	152,791.	34,838.	138.	5,929.	19,487.	213,183.	0.
SVP & CHIEF MARKETING & INNOVATION O	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LILLIAN KILROY	(i)	155,090.	32,496.	867.	7,091.	9,142.	204,686.	0.
SVP & CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ROBERT L. CLARK	(i)	131,430.	27,676.	448.	7,331.	3,298.	170,183.	0.
SVP & CHIEF GRANTS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) GAIL T. JAMES	(i)	115,367.	28,091.	592.	4,958.	19,468.	168,476.	0.
VP & CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) HOLLY JOYCE HOEY	(i)	108,772.	24,660.	183.	7,234.	11,914.	152,763.	0.
SVP & CHIEF PRINCIPAL GIFTS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) RENEE BECK	(i)	120,333.	25,842.	78.	5,053.	993.	152,299.	0.
VP MARKETING & INNOVATION	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

Name of the organization

(Form 990)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Employer identification number

					AL MARYLANI	,			<u>915</u>	43		
Part I Excess Bene	fit Transaction	ons (section 50	01(c)(3)	), secti	ion 501(c)(4), and sec	ction 501(c)(29) orga	anizatio	ns on	ly).			
Complete if the c	organization ansv	vered "Yes" on F	orm 9	90, Pa	art IV, line 25a or 25b	, or Form 990-EZ, F	art V, I	ine 40	b.			
1 , , , , , , , , , , , , , , , , , , ,	(b) F	(b) Relationship between disqualified			ified ,					(d) Corrected		
(a) Name of disqualified p	person	person and or	organization (c) Description		(c) Description of transaction				Y	es	No	
2 Enter the amount of tax i	ncurred by the o	rganization mana	agers o	or disc	ualified persons dur	ing the vear under						
ti 4050	•	•	•			,		<b>S</b>				
3 Enter the amount of tax,								<b>\$</b>				
,	,	,	,									
Part II Loans to and	l/or From Inte	erested Pers	sons.									
Complete if the c	organization ansv	vered "Yes" on F	orm 9	90-EZ	, Part V, line 38a or F	Form 990. Part IV. lii	ne 26: d	or if th	e orga	nizatio	n	
reported an amo	•				,	,	,		3			
(a) Name of	(b) Relationship	(c) Purpose	(d) Los	an to or	(e) Original	(f) Balance due	(a	) In	<b>(h)</b> Ap	proved	(i) W	ritten
interested person	with organization	· , .	from organiz	n the zation?	principal amount	(-,	defa			ard or nittee?	agreer	
				From			Yes	No	Yes		Yes	No
							1.00	1	1.00			1
									l			

Total
Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization a	answered "Yes" on Form 990, Pa	art IV, IIIIe 27.	1	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2021

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.

Employer identification number 52-0591543

Par	t 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 de noncash contribu	etermining	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	44	1,693,439.	MEAN VALUE	DATE	GIFT
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20 21	Drugs and medical supplies						
22	Taxidermy						
23	Historical artifacts						
	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
<u>28</u>	Other ( )	ation during	the tay year far a	antributions			
29	Number of Forms 8283 received by the organization completed Form 828						
	for which the organization completed Form 828	os, Part V, D	onee Acknowledg	ement <b>29</b>		V	a Na
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it	16	es No
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	quires the review	of any nonstandard contribut	ions?	31 2	ζ
32a	Does the organization hire or use third parties of contributions?		_			32a	x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is ched	ked,		
	describe in Part II.				•		
	For Denominal Deduction Act Notice and						00) 0004

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

Schedule M (Form 990) 2021

132142 11-17-21

Schedule M (Form 990) 2021

## **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE UNITED WAY OF CENTRAL MARYLAND, INC.

**Employer identification number** 52-0591543

FORM 990, PART I, LINE 5: NUMBER OF EMPLOYEES:
17 SEASONAL AND 31 TERMINATED EMPLOYEES
167 ACTIVE EMPLOYEES
215 TOTAL NUMBER OF W-2S ISSUED
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HOUSING AND HEALTH. FAMILY STABILITY IS AT THE DESCRIPTION OF
ORGANIZATION MISSION: HEART OF THIS WORK, WHICH INCLUDES HELPING
CHILDREN BE SUCCESSFUL IN SCHOOL; ENSURING INDIVIDUALS, CHILDREN AND
FAMILIES HAVE A SAFE, AFFORDABLE PLACE TO CALL HOME; HELPING PEOPLE
FIND STABLE ECONOMIC ADVANCEMENT THAT BRINGS IN ENOUGH INCOME TO COVER
THE BASICS, AND ENSURING OUR NEIGHBORS IN NEED HAVE ACCESS TO HEALTHY,
NUTRITIOUS FOOD AND HEALTHCARE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
UNITED WAY USES EXPERTISE, DATA, AND LOCAL KNOWLEDGE TO BETTER
UNDERSTAND THE ISSUES FACING CENTRAL MARYLANDERS AND TO MAKE INFORMED
INVESTMENT AND PROGRAMMATIC DECISIONS. AS PART OF THIS WORK, UNITED WAY
CONVENES LOCAL STAKEHOLDERS AND ACTIVELY WORKS TO DEVELOP COLLECTIVE
IMPACT STRATEGIES IN PARTNERSHIP WITH OTHER NONPROFIT ORGANIZATIONS AND
GOVERNMENT AGENCIES.
UNITED WAY HAS MOVED BEYOND FUNDRAISING AND GRANTMAKING AND INTO
CREATING INNOVATIVE DIRECT-SERVICE INITIATIVES THAT SUPPORT FAMILY
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

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STABILITY IN HIGH NEED COMMUNITIES. UNITED WAY IMPLEMENTS

EVIDENCE-BASED BEST PRACTICES AND INCUBATES PROMISING IDEAS IN THE

AREAS OF EDUCATION, HOUSING, HEALTH, AND WORKFORCE DEVELOPMENT.

UNITED WAY GRANTMAKING

THROUGH OUR GRANTMAKING, UNITED WAY WORKS TO SUSTAIN AND GROW THE

CAPACITY OF COMMUNITY-BASED PARTNERS TO STRENGTHEN FAMILIES AND

NEIGHBORHOODS, UNDERPINNING THE COMMUNITY SAFETY NET AND IMPROVING THE

LIVES OF CENTRAL MARYLANDERS WHO WORK HARD BUT STILL CAN'T MAKE ENDS

MEET. WE DIRECT FUNDING ANNUALLY TO OVER 100 NONPROFIT ORGANIZATIONS

THROUGH GRANTS THAT TARGET SPECIFIC COMMUNITY NEEDS, MOST THROUGH A

COMPETITIVE ALLOCATION PROCESS ADMINISTERED BY OUR VOLUNTEER REGION

UNITED NETWORK ADVISORY BOARDS (RUN BOARDS). IN FY22, UNITED WAY

PROVIDED SEVEN TYPES OF GRANTS:

NEIGHBORHOOD GRANTS - ARE AVAILABLE THROUGH A COMPETITIVE GRANT

OPPORTUNITY LAUNCHED IN FY21 AND CONTINUED IN FY22, THAT FOCUSES ON

AMPLIFYING THE POWER OF RESIDENTS. UNITED WAY HAS COME TO BELIEVE THAT

THE TRUE PATH TO REAL, LASTING AND SYSTEMIC CHANGE IN OUR NEIGHBORHOODS

IS ONE THAT IS COMMUNITY-LED, INFORMED BY THEIR IN-DEPTH KNOWLEDGE OF

THEIR NEIGHBORHOOD'S EXISTING ASSETS AND NEEDS AND INSPIRED BY THEIR

DESIRE FOR A HEALTHIER, HAPPIER COMMUNITY. NONPROFIT ORGANIZATIONS WITH

ANNUAL OPERATING BUDGETS OF \$500,000 OR LESS ARE ELIGIBLE TO APPLY FOR

A NEIGHBORHOOD GRANT. FUNDING DECISIONS ARE INFORMED BY OUR UNITED

WAY'S SIX LOCAL REGION UNITED NETWORK (RUN) BOARDS, SERVING EACH OF

CENTRAL MARYLAND'S JURISDICTIONS: BALTIMORE CITY, AND ANNE ARUNDEL,

BALTIMORE, CARROLL, HARFORD AND HOWARD COUNTIES. FUNDS ARE ALLOCATED

AMONG THE SIX JURISDICTIONS BASED ON RELATIVE ALICE POPULATION. RUN

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BOARD MEMBERS EVALUATE APPLICATIONS AND RECOMMEND GRANTS OF BETWEEN

Name of the organization **Employer identification number** THE UNITED WAY OF CENTRAL MARYLAND, INC. 52-0591543 \$2,500 AND \$10,000 EACH. IN FY22, UNITED WAY AWARDED 49 NEIGHBORHOOD GRANTS TOTALING \$447,478. CHANGEMAKER CHALLENGE GRANTS - ARE AVAILABLE THROUGH AN OPEN, COMPETITIVE GRANT OPPORTUNITY THAT SPARKS SOCIAL INNOVATION TO ADDRESS CHALLENGES FACING OUR COMMUNITIES. CHANGEMAKER CHALLENGE IS HELD EVERY OTHER YEAR. IN FY22 WE RECEIVED 147 CHANGEMAKER CHALLENGE APPLICATIONS. FINALISTS, SELECTED WITHIN EACH CENTRAL MARYLAND JURISDICTION, WERE PROVIDED SUPPORT TO FURTHER DEVELOP THEIR IDEAS AND CREATE A TWO-MINUTE PITCH VIDEO. FIVE LIVE EVENTS WERE HELD (VIA ZOOM) WHERE VIDEOS WERE SHOWN, APPLICANTS RESPONDED TO QUESTIONS FROM A COMMUNITY PANEL, AND CHANGEMAKER AWARDS WERE ANNOUNCED. IN TOTAL, 36 CHANGEMAKER AWARDS WERE MADE TOTALING \$520,000. NEIGHBORS UNITED GRANTS ARE DISBURSED BY THE UNITED WAY IN CONJUNCTION WITH THE NEIGHBORS UNITED PROGRAMMATIC TEAM TO PROVIDE CAPACITY BUILDING AND COMMUNITY ENGAGEMENT SUPPORT TO LOCAL NON-PROFITS TO RESPOND TO NEIGHBORHOOD/COMMUNITY NEEDS. IN FY20, THREE NON-PROFITS WERE SELECTED THROUGH A COMPETITIVE PROCESS TO ENGAGE IN NEIGHBORHOOD WORK IN MEADE/SEVERN, ANNE ARUNDEL COUNTY; MORRELL PARK, BALTIMORE CITY; AND LANSDOWNE, BALTIMORE COUNTY. A GROUP OF COMMUNITY MEMBERS, INCLUDING BOARD AND LOCAL PARTNERS, USE A SCORING RUBRIC TO EVALUATE PROPOSALS AND SELECT PARTNERS WITH INSIGHTS FROM UNITED WAY STAFF. THESE GRANTS CAN BE RENEWED FOR UP TO FOUR YEARS, WITH CONTINUATION CONTINGENT ON SUCCESSFUL COMPLETION OF PROGRAMMATIC BENCHMARKS EACH YEAR. ALL THREE NEIGHBORS UNITED IMPLEMENTATION PARTNERS' GRANTS WERE RENEWED FOR FY22. FAMILY STABILITY PROGRAM GRANTS ARE AWARDED TO ORGANIZATIONS WISHING TO SERVE AS FUNDED PARTNERS IN THE IMPLEMENTATION OF A REGIONAL HOMELESSNESS PREVENTION PROGRAM MODEL WITH DEMONSTRATED SUCCESS.

Name of the organization **Employer identification number** 52-0591543 THE UNITED WAY OF CENTRAL MARYLAND, INC. UNITED WAY'S FAMILY STABILITY PROGRAM (FSP) HAS WORKED FOR 10 YEARS TO PREVENT HOMELESSNESS FOR AT-RISK FAMILIES. IT IS BASED ON THE SIEMER INSTITUTE'S EVIDENCE-BASED MODEL USED NATIONWIDE TO PREVENT HOMELESSNESS FOR FAMILIES. AN OPEN, COMPETITIVE PROCESS WAS HELD IN FY21 TO IDENTIFY IMPLEMENTATION PARTNERS WHO WILL RECEIVE FUNDING FOR UP TO FOUR YEARS, THROUGH A YEARLY RENEWAL PROCESS. IN FY22 ALL TEN IMPLEMENTATION PARTNERS' GRANTS WERE RENEWED. DIRECTED GRANTS ARE AWARDED TO QUALIFIED NONPROFIT ORGANIZATIONS BASED ON RECOMMENDATIONS FROM UNITED WAY RUN BOARDS AND/OR STAFF. UNITED WAY'S BOARD OF DIRECTORS APPROVES DIRECT GRANTS TO SUPPORT OUR IMPACT STRATEGY PROGRAMS AND ADDRESS COMMUNITY NEEDS IN THE AREAS OF EDUCATION, HEALTH, HOUSING, AND WORKFORCE DEVELOPMENT. COVID-19 COMMUNITY FUND GRANTS THESE GRANT OPPORTUNITIES, WHICH BEGAN IN MARCH 2020 WERE SPECIFICALLY DESIGNED AND EXTENDED TO COMMUNITY PARTNERS TO ADDRESS THE MOST CRITICAL COMMUNITY NEEDS STEMMING FROM THE COVID-19 GLOBAL PANDEMIC, INCLUDING AREAS SUCH AS: ACCESS TO FOOD, MENTAL HEALTH, DIGITAL ACCESS, AND HEALTH/SAFETY SERVICES. BALTIMORE CITY SUMMER FUNDING COLLABORATIVE UNITED WAY PARTICIPATES IN A MULTI-FUNDER COLLABORATIVE THAT SOLICITS GRANT APPLICATIONS FOR SUMMER PROGRAMS SERVING SCHOOL-AGED YOUTH IN BALTIMORE CITY. THROUGH THIS PROCESS, ORGANIZATIONS SEEKING FUNDING ARE ABLE TO SUBMIT ONE APPLICATION WHICH IS REVIEWED BY MULTIPLE LOCAL FUNDERS. IN FY22, UNITED WAY PROVIDED GRANTS TOTALING \$75,000 TO FOUR ORGANIZATIONS THROUGH THIS FUNDING PROCESS.

#### GRANT ELIGIBILITY CRITERIA

THE FOLLOWING ELIGIBILITY REQUIREMENTS APPLY TO ORGANIZATIONS/AGENCIES
SEEKING FUNDING FROM UNITED WAY, WITH THE FEW EXCEPTIONS NOTED BELOW.

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ORGANIZATIONS MUST PROVIDE:

COPY OF THEIR IRS DETERMINATION LETTER IDENTIFYING THE ORGANIZATION AS

A NONPROFIT, 501(C)(3) OR OTHER

MOST RECENT COPY (WITHIN THE LAST TWO FISCAL YEARS) OF ONE OF THE

FOLLOWING FINANCIAL DOCUMENTS:

O FINANCIAL AUDIT OF THEIR ORGANIZATION (PREFERRED FOR ALL

ORGANIZATIONS AND REQUIRED FOR ORGANIZATIONS WITH ANNUAL REVENUES OF

\$750,000 OR MORE)

O FINANCIAL REVIEW, CONDUCTED BY AN INDEPENDENT AUDITOR (ACCEPTABLE

ONLY FOR ORGANIZATIONS WITH TOTAL GROSS CHARITABLE INCOME OF \$749,999

OR LESS)

GOOD STANDING CERTIFICATE OF STATUS - FROM MARYLAND'S STATE DEPARTMENT

OF ASSESSMENTS & TAXATION (SDAT)

CURRENT ROSTER OF THEIR BOARD OF DIRECTORS

**ELIGIBILITY EXCEPTIONS** 

APPLICANTS WHO ARE NOT ABLE TO MEET UNITED WAY'S ELIGIBILITY

REQUIREMENTS MAY USE A FISCAL AGENT. IN THESE CASES, THE FISCAL AGENT

IS REQUIRED TO PROVIDE THE NECESSARY DOCUMENTS.

NEIGHBORHOOD GRANTS BECAUSE OF THE SIZE OF THE GRANT AWARDS, AND

DRIVEN BY UNITED WAY'S DESIRE TO SUPPORT SMALLER NON-PROFITS, THOSE

ORGANIZATIONS WITH ANNUAL REVENUES BELOW \$300,000 ARE NOT REQUIRED TO

SUBMIT A FINANCIAL REVIEW, AND MAY INSTEAD SUBMIT AN INTERNALLY CREATED

DOCUMENT SUCH AS A FORM 990, PROFIT/LOSS STATEMENT, ETC.

CHANGEMAKER CHALLENGE IN ADDITION TO NONPROFIT ORGANIZATIONS, UNITED

WAY'S CHANGEMAKER CHALLENGE IS OPEN TO INDIVIDUALS AND GROUPS OF

INDIVIDUALS.

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Schedule O (Form 990) 2021 Name of the organization **Employer identification number** 52-0591543 THE UNITED WAY OF CENTRAL MARYLAND, INC. FORM 990, PART III, LINE 4A (CONTINUED PART I): UNITED WAY'S GRANT ALLOCATION PROCESS UNITED WAY CONDUCTS A COMPREHENSIVE AND STRINGENT GRANT ALLOCATION PROCESS THAT UTILIZES THE EXTENSIVE EXPERIENCE OF STAFF AND RELIES ON THE KNOWLEDGE AND INSIGHT OF LOCAL PROFESSIONAL AND COMMUNITY LEADER VOLUNTEERS WHO LIVE OR WORK IN EACH RESPECTIVE JURISDICTION AND MAKE UP UNITED WAY'S REGION UNITED NETWORK ADVISORY BOARDS (RUN BOARDS). UNITED WAY UTILIZES THESE RUN BOARDS, ONE IN EACH OF THE SIX CENTRAL MARYLAND JURISDICTIONS, TO ADDRESS LOCAL NEEDS AS THEY RELATE TO THE OVERALL IMPACT GOALS OF UNITED WAY. UNITED WAY ANNOUNCES AND PROMOTES ITS GRANT FUNDING OPPORTUNITIES THROUGH ITS WEBSITE, THROUGH SOCIAL MEDIA PLATFORMS, THROUGH EMAILS TO A COMPREHENSIVE REGIONAL LIST OF NON-PROFIT AGENCIES, AND THROUGH A NETWORK OF COMMUNITY PARTNERS, INCLUDING ITS RUN BOARD MEMBERS. APPLICATIONS ARE FIRST REVIEWED BY STAFF TO ENSURE THAT APPLICANTS MEET ESTABLISHED ELIGIBILITY CRITERIA AND ARE THEN REVIEWED BY TEAMS OF COMMUNITY MEMBERS RUN BOARD MEMBERS AND/OR OTHERS DEPENDING ON THE GRANT APPLICATION) WHO SCORE AND RANK THE APPLICATIONS USING ESTABLISHED GRANT REVIEW GUIDELINES. THESE REVIEW TEAMS REVIEW AND DISCUSS APPLICATION SCORES AND RANKING AND MAKE FUNDING RECOMMENDATIONS TO UNITED WAY STAFF. FINAL GRANT AWARD APPROVAL IS MADE BY UNITED WAY'S EXECUTIVE MANAGEMENT TEAM AND/OR UNITED WAY'S BOARD OF DIRECTORS. EACH ORGANIZATION THAT RECEIVES A GRANT IS REQUIRED TO SUBMIT THE

FOLLOWING:

EXECUTED GRANT AGREEMENT SIGNED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR/PRESIDENT/CEO

COPY OF MOST RECENT W-9 FORM

UNITED WAY'S 2-1-1 MARYLAND INFORMATION FORM, WHEN APPLICABLE

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GRANT REPORTING AND ACCOUNTABILITY

UNITED WAY REQUIRES ALL GRANTEES TO SIGN AN AGREEMENT IN WHICH THE

RECIPIENT IS HELD RESPONSIBLE FOR SPECIFIED DELIVERABLES. THE MAJORITY

OF PROGRAMMATIC GRANTEES ARE REQUIRED TO REPORT QUARTERLY. SOME,

HOWEVER, BASED ON THE GRANT SIZE AND DURATION, ARE REQUIRED TO REPORT

ONLY SEMI-ANNUALLY OR ONCE AT THE COMPLETION OF THE GRANT PERIOD.

UNITED WAY STAFF MEMBERS MONITOR REPORTS TO ENSURE COMPLIANCE WITH

GRANT AGREEMENTS AND ENSURE THAT FUNDS ARE BEING SPENT DOWN

ACCORDINGLY. GRANTS MUST BE EXPENDED BY THE END OF THE GRANT PERIOD.

CONTINUED FUNDING CAN BE SUSPENDED FOR NON-COMPLIANCE. UNITED WAY

STAFF MEMBERS PROVIDE PERIODIC REPORTS TO THE UNITED WAY'S EXECUTIVE

TEAM, RUN BOARDS AND BOARD OF DIRECTORS TO DEMONSTRATE THAT FUNDS ARE

USED, PROGRAMMATICALLY AND FISCALLY, BY THE GRANTEES AS INTENDED.

DONOR DESIGNATED IN ADDITION TO THE GRANTS OUTLINED ABOVE, 2,235

NONPROFIT ORGANIZATIONS RECEIVED GRANT FUNDING THROUGH PRIVATE AND

PUBLIC-SECTOR DESIGNATED GIFTS THROUGH THE UNITED WAY'S ANNUAL

CAMPAIGN. UNITED WAY ACTS AS A PASS-THROUGH FACILITATOR FOR THIS

FUNDING AND DOES NOT ESTABLISH ELIGIBILITY CRITERIA FOR THESE FUNDS,

NOR DOES IT MONITOR SPENDING OR REQUIRE REPORTING FROM ORGANIZATIONS

RECEIVING THESE FUNDS.

UNITED WAY'S DIRECT SERVICE PROGRAMS

UNITED WAY CONTINUES TO DEVELOP, STRENGTHEN AND EXPAND PROACTIVE

INITIATIVES THAT PROVIDE INNOVATIVE SOLUTIONS AIMED AT STRENGTHENING

INDIVIDUALS AND FAMILIES.

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DURING FY22, UNITED WAY AND ITS PARTNERS SERVED OVER 17,000 PEOPLE FROM

DIVERSE BACKGROUNDS THROUGH ITS FAMILY STABILITY PROGRAM GRANTS, DIRECT

GRANTS AND OTHER DIRECT SERVICE ACTIVITIES. WHILE EACH DISTINCT AGENCY

PROGRAM REPORTS TO UNITED WAY ON UNDUPLICATED CLIENTS SERVED, THE TOTAL

COUNT OF CLIENTS SERVED BY ALL PROGRAMS COMBINED DOES NOT NECESSARILY

REPRESENT UNDUPLICATED CLIENTS, AS A CLIENT MAY RECEIVE SERVICES FROM

MORE THAN ONE DISTINCT AGENCY. BASED ON CLIENTS THAT SELF-REPORTED, THE

GENDER DISTRIBUTION WAS APPROXIMATELY 67% FEMALE AND 32% MALE, AND <1%

OTHER. THE RACIAL DISTRIBUTION WAS APPROXIMATELY 84% AFRICAN AMERICAN,

11% WHITE, 3% MIXED RACE, <1% ASIAN, <1% AMERICAN INDIAN, <1% NATIVE

HAWAIIAN/OTHER PACIFIC ISLANDER, AND 1% OTHER. APPROXIMATELY 10% OF THE

POPULATION IDENTIFIED AS HISPANIC/LATINO.

#### O PROGRAM OVERVIEWS AND RESULTS:

UNITED WAY USES A NATIONALLY RECOGNIZED MODEL TO PREVENT FAMILY

HOMELESSNESS IN TARGETED NEIGHBORHOODS AND TO RAPIDLY REHOUSE OTHERS

WHO HAVE ALREADY BECOME HOMELESS. CASE MANAGERS WORK WITH FAMILIES TO

BUILD FINANCIAL SECURITY AND SELF-SUFFICIENCY AND REDUCE STUDENT

MOBILITY FOR THE FAMILIES' SCHOOL-AGE CHILDREN. IN FY22, UNITED WAY

HOUSING PROGRAMS SPANNED 13 LOCATIONS ACROSS ALL SIX CENTRAL MARYLAND

JURISDICTIONS. FOR THE MAJORITY OF THESE SITES, UNITED WAY PROVIDES

PROGRAMMATIC GRANTS TO COMMUNITY-BASED NON-PROFIT PARTNERS TO DIRECTLY

IMPLEMENT THE PROGRAMS. UNITED WAY PROVIDES ONGOING PROFESSIONAL

DEVELOPMENT AND MONITORS PROGRAM SUCCESS THROUGH REPORTING, SITE VISITS

AND DATA ANALYSIS.

O SINCE MAY 2012 THROUGH JUNE 2022, OF THE 2,181 FAMILIES THAT HAVE ENROLLED IN OUR HOMELESSNESS PREVENTION PROGRAM, 2,217 FAMILIES (98.4%)

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AVOIDED EVICTION; OF THE 4,201 SCHOOL-AGE CHILDREN SERVED BY THE

PROGRAM, 4,178 (99.5%) AVOIDED A DISRUPTIVE SCHOOL MOVE AND REMAINED

EMPLOYMENT PROGRAMS PROVIDE PEOPLE WITH OPPORTUNITIES TO OBTAIN OR

IMPROVE EMPLOYMENT AND INCOME, THROUGH JOB READINESS TRAINING,

EMPLOYMENT SKILLS TRAINING, AND CAREER MENTORING. OVER THE COURSE OF

FY22:

O 311 PEOPLE GAINED OR IMPROVED EMPLOYMENT AS A RESULT OF EMPLOYMENT

SERVICES RECEIVED. BASED ON A MAJORITY OF CLIENTS THAT REPORTED, THEIR

AVERAGE HOURLY WAGE WAS \$14.56.

UNITED WAY'S FUNDED FOOD PROGRAMS PROVIDE GROCERIES, NUTRITIOUS MEALS,

AND FRESH PRODUCE TO INDIVIDUALS, FAMILIES AND NEIGHBORHOODS THAT

TRADITIONALLY HAVE LITTLE OR NO ACCESS TO HEALTHY FOOD. OVER THE COURSE

OF FY22, THE WORK OF UNITED WAY AND ITS FUNDED PARTNERS RESULTED IN THE

FOLLOWING:

O A TOTAL OF 89,278 POUNDS OF FOOD WAS DISTRIBUTED WEEKLY TO RESPOND TO

THE EMERGENT FOOD NEEDS OF THE COMMUNITY IN A HEALTHY FOOD PRIORITY

NEIGHBORHOOD SERVING 140 FAMILIES.

O THREE WEEKLY FOOD DISTRIBUTIONS PROVIDED CULTURALLY APPROPRIATE FOOD

TO 6,728 PRIMARILY HISPANIC FAMILIES LIVING IN HEALTHY FOOD PRIORITY

NEIGHBORHOODS.

O 575 FAMILIES ATTENDED UNITED WAY NUTRITION AND HEALTHY COOKING

CLASSES, VIRTUALLY OR IN-PERSON, WHERE WE SERVED A TOTAL OF 1,881

MEALS.

O A COMMUNITY GARDEN PROVIDES 400 LBS. OF FRESH PRODUCE TO 50 FAMILIES IN NEED IN HARFORD COUNTY.

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ENROLLED.

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SAFETY BY INTEGRATING AND INCORPORATING A COORDINATED TREATMENT

RESPONSE FOR JUSTICE-INVOLVED VETERANS WITH SUBSTANCE USE AND/OR MENTAL

HEALTH ISSUES WITH THE GOAL OF RETURNING PRODUCTIVE, LAW-ABIDING

CITIZENS TO THE COMMUNITY AND THEREBY REDUCING RECIDIVISM AND CRIMINAL

JUSTICE COSTS. THE TRANSITION FROM ACTIVE DUTY TO CIVILIAN LIFE CAN BE

OVERWHELMINGLY DIFFICULT FOR VETERANS TO NAVIGATE. THE MOST COMMON

STRUGGLES THEY FACE RELATE TO EMPLOYMENT, FINANCES, LEGAL MATTERS,

SUBSTANCE USE, MENTAL HEALTH, RELATIONSHIPS, AND HOMELESSNESS. VTC

BRINGS TOGETHER AN ARRAY OF SERVICE PROVIDERS THAT CONNECT VETERANS TO

THE PROGRAMS, BENEFITS, AND SERVICES THEY HAVE EARNED. THE VETERAN IS

ALSO MATCHED WITH A VETERAN MENTOR WHO WILL SUPPORT THE VETERAN AS

HE/SHE PROGRESSES IN THE PROGRAM. THE VTC ALLOWS VETERANS TO MOVE

TOWARD SELF-SUFFICIENCY BY REMOVING NUMEROUS BARRIERS, INCLUDING MINOR

LEGAL ISSUES. A TOTAL OF 67 VETERANS WERE SERVED THROUGH THE TWO VTCS

IN FY22.

FORM 990, PART III, LINE 4A (CONTINUED PART II):

UNITED WAY OF CENTRAL MARYLAND (UWCM) LAUNCHED ITS EDUCATION PROGRAM,

ON TRACK 4 SUCCESSTM (OT4S), IN SEPTEMBER 2016. OT4S IS AN INNOVATIVE

DATA-DRIVEN APPROACH THAT IS WORKING TO ENSURE UNDERSERVED STUDENTS

HAVE THE RESOURCES THEY NEED TO GET AND STAY ON TRACK FOR SCHOOL

SUCCESS THROUGH THE CRUCIAL MIDDLE SCHOOL YEARS AND INTO THE

TRANSITIONAL 9TH GRADE YEAR. SUPPORTED BY JOHNS HOPKINS UNIVERSITY'S

SCHOOL OF EDUCATION (JHU) AND BASED ON THEIR EARLY WARNING HIGH SCHOOL

DROPOUT PREVENTION MODEL, OT4S UTILIZES STUDENT DATA TO EXAMINE PROVEN

PREDICTORS OF DROPPING OUT: POOR ATTENDANCE, BEHAVIOR, AND COURSE

PERFORMANCE (ABC'S). WHEN A STUDENT FALLS BEHIND IN ANY OF THESE AREAS,

A CROSS-DISCIPLINARY TEAM OF SCHOOL STAFF, INCLUDING A UNITED WAY OT4S

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-HELPED ONE PARTNER MIDDLE SCHOOL IMPROVE THEIR STATEWIDE RANKING FROM

10TH TO 37TH PERCENTILE OVER TWO YEARS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AVAILABLE IN ALL 50 STATES, THE DISTRICT OF COLUMBIA, AND PUERTO RICO.

211 SYSTEMS ARE INSTRUMENTAL IN IDENTIFYING NEEDS OR GAPS IN SERVICES,

PROVIDING A MORE ACCURATE PICTURE OF LOCAL NEEDS AND EMERGING TRENDS.

### RESULTS OF PROGRAM:

DURING FY 2022, 211 MARYLAND UNITED WAY HELPLINE RECEIVED 140,203 CALLS

AND ANSWERED 99,176 CALLS. HOUSING (38%), UTILITY ASSISTANCE (17%) AND

HEALTH/MENTAL HEALTH SERVICES (11%) REMAIN AMONG THE TOP FOUR NEEDS

THAT WERE REQUESTED. THE MORITORIUM ON EVICTIONS AND UTILITY TURN OFFS

ENDED IN FY22, WHICH MAY CONTRIBUTE TO THE CONTINUED NEED. REQUESTS FOR

FOOD INCREASED IN FY22 TO 11% OF CALLS AND WAS THE THIRD HIGHEST NEED

AMONG CALLERS. THIS MAY DUE TO THE INCREASE IN THE COST OF FOOD OVER

THE LAST YEAR.

211 WORKED WITH THE FUEL FUND OF MARYLAND TO PROVIDE EXPEDITED UTILITY

ASSISTANCE TO SENIORS AS WELL AS OTHER BGE CUSTOMERS WHO ARE AT RISK OF

HAVING THEIR UTILITIES TURNED OFF AND WHO HAD APPLIED FOR ENERGY

ASSISTANCE THROUGH OHEP. ADDITIONALLY, 211 WORKED WITH BGE HOMES TO

PROVIDE HEATING SYSTEMS AND REPAIRS FOR THOSE IN NEED DURING THE WINTER

MONTHS. 211 ALSO PARTNERED WITH THE MARYLAND DEPARTMENT OF HUMAN

SERVICES TO PROVIDE FOOD DELIVERY TO CALLERS, INCREASING ACCESS TO

FOOD. IN PARTNERSHIP WITH THE CASH CAMPAIGN OF MARYLAND, 211 WORKED TO

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INCREASE AWARENESS OF EITC AND FREE TAX PREPARATION SITES. 211 HANDLED

8,564 CALLS FOR FREE TAX PREPARATION. OUR FOLLOW-UP SURVEYS

DEMONSTRATED THAT 72% OF THE PEOPLE WHO CALLED 211 RECEIVED THE

SERVICES THAT THEY WERE SEEKING. THIS IS DOWN FROM 86% IN FY21. THIS

MAY BE DUE TO THE INACCESSABILITY OF RESOURCES DUE TO THE PANDEMIC. FOR

EXAMPLE, SOME PANDEMIC SPECIFIC BENEFITS ENDED (E.G., P-EBT) AND MANY

AGENCIES CLOSED DOWN OR STOPPED PROVIDING IN-PERSON SERVICES WHICH MAY

ACCOUNT FOR THE DECLINE IN THOSE REPORTING THAT THEY RECEIVED SERVICES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE PROGRAM PHILOSOPHY IS ONE IN WHICH RESIDENT VOICES ARE HEARD AND
THEIR PRIORITIES ARE TURNED INTO ACTIONS THROUGH A NETWORK OF PARTNERS
THAT HAVE BEEN CREATED THROUGH EVIDENCE-BASED PRACTICES THAT WILL
SUPPORT STEADY, HIGH RATES OF SCHOOL ATTENDANCE, BOOST STUDENT
ACHIEVEMENT, AND ENGAGE FAMILIES AND STAKEHOLDERS. PROGRAMS INCLUDE
FAMILY STABILITY, COMMUNITY SCHOOLS COORDINATION, SOCIOEMOTIONAL
WELLNESS, ECONOMIC ADVANCEMENT, DIGITAL EQUITY AND THE UNITED WAY
FAMILY CENTER, AN EARLY LEARNING/STUDENT PARENT PROGRAM PROVIDING
QUALITY CHILDCARE AND PARENT SUPPORT, SO THEY GRADUATE FROM HIGH SCHOOL
AND BREAK THE CYCLE OF TEEN PREGNANCY.

UWCM NOW HAS THREE SUCH ZONES, ALL OF WHICH ADDRESS THE UNIQUE NEEDS OF
THEIR RESPECTIVE NEIGHBORHOODS. UWCM ALSO HAS 2 EMERGING NEIGHBORHOOD
ZONES NEIGHBORS UNITED, WHICH ASSISTS NEIGHBORS WITH LEARNING HOW TO
TACKLE SYSTEMIC ISSUES.

KEY OUTCOMES INCLUDE:

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O THE UNITED WAY FAMILY CENTER AT BENJAMIN FRANKLIN HAS PROVIDED INTENSIVE PARENTING SUPPORTS TO 152 TEEN PARENTS AND EARLY CHILDHOOD EDUCATION TO 110 CHILDREN, CUMULATIVE SINCE 2014. ADDITIONALLY, THE CENTER HAS HELPED 57 TEEN PARENTS GRADUATE HIGH SCHOOL AT A RATE OF 67%.

O THE SOCIAL-EMOTIONAL WELLNESS PROGRAM CONTINUES TO GROW AND REACHES OVER HALF OF THE SCHOOL'S STUDENTS EACH YEAR. IN THE 2021-2022 SCHOOL YEAR THE PROGRAM SERVED 361 STUDENTS, APPROXIMATELY 60% OF THE ENTIRE STUDENT BODY. STUDENTS RECEIVED INDIVIDUAL AND GROUP COUNSELING, CRISIS INTERVENTION/MEDIATION, AND WELLNESS PROGRAMMING.

O TWO FREE WIFI HOT SPOTS WERE INSTALLED AT COMMUNITY PARTNER SITES. THESE HOT SPOTS HAVE SERVED UPWARDS OF 15,000 RESIDENTS.

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

OTHER PROGRAMS

EXPENSES \$ 3,963,236. INCLUDING GRANTS OF \$ 2,203,927. REVENUE \$ 0.

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

FORM 990 IS PREPARED BY UWCM, REVIEWED BY INDEPENDENT AUDITORS AND PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW. AFTER REVIEW AND ACCEPTANCE, THE DOCUMENT IS ELECTRONICALLY MAILED TO BOARD MEMBERS FOR THEIR REVIEW. THE FORM 990 IS DISCUSSED AT A BOARD MEETING AND IS PRESENTED BY THE TREASURER. THE TREASURER CALLS FOR A MOTION TO ACCEPT THE FORM 990 DOCUMENT AND THEN THE FORM IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

CONFLICT OF INTEREST POLICY FOR UWCM:

EACH YEAR ALL STAFF AND VOLUNTEERS ARE REQUIRED TO RE-VERIFY THE CODE OF

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ETHICS WHICH INCLUDES THE CONFLICT OF INTEREST POLICY AND THE WHISTLEBLOWER POLICY.

CONFLICT OF INTEREST FOR STAFF:

UNITED WAY OF CENTRAL MARYLAND IS A NON-PROFIT CHARITABLE CORPORATION. ITS

PRINCIPAL PURPOSES AND ACTIVITIES ARE INFORMATION AND REFERRAL SERVICES,

DEVELOPING AND INCUBATING INNOVATIVE SERVICES AND PROGRAMS, GRANTMAKING,

COLLABORATION, PROMOTING VOLUNTEERISM AND ADVOCACY AND MOBILIZING RESOURCES

AS A TRUSTED FUNDRAISER. ULTIMATE AUTHORITY AND RESPONSIBILITY FOR MANAGING

UNITED WAY OF CENTRAL MARYLAND'S AFFAIRS RESIDES WITH ITS BOARD OF

DIRECTORS. THE BOARD OF DIRECTORS AND THE COMMITTEES THEY FORM CONSIST OF

VOLUNTEERS.

WITH THE GOAL OF AVOIDING ANY APPEARANCE OF EVEN THEORETICAL CONFLICTS OF

INTEREST AND TO SET AN EXAMPLE FOR AGENCY MEMBER ORGANIZATIONS THAT MAY

LOOK TO UNITED WAY OF CENTRAL MARYLAND FOR GUIDANCE WITH RESPECT TO THE

CONDUCT OF THEIR OWN AFFAIRS, UNITED WAY OF CENTRAL MARYLAND HAS

ESTABLISHED THE FOLLOWING GUIDELINES FOR YOU TO FOLLOW IN CONDUCTING

YOURSELF IN BUSINESS IN WHICH YOU MAY HAVE OR MAY DEVELOP A CONFLICT OF

INTEREST.

- I. A CONFLICT OF INTEREST OCCURS WHENEVER YOU PERMIT THE PROSPECT OF DIRECT
  OR INDIRECT PERSONAL GAIN TO IMPROPERLY INFLUENCE YOUR JUDGMENT OR ACTIONS
  IN THE CONDUCT OF UNITED WAY OF CENTRAL MARYLAND BUSINESS. EXAMPLES OF
  POTENTIAL CONFLICTS OF INTEREST ARE:
- A. ACQUISITION OR SALE OF ANY PROPERTY OR SERVICES BY UNITED WAY OF CENTRAL

  MARYLAND WHERE THERE IS COMPENSATION OR OTHER DIRECT OR INDIRECT FINANCIAL

  BENEFIT TO YOU OR A MEMBER OF YOUR FAMILY.

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B. PLACEMENT OF UNITED WAY OF CENTRAL MARYLAND BUSINESS OF ANY KIND WITH A COMPANY OWNED OR CONTROLLED BY YOU OR YOUR FAMILY.

II. A CONFLICT OF INTEREST ARISES WHEN, FOR PERSONAL OR FAMILY GAIN, YOU

IMPROPERLY USE CONFIDENTIAL INFORMATION OF UNITED WAY OF CENTRAL MARYLAND.

III. YOU MUST NOT MISUSE YOUR POSITION WITH UNITED WAY OF CENTRAL MARYLAND

TO SOLICIT FROM PRESENT OR PROSPECTIVE CONTRIBUTORS OR VOLUNTEERS OF UNITED

WAY OF CENTRAL MARYLAND ANY DISCOUNT ON PERSONAL OR FAMILY PURCHASES OF

EQUIPMENT, MATERIALS, OR SERVICES. HOWEVER, YOU MAY ACCEPT ANY DISCOUNT

OFFERED GENERALLY TO ALL EMPLOYEES OF UNITED WAY OF CENTRAL MARYLAND.

IV. YOU MAY NOT SERVE AS A VOTING MEMBER OF THE BOARD OF ANY AFFILIATED

AGENCY THAT RECEIVES ALLOCATED FUNDS FROM UNITED WAY OF CENTRAL MARYLAND.

SHOULD A POTENTIAL CONFLICT OF INTEREST, AS DESCRIBED IN SECTIONS I OR II,

EXIST OR ARISE, YOU MUST DISCLOSE THE FACTS AND CIRCUMSTANCES OF THE

POTENTIAL CONFLICT TO YOUR SUPERVISOR IMMEDIATELY.

YOU MUST PERIODICALLY SIGN, AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT, A CONFLICT OF INTEREST CERTIFICATE.

CONFLICT OF INTEREST FOR BOARD AND VOLUNTEERS

UNITED WAY OF CENTRAL MARYLAND, INC. ("UNITED WAY") IS A NON-PROFIT

CHARITABLE CORPORATION WHOSE PRINCIPAL PURPOSES AND ACTIVITIES ARE FUND

RAISING, APPORTIONMENT OF FUNDS AND INFORMATION AND REFERRAL SERVICES FOR

THE BENEFIT OF OTHER NON-PROFIT CHARITABLE ORGANIZATIONS IN CENTRAL

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MARYLAND AND THE PERSONS WHOM SUCH ORGANIZATIONS SERVE. ULTIMATE AUTHORITY

AND RESPONSIBILITY FOR MANAGING THE UNITED WAY'S AFFAIRS RESIDES WITH ITS

BOARD OF DIRECTORS. THE MEMBERSHIP OF THE BOARD AND ALL COMMITTEES OF THE

BOARD CONSISTS ENTIRELY OF VOLUNTEERS ("VOLUNTEERS").

IN VIEW OF THE PURPOSES OF THE UNITED WAY AND THE NATURE OF ITS ACTIVITIES,

VOLUNTEERS MAY FIND THEMSELVES IN SITUATIONS WHERE THEIR OUTSIDE BUSINESS,

PERSONAL OR CIVIC ACTIVITIES COME INTO CONFLICT WITH THEIR FIDUCIARY DUTIES

TO THE UNITED WAY.

THE UNITED WAY ADOPTS THE FOLLOWING POLICY WITH RESPECT TO PARTICIPATION BY

VOLUNTEERS IN MATTERS COMING BEFORE THE BOARD AND ITS COMMITTEES IN WHICH

THEY MAY HAVE A POTENTIAL CONFLICT OF INTEREST:

- 1. NO VOLUNTEER SHALL KNOWINGLY PARTICIPATE IN ANY DECISION OF THE BOARD OF
  DIRECTORS OR ANY COMMITTEE THEREOF OR OTHERWISE ATTEMPT TO INFLUENCE THE
  CONDUCT OF THE UNITED WAY WHERE SUCH DECISION OR CONDUCT WOULD DIRECTLY OR
  INDIRECTLY CONFER ON SUCH VOLUNTEER, OR ANY MEMBER OF SUCH VOLUNTEER'S
  FAMILY, OR ON ANY FIRM OR ORGANIZATION IN WHICH SUCH VOLUNTEER IS AN
  OFFICER OR DIRECTOR OR HAS A MATERIAL FINANCIAL INTEREST, ANY FINANCIAL
  BENEFIT, BUSINESS ADVANTAGE, PREFERENTIAL TREATMENT OR OTHER ADVANTAGE OR
  BENEFIT (A "CONFLICT OF INTEREST"). FOR THE PURPOSES OF THIS POLICY, THE
  TERM "CONFLICT OF INTEREST" DOES NOT INCLUDE CONFLICTS OF A PURELY
  PHILOSOPHICAL OR IDEOLOGICAL NATURE.
- 2. IN THE EVENT THAT THERE IS A MATTER FOR CONSIDERATION OR DECISION THAT

  RAISES A POTENTIAL CONFLICT OF INTEREST FOR ANY VOLUNTEER, THE VOLUNTEER

  SHALL IMMEDIATELY DISCLOSE THE POTENTIAL CONFLICT OF INTEREST TO THE BOARD

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OP TO THE COMMITTEE CONSIDERING THE MATTER AS THE CASE MAY BE AND SHALL.

OR TO THE COMMITTEE CONSIDERING THE MATTER, AS THE CASE MAY BE, AND SHALL NOT CAST A VOTE ON THE MATTER.

3. THIS POLICY SHALL NOT BE CONSTRUED AS PREVENTING OR DISCOURAGING ANY

VOLUNTEER FROM PARTICIPATING IN THE DISCUSSION OF A MATTER WITH RESPECT TO

WHICH SUCH VOLUNTEER HAS A CONFLICT OF INTEREST, PROVIDED SUCH VOLUNTEER

COMPLIES WITH PARAGRAPH 2 OF THIS POLICY.

AT LEAST ANNUALLY, PREFERABLY AT THE ORGANIZATIONAL MEETINGS OF THE BOARD

AND EACH OF ITS COMMITTEES, ALL VOLUNTEERS SHALL BE GIVEN A COPY OF THIS

THE UNITED WAY OF CENTRAL MARYLAND, INC. 52-0591543

POLICY, AND EACH VOLUNTEER WILL BE ASKED TO SIGN A WRITTEN STATEMENT

ACKNOWLEDGING THAT HE OR SHE HAS READ AND UNDERSTANDS THE POLICY AND

DISCLOSING ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST OF WHICH HE OR SHE

MAY BE AWARE.

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

THIS DISCLOSURE PROVIDES INFORMATION ON THE GOVERNANCE AND OVERSIGHT OF THE

COMPENSATION FOR UWCM EXECUTIVES (CONSISTING OF THE PRESIDENT/CHIEF

EXECUTIVE OFFICER (CEO) AND CHIEF FINANCIAL OFFICER (CFO).

- 1. EXECUTIVE COMPENSATION AT UWCM IS OVERSEEN BY THE EXECUTIVE COMMITTEE OF
  THE BOARD OF DIRECTORS. IN SETTING EXECUTIVE COMPENSATION, THE EXECUTIVE
  COMMITTEE EMPLOYS AN INDEPENDENT THIRD PARTY COMPENSATION CONSULTANT AND
  EVALUATES UWCM EXECUTIVE COMPENSATION AGAINST A GROUP OF SIMILAR NON-PROFIT
  ORGANIZATIONS, USING DATA FROM COMPARABLE UNITED WAYS AND PUBLISHED
  COMPENSATION SURVEYS.
- 2. UNDER THE DIRECTION OF THE BOARD CHAIR, THE EXECUTIVE COMMITTEE ESTABLISHES ANNUAL PERFORMANCE OBJECTIVES FOR THE PRESIDENT/CEO.

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3. THE CEO AND BOARD CHAIR MEET PERIODICALLY DURING THE FISCAL YEAR TO REVIEW THE CEO'S PROGRESS AGAINST MEASURABLE, PRE-ESTABLISHED PERFORMANCE OBJECTIVES. THE PERFORMANCE OBJECTIVES ARE ESTABLISHED BY THE EXECUTIVE COMMITTEE AND REVIEWED BY THE BOARD, IN ADVANCE OF EACH FISCAL YEAR.

- 4. THE CEO PRESENTS A PROGRESS REPORT ON THE PRE-ESTABLISHED PERFORMANCE OBJECTIVES TO THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS AT REGULARLY SCHEDULED MEETINGS.
- 5. EACH YEAR, THE CEO IS PROVIDED A COMPREHENSIVE, CONFIDENTIAL REVIEW OF HIS/HER PERFORMANCE. THE BOARD CHAIR, IN CONSULTATION WITH THE EXECUTIVE COMMITTEE, DETERMINES A PERFORMANCE RATING FOR THE CEO, USING ESTABLISHED UWCM PERFORMANCE RATING CATEGORIES.
- 6. TO DETERMINE SALARY RANGES, UWCM USES A MARKET PRICING PROCESS. THE HUMAN RESOURCES DEPARTMENT (HR) WORKS WITH AN INDEPENDENT THIRD PARTY COMPENSATION CONSULTANT TO COMPARE EXECUTIVE SALARIES TO SALARIES PAID TO COMPARABLE EXECUTIVES (BASED ON UWCM'S PEER GROUP OF SIMILAR NON-PROFIT ORGANIZATIONS AND PUBLISHED COMPENSATION SURVEYS). THE RESULTS ARE COMPILED BY HR AND REVIEWED BY THE EXECUTIVE COMMITTEE FOR THE PURPOSE OF DETERMINING THE SALARY RANGE FOR THE PRESIDENT/CEO POSITION WITHIN ESTABLISHED GUIDELINES. THE GUIDELINES FOR THE PRESIDENT / CEO POSITION ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE. A SEPARATE INDEPENDENT WRITTEN COMPENSATION ASSESSMENT IS MADE PERIODICALLY BY THE COMMITTEES, INDEPENDENT COMPENSATION CONSULTANT AND PRESENTED TO THE EXECUTIVE COMMITTEE.
- 7. BASED ON ITS DETERMINATION OF COMPARABILITY AND PERFORMANCE, THE EXECUTIVE COMMITTEE DETERMINES ANNUAL EXECUTIVE COMPENSATION WITHIN ESTABLISHED GUIDELINES. THIS DETERMINATION MAY INCLUDE A PERCENTAGE INCREASE IN BASE SALARY.
- 8. THE ANNUAL SALARY DETERMINATION PROCESS IS DOCUMENTED IN THE MINUTES OF

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THE EXECUTIVE COMMITTEE AND PRESENTED TO THE BOARD OF DIRECTORS. UWCM EXECUTIVE COMPENSATION POLICY MAY BE AMENDED ONLY BY THE UWCM BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

UWCM MAKES THE FORM 990 AVAILABLE FOR PUBLIC INSPECTION ON OUR WEBSITE. THE FORM 990 IS ALSO AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

UWCM MAKES THE ANNUAL AUDIT AVAILABLE FOR PUBLIC INSPECTION ON OUR WEBSITE.

THE CONFLICT OF INTEREST AND WHISTLEBLOWERS POLICIES ARE INCLUDED AS PART

OF THE FORM 990 FILING. THESE DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE

SAME PERIOD OF TIME AS SET FORTH IN IRC SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ADJUSTMENT TO LANGENFELDER TRUST

-3,339,314.

FORM 990, PART XII, LINE 2C

UNITED WAY OF CENTRAL MARYLAND'S AUDIT AND FINANCE COMMITTEE IS

RESPONSIBLE FOR THE OVERSIGHT OF THE ANNUAL AUDIT AND THE REVIEW

PROCESS FOR THE SELECTION OF THE INDEPENDENT PUBLIC ACCOUNTANT(IPA).

THE TREASURER OF THE BOARD HEADS THE AUDIT AND FINANCE COMMITTEE AND

REPORTS THE RECOMMENDATIONS FROM THE AUDIT AND FINANCE COMMITTEE TO THE

BOARD OF DIRECTORS. DURING THE REVIEW, PRIOR TO FILING THE ANNUAL

AUDIT, THE IPA HAS INDEPENDENT ACCESS TO THE AUDIT AND FINANCE

COMMITTEE WHERE NO UWCM STAFF IS PRESENT.

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