

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

THE UNITED WAY OF CENTRAL MARYLAND, INC.

52-0591543

Name and title of officer

FRANKLYN D BAKER
PRESIDENT & CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 5 rows (1a-5a) and 2 columns (Form type, Amount). Row 1a is checked with amount 26,021,244.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 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 organization's electronic return...

Officer's PIN: check one box only

[X] I authorize SB & COMPANY to enter my PIN 91543. ERO firm name. Enter five numbers, but do not enter all zeros.

as my signature on the organization's tax year 2018 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2018 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.

Officer's signature: Franklyn Baker Date: 3-5-20

Part III Certification and Authentication

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 2018 electronically filed return for the organization 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: [Signature] Date: 03/04/20

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

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.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE UNITED WAY OF CENTRAL MARYLAND, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1800 WASHINGTON BOULEVARD 340 City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21230 F Name and address of principal officer: FRANKLYN D. BAKER SAME AS C ABOVE	D Employer identification number 52-0591543 E Telephone number (410) 547-8000 G Gross receipts \$ 32,029,522. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UWCM.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1925
		M State of legal domicile: MD

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: UNITE AND ENGAGE OUR COMMUNITIES TO IMPROVE PEOPLE'S LIVES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	38
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	38
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	137
	6 Total number of volunteers (estimate if necessary)	6	12342
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		29,230,379.	25,062,562.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,525.	29,979.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,173,233.	820,095.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,019.	108,608.
		30,431,156.	26,021,244.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,396,651.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,225,034.	9,268,856.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	54,000.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,358,436.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,838,769.	14,026,676.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,514,454.	28,404,523.
19 Revenue less expenses. Subtract line 18 from line 12	916,702.	-2,383,279.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	35,965,374.	34,543,861.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,483,243.	9,800,890.
		25,482,131.	24,742,971.

Part II Signature Block

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

Sign Here	Signature of officer FRANKLYN D. BAKER, PRESIDENT & CEO Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name MONIQUE BOOKER	Preparer's signature _____
	Firm's name ▶ SB & COMPANY Firm's address ▶ 10200 GRAND CENTRAL AVE, SUITE 250 OWINGS MILLS, MD 21117	Date 03/24/20
		Check if self-employed <input type="checkbox"/> PTIN P00644231
		Firm's EIN ▶ 20-2153727 Phone no. (410) 584-0060

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY'S MISSION IS TO UNITE AND ENGAGE OUR COMMUNITIES TO IMPROVE PEOPLES LIVES. WE HAVE BEEN EMPOWERING FAMILIES TO BECOME SELF-SUFFICIENT BY FOCUSING ON THE BUILDING BLOCKS OF A BETTER LIFE: EDUCATION, EMPLOYMENT, HOUSING AND HEALTH. FAMILY STABILITY IS AT THE

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] 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 \$ 10,519,959. including grants of \$ 3,839,734.) (Revenue \$) OBJECTIVE OF PROGRAM: FOR OVER 90 YEARS, UNITED WAY OF CENTRAL MARYLAND (UNITED WAY) HAS BEEN A HUMAN SERVICE LEADER FOR THE REGION, ENCOURAGING ALL CENTRAL MARYLANDERS TO GIVE, ADVOCATE AND VOLUNTEER. UNITED WAY IS DEDICATED TO HELPING INDIVIDUALS AND FAMILIES FACING POVERTY TO MEET THEIR BASIC NEEDS, STABILIZE AND ACHIEVE SELF-SUFFICIENT LIVES. WE DO THIS THROUGH 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 \$ 1,591,983. including grants of \$ 405,500.) (Revenue \$) OBJECTIVE OF PROGRAM: 2-1-1 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, 2-1-1 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. 2-1-1 IS PART OF THE NATIONAL 2-1-1 SYSTEM AVAILABLE IN ALL 50 STATES, THE DISTRICT OF COLUMBIA, AND PUERTO

4c (Code:) (Expenses \$ 959,135. including grants of \$ 863,757.) (Revenue \$) THE JOURNEY HOME IS BALTIMORE CITY'S PLAN TO MAKE HOMELESSNESS RARE AND BRIEF IN BALTIMORE CITY. ACTING AS THE FISCAL AGENCY BEGINNING OCTOBER 2008, THE PLAN IS BUILT ON THE "HOUSING FIRST" MODEL. SIMILAR PLANS ARE IN PLACE IN CITIES AROUND THE COUNTRY AND BEST PRACTICES. COMPONENTS OF THE PLAN INCLUDE AFFORDABLE HOUSING, COMPREHENSIVE HEALTH CARE, INCOME AND EMPLOYMENT, AS WELL AS PREVENTIVE AND EMERGENCY SERVICES. THE PLAN BRINGS TOGETHER BUSINESSES, NOT-FOR-PROFITS, FAITH-BASED ORGANIZATIONS, AND CONCERNED CITIZENS TO ADDRESS THIS COMPLEX SOCIAL AND PUBLIC HEALTH CRISIS. HOMELESSNESS IS NOT A PERMANENT CONDITION.

UWCM IS IN PARTNERSHIP WITH BALTIMORE CITY TO RAISE AWARENESS AND NEEDED RESOURCES IN THE COMMUNITY WHERE THERE ARE NEARLY 2,300

4d Other program services (Describe in Schedule O.) (Expenses \$ 10,006,206. including grants of \$) (Revenue \$)

4e Total program service expenses 23,077,283.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 38		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 38		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section 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, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **JAMES MCINTYRE - (410) 547-8000**
1800 WASHINGTON BLVD, BALTIMORE, MD 21230

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RALPH L. ARNOLD MEMBER BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(2) CHRISTINE J. BACHRACH MEMBER BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(3) JEREL BRAGER MEMBER BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(4) RYAN BROWN MEMBER BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(5) STEPHEN E BUDORICK MEMBER BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(6) ASHLEY CONLEY MEMBER BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(7) RYAN COUDON MEMBER BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(8) DONALD C. FRY MEMBER BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(9) SUSAN K. GAUVEY, J.D. MEMBER BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(10) DANA S. GLOOR MEMBER BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(11) ALVIN J. GWYNN, JR., D. MIN MEMBER BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(12) ERNEST R. GRECCO EMERITUS	1.00	X					0.	0.	0.	
(13) MARIE HARTMAN MEMBER BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(14) CHARLENE MOORE HAYES MEMBER BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(15) JERMAINE JONES MEMBER BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(16) BENJAMIN JORDAN MEMBER BOARD OF DIRECTORS	1.00	X					0.	0.	0.	
(17) DONALD G. KOHLHAFFER MEMBER BOARD OF DIRECTORS	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JULIE MCGOVERN MEMBER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(19) PATRICIA MCHUGH LAMBERT ESQ. MEMBER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(20) BRIAN M. MCKEON MEMBER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(21) DOMINIQUE S. MOORE ESQ. MEMBER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(22) TERRY F. NEIMEYER, PE MEMBER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(23) CHRISTOPHER OVEN MEMBER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(24) ELIZABETH R. PAAL MEMBER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(25) LEONARD R. PARRISH MEMBER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(26) BETH S. PERLMAN MEMBER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,065,463.	0.	173,713.
d Total (add lines 1b and 1c)								1,065,463.	0.	173,713.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNITED WAY WORLDWIDE (UWAMERICA) P O BOX 418607, BOSTON, MA 02241-8607	MEMBERSHIP DUES	544,498.
IDFIVE 81 MOSHER ST, 3RD FL, BALTIMORE, MD 21217	ADVERTISING/MARKETING SERVICES	407,400.
UPIC SOLUTIONS INC, 334 BEECHWOOD RD, STE.403, FT MITCHELL, KY 41017	CLOUD & CRM SERVICES	260,638.
HARGROVE, INC. ONE HARGROVE DRIVE, LANHAM, MD 20706	EVENT RENTALS	112,631.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CHARLES B. REULAND MEMBER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(28) LORI A. ROBINSON MEMBER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(29) PETER B. ROSENWALD II MEMBER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(30) SONJA SANTELISES MEMBER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(31) MICHAEL SMITH MEMBER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(32) LORI VILLEGAS MEMBER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(33) HUGO J. WARNS, III MEMBER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(34) ANTOINETTE WILLIAMS MEMBER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(35) CARYN YORK MEMBER BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(36) G. MARK CHANEY TREASURER	1.00			X				0.	0.	0.
(37) RENEE M. CHRISTOFF SECRETARY	1.00			X				0.	0.	0.
(38) THOMASINA L. HIERS CHAIR-ELECT	1.00			X				0.	0.	0.
(39) FRANKLYN BAKER PRESIDENT & CEO	50.00			X				253,711.	0.	29,099.
(40) JAMES MCINTYRE SVP & CHIEF FINANCIAL OFFICER	50.00			X				81,839.	0.	1,895.
(41) STEPHEN J. WOERNER CHAIR	1.00			X				0.	0.	0.
(42) SANDRA MONCK SVP & CHIEF IMPACT OFFICER	50.00				X			142,327.	0.	18,608.
(43) MARIE ELISE LEE SVP & CHIEF INNOVATION OFFICER	50.00				X			140,252.	0.	27,866.
(44) MARTINA A. MARTIN SVP & CHIEF OPERATING OFFICER	50.00				X			153,748.	0.	47,911.
(45) HOLLY HOEY SVP & CHIEF PRINCIPAL GIFTS OFFICER	50.00				X			140,720.	0.	15,962.
(46) KAREN PATE VP & CHIEF INFORMATION OFFICER	50.00				X			152,866.	0.	32,372.
Total to Part VII, Section A, line 1c								1,065,463.		173,713.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 249,012.				
	b Membership dues	1b				
	c Fundraising events	1c 480,507.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 2,001,120.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 22,331,923.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		25,062,562.			
	Program Service Revenue	2 a MANAGEMENT TRAINING	Business Code 900099	13,867.		13,867.
b TRANSITIONAL SERVICES TO STUDENTS		900099	6,900.		6,900.	
c MARYLAND CLIFF BENEFITS		900099	6,212.		6,212.	
d WALK-A-MILE		900099	3,000.		3,000.	
e						
f All other program service revenue						
g Total. Add lines 2a-2f			29,979.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		306,779.		306,779.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	29,442.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	29,442.			
	d Net rental income or (loss)		29,442.		29,442.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	6,159,364.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	5,646,048.			
		c Gain or (loss)	513,316.			
	d Net gain or (loss)		513,316.		513,316.	
	8 a Gross income from fundraising events (not including \$ 480,507. of contributions reported on line 1c). See Part IV, line 18	a	105,439.			
		b Less: direct expenses	362,230.			
c Net income or (loss) from fundraising events			-256,791.		-256,791.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a DESIGNATION FEE		900099	250,928.	250,928.		
	b MISCELLANEOUS INCOME	900099	85,029.	85,029.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			335,957.		
12 Total revenue. See instructions			26,021,244.	335,957.	0.	622,725.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,108,991.	5,108,991.		
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,169,921.	644,746.	310,561.	214,614.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,688,503.	4,342,067.	722,866.	1,623,570.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	220,615.	131,321.	39,130.	50,164.
9 Other employee benefits	563,464.	356,951.	82,703.	123,810.
10 Payroll taxes	626,353.	374,065.	92,736.	159,552.
11 Fees for services (non-employees):				
a Management				
b Legal	40,870.	26,755.	13,931.	184.
c Accounting	74,005.		74,005.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	924,985.	657,565.	246,777.	20,643.
12 Advertising and promotion	108,165.	51,032.	5,132.	52,001.
13 Office expenses	302,354.	183,368.	59,191.	59,795.
14 Information technology	322,829.	180,729.	67,825.	74,275.
15 Royalties				
16 Occupancy	451,902.	368,327.	85,513.	-1,938.
17 Travel	171,529.	79,766.	49,362.	42,401.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	43,914.	28,098.	15,816.	
21 Payments to affiliates	284,261.	179,340.	38,006.	66,915.
22 Depreciation, depletion, and amortization	357,198.	234,433.	43,891.	78,874.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DESIGNATED REVENUE AND	9,146,417.	9,146,417.		
b MARKETING EXPENSES	890,664.	504,683.		385,981.
c MISCELLANEOUS EXPENSE	744,787.	333,452.	13,864.	397,471.
d CLIENT ASSISTANCE	116,950.	116,950.		
e All other expenses	45,846.	28,227.	7,495.	10,124.
25 Total functional expenses. Add lines 1 through 24e	28,404,523.	23,077,283.	1,968,804.	3,358,436.
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,089,812.	2	793,223.
	3 Pledges and grants receivable, net	11,418,625.	3	8,763,223.
	4 Accounts receivable, net	222,707.	4	295,810.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	363,831.	9	378,104.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,177,866.		
	b Less: accumulated depreciation	10b 1,490,308.	2,036,299.	10c 1,687,558.
	11 Investments - publicly traded securities	18,634,184.	11	18,758,276.
	12 Investments - other securities. See Part IV, line 11	2,199,916.	12	3,867,667.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,965,374.	16	34,543,861.	
Liabilities	17 Accounts payable and accrued expenses	10,244,657.	17	8,202,603.
	18 Grants payable		18	
	19 Deferred revenue		19	125,831.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	238,586.	23	1,368,355.
	24 Unsecured notes and loans payable to unrelated third parties		24	104,101.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	10,483,243.	26	9,800,890.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	17,502,420.	27	15,666,016.
	28 Temporarily restricted net assets	6,883,546.	28	7,397,905.
	29 Permanently restricted net assets	1,096,165.	29	1,679,050.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	25,482,131.	33	24,742,971.	
34 Total liabilities and net assets/fund balances	35,965,374.	34	34,543,861.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,021,244.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,404,523.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,383,279.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,482,131.
5	Net unrealized gains (losses) on investments	5	1,628,220.
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 in Schedule O)	9	15,899.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,742,971.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

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

2018

Open to Public Inspection

Name of the organization **THE UNITED WAY OF CENTRAL MARYLAND, INC.** Employer identification number **52-0591543**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36006441.	34333572.	34331406.	29230379.	25062562.	158964360
2 Tax revenues levied for the organization'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	36006441.	34333572.	34331406.	29230379.	25062562.	158964360
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)						
6 Public support. Subtract line 5 from line 4.						158964360

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	36006441.	34333572.	34331406.	29230379.	25062562.	158964360
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	293,258.	333,538.	359,248.	493,645.	336,221.	1815910.
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 Total support. Add lines 7 through 10						160780270
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	98.87 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	97.94 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in 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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

THE UNITED WAY OF CENTRAL MARYLAND, INC.

Employer identification number

52-0591543

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 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	<hr/> <hr/> <hr/>	\$ 852,521.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 720,048.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2018
Open to Public Inspection

Name of the organization **THE UNITED WAY OF CENTRAL MARYLAND, INC.** Employer identification number **52-0591543**

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,096,165.	1,043,297.	993,011.	992,719.	991,034.
b Contributions					
c Net investment earnings, gains, and losses	582,885.	52,868.	50,286.	292.	1,685.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,679,050.	1,096,165.	1,043,297.	993,011.	992,719.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,421,123.	318,273.	1,102,850.
d Equipment		1,756,743.	1,172,035.	584,708.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,687,558.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CHARITABLE TRUST	3,542,564.	END-OF-YEAR MARKET VALUE
(B) BALTIMORE COMMUNITY		
(C) FOUNDATION	325,103.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,867,667.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	18,935,395.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	285,572.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,774,996.
e	Add lines 2a through 2d	2e	2,060,568.
3	Subtract line 2e from line 1	3	16,874,827.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	9,146,417.
c	Add lines 4a and 4b	4c	9,146,417.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	26,021,244.

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

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

1	Total expenses and losses per audited financial statements	1	19,674,554.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	142,500.
b	Prior year adjustments	2b	
c	Other losses	2c	-15,900.
d	Other (Describe in Part XIII.)	2d	289,848.
e	Add lines 2a through 2d	2e	416,448.
3	Subtract line 2e from line 1	3	19,258,106.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	9,146,417.
c	Add lines 4a and 4b	4c	9,146,417.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	28,404,523.

Part XIII Supplemental Information.

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

PART V, LINE 4:

PURPOSE OF ENDOWMENT FUNDS:

THE ENDOWMENT FUND OF UNITED WAY OF CENTRAL MARYLAND, INC. (UWCM) HAS BEEN FORMED TO PROVIDE INDIVIDUALS, BUSINESSES, FOUNDATIONS AND OTHERS, THE OPPORTUNITY TO DONATE CASH OR OTHER PROPERTIES TO UWCM. THE FOLLOWING POLICY HAS BEEN ADOPTED BY THE UWCM BOARD OF DIRECTORS TO PROVIDE FOR THE UNIFORM ADMINISTRATION OF THE ENDOWMENT FUND. THE BOARD RECOGNIZES THE IMPORTANCE OF ESTABLISHING STANDARDS FOR THE CREATION AND MANAGEMENT OF ENDOWED GIFTS TO UWCM TO ENSURE FISCAL INTEGRITY, ACCOUNTABILITY AND TRANSPARENCY, AND TO SUPPORT ACTIVE SOLICITATION OF GIFTS.

I. ROLE OF ENDOWMENT:

Part XIII Supplemental Information (continued)

THE UWCM ENDOWMENT REPRESENTS PERMANENT FUNDS THAT PROVIDE LONG-TERM ECONOMIC SUSTAINABILITY FOR UWCM AND ITS PROGRAMS.

INCOME FROM ENDOWED FUNDS ALIGN UWCM TO:

. CREATE CAPACITY TO DELIVER MISSION OVER TIME.

. MAINTAIN INSTITUTIONAL STABILITY.

. 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, 2019 AND 2018.

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

Part XIII Supplemental Information (continued)

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, 2019 AND 2018, 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 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

THE JOURNEY HOME BENEFIT EXCHANGE TRANSACTION
ADJUSTMENT TO LANGENFELDER TRUST
DIRECT FUNDRAISING EXPENSE
IN-KIND REVENUE

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS TO AGENCIES AND PROVISION FOR BAD DEBT

PART XII, LINE 2D - OTHER ADJUSTMENTS:

THE JOURNEY HOME BENEFIT EXCHANGE TRANSACTION
ADJUSTMENT TO LANGENFELDER TRUST
DIRECT FUNDRAISING EXPENSE

Part XIII Supplemental Information (continued)

IN-KIND REVENUE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS TO AGENCIES AND PROVISION FOR BAD DEBT

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 1,968,804 + 3,358,436 = 5,327,240

DENOMINATOR = 26,021,244

TAX RETURN OVERHEAD = 20.47%

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CONCERT AT THE LYRIC (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	585,946.		585,946.
	2	Less: Contributions	480,507.		480,507.
	3	Gross income (line 1 minus line 2)	105,439.		105,439.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	112,631.		112,631.
	7	Food and beverages	63,189.		63,189.
	8	Entertainment	147,056.		147,056.
	9	Other direct expenses	39,354.		39,354.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-256,791.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**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.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **THE UNITED WAY OF CENTRAL MARYLAND, INC.** Employer identification number **52-0591543**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABILITIES NETWORK, INC. 8503 LASALLE RD. TOWSON, MD 21286	52-6060453	501 (C) (3)	24,760.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ACCESS CARROLL, INC. 2 LOCUST LANE SUITE 301 WESTMINSTER, MD 21157	20-2146701	501 (C) (3)	15,435.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ACCESS HEARS 4102 UNDERWOOD RD BALTIMORE, MD 21218	47-4175242	501 (C) (3)	15,000.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ADELANTE LATINA 2907 W STRATHMORE AVE. BALTIMORE, MD 21209	46-4288885	501 (C) (3)	7,500.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ALTERNATIVE HOUSE P.O. BOX 694 DUNN LORING, VA 22027	54-0899463	501 (C) (3)	5,159.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ALZHEIMERS DISEASE & RELATED DISORDERS ASSOCIATION, INC. - 1850 YORK RD, STE. D - TIMONIUM, MD 21093	52-1219428	501 (C) (3)	39,157.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 286.**

3 Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S DISEASE & RELATED DISORDER'S ASSOCIATION, INC. - 225 N MICHIGAN AVE #17 - CHICAGO, IL 60601	13-3039601	501 (C) (3)	10,636.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AMERICAN BREAST CANCER FOUNDATION 1220 B EAST JOPPA RD - SUITE 332 TOWSON, MD 21286	52-2031814	501 (C) (3)	7,526.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AMERICAN CANCER SOCIETY INC, SOUTH ATLANTIC DIVISION - 405 WILLIAMS CT, STE 120 - BALTIMORE, MD 21220	54-0515701	501 (C) (3)	22,910.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF MARYLAND, INC. - 3600 CLIPPER MILL RD., STE. 350 - BALTIMORE, MD 21211	23-7209538	501 (C) (3)	10,871.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AMERICAN DIABETES ASSOCIATION (BALTIMORE) - 2002 CLIPPER PARK ROAD - SUITE 110 - BALTIMORE, MD 21211	13-1623888	501 (C) (3)	32,713.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AMERICAN HEART ASSOCIATION, MID-ATLANTIC AFFILIATE - 4217 PARK PLACE CT. - GLEN ALLEN, VA 23060	13-5613797	501 (C) (3)	31,817.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AMERICAN RED CROSS DISASTER RELIEF -NATIONAL #20012 - P.O. BOX 37243 - WASHINGTON, DC 20013	53-0196605	501 (C) (3)	108,171.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AMERICAN RED CROSS OF THE CHESAPEAKE REGION #20012 - 4800 MT. HOPE DRIVE - BALTIMORE, MD 21215	53-0196605	501 (C) (3)	277,161.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - PO BOX 96929 - WASHINGTON, DC 20077	13-1623829	501 (C) (3)	11,709.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANNE ARUNDEL COUNTY CASA, INC. 8 CHURCH CIRCLE, STE H-103 ANNAPOLIS, MD 21401	52-1885500	501 (C) (3)	30,599.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ANNE ARUNDEL COUNTY PARTNERSHIP FOR CHILDREN, YOUTH & FAMILIES - 1 HARRY S. TRUMAN PKWY - ANNAPOLIS, MD 21401	52-6000878	501 (C) (3)	330,697.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ANNE ARUNDEL MEDICAL CENTER FOUNDATION INC. - 2000 MEDICAL PARKWAY - ANNAPOLIS, MD 21401	52-1331298	501 (C) (3)	15,379.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARCHBISHOP CURLEY HIGH SCHOOL 3701 SINCLAIR LN. BALTIMORE, MD 21213	52-0740597	501 (C) (3)	26,410.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARCHDIOCESE OF BALTIMORE CATHOLIC SCHOOLS - 320 CATHEDRAL ST - BALTIMORE, MD 21201	52-0591535	501 (C) (3)	123,597.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARTHRITIS FOUNDATION, INC. MARYLAND CHAPTER - 9891 BROKEN LAND PKWY - SUITE 101 - COLUMBIA, MD 21046	58-1341679	501 (C) (3)	6,018.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARUNDEL LODGE, INC. 2600 SOLOMONS ISLAND RD. EDGEWATER, MD 21037	51-0169423	501 (C) (3)	7,589.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ASSOCIATED BLACK CHARITIES 1114 CATHEDRAL ST. BALTIMORE, MD 21201	52-1427774	501 (C) (3)	165,786.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ASSOCIATED CATHOLIC CHARITIES OF BALTIMORE - 320 CATHEDRAL ST. 3RD FL. - BALTIMORE, MD 21201	52-0591538	501 (C) (3)	973,673.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BACK ON MY FEET - BALTIMORE CHAPTER - 1017 E. BALTIMORE ST, STE 2016 - BALTIMORE, MD 21202	26-2109809	501 (C) (3)	28,773.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BALTIMORE ANIMAL RESCUE AND CARE SHELTER INC - 301 STOCKHOLM ST - BALTIMORE, MD 21230	86-1130456	501 (C) (3)	37,568.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BALTIMORE CHILD ABUSE CENTER, INC 2300 N. CHARLES ST. 4TH FLOOR BALTIMORE, MD 21218	52-1681279	501 (C) (3)	35,903.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BALTIMORE CHILDREN'S MUSEUM, INC. 35 MARKET PLACE BALTIMORE, MD 21202	52-1806933	501 (C) (3)	36,441.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BALTIMORE CITY FOUNDATION-BALTIMORE CITY HEALTH DEPT - - 1001 E. FAYETTE ST - BALTIMORE, MD 21202	52-1212473	501 (C) (3)	5,162.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BALTIMORE COMMUNITY FOUNDATION, INC - 2 EAST READ ST. 9TH FLR - BALTIMORE, MD 21202	23-7180620	501 (C) (3)	13,859.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BALTIMORE COMMUNITY TOOLBANK INC 1224 WICOMICO STREET BALTIMORE, MD 21230	45-4507134	501 (C) (3)	5,054.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BALTIMORE COUNTY DEPARTMENT OF HEALTH - 6401 YORK ROAD, 3RD FLOOR - BALTIMORE, MD 21212	52-6000889	501 (C) (3)	18,434.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BALTIMORE COUNTY PUBLIC SCHOOLS FOUNDATION INC - 6901 N. CHARLES STREET - BALTIMORE, MD 21204	52-1819200	501 (C) (3)	10,763.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALTIMORE EDUCATION SCHOLARSHIP TRUST (BEST) - 808 NORTH CHARLES ST., STE. 200-C - BALTIMORE, MD 21201	52-1072250	501 (C) (3)	31,149.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BALTIMORE FESTIVAL OF THE ARTS, INC. - 10 E.BALTIMORE ST, 10TH FL - BALTIMORE, MD 21202	90-0091850	501 (C) (3)	7,500.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BALTIMORE HUNGER PROJECT 1829 REISTERSTOWN RD - STE. 430 BALTIMORE, MD 21208	47-2281875	501 (C) (3)	6,633.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BALTIMORE JESUIT EDUCATIONAL INITIATIVE - 420 S. CHESTER STREET - BALTIMORE, MD 21231	05-0632734	501 (C) (3)	51,028.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BALTIMORE LAB SCHOOL 2220 ST. PAUL ST BALTIMORE, MD 21218	45-2984607	501 (C) (3)	8,275.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BALTIMORE SCHOOL FOR THE ARTS FOUNDATION, INC. - 712 CATHEDRAL ST. - BALTIMORE, MD 21201	52-1174284	501 (C) (3)	18,264.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BALTIMORE SQUASHWISE, INC. 3600 CLIPPER MILL RD., STE. 103 BALTIMORE, MD 21211	26-2194077	501 (C) (3)	15,634.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BALTIMORE SYMPHONY ORCHESTRA 1212 CATHEDRAL ST. BALTIMORE, MD 21201	52-0629696	501 (C) (3)	12,594.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BALTIMORE URBAN DEBATE LEAGUE INC 2601 NORTH HOWARD ST, STE. 150 BALTIMORE, MD 21218	81-0596405	501 (C) (3)	5,147.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELIEVE IN TOMORROW NATIONAL CHILDREN'S FOUNDATION - PO BOX 21243 - BALTIMORE, MD 21228	52-1332737	501 (C) (3)	20,884.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BELOVED COMMUNITY SERVICES CORPORATION - 1219 DRUID HILL AVENUE - BALTIMORE, MD 21217	80-0192216	501 (C) (3)	40,000.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BIRTHRIGHT PREGNANCY AID CENTER, INC. - 38 EAST GORDON STREET - BEL AIR, MD 21014	52-1305958	501 (C) (3)	17,090.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BOY SCOUTS OF AMERICA, BALTIMORE AREA COUNCIL - 701 WYMAN PARK DR. - BALTIMORE, MD 21211	52-0591572	501 (C) (3)	71,321.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BOYS & GIRLS CLUB OF METROPOLITAN BALTIMORE - 1201 S. SHARP ST, STE.302 - BALTIMORE, MD 21230	26-4371125	501 (C) (3)	6,093.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BOYS & GIRLS CLUBS OF ANNAPOLIS & ANNE ARUNDEL COUNTY - 121 S. VILLA AVENUE - ANNAPOLIS, MD 21401	52-1736346	501 (C) (3)	28,741.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BOYS & GIRLS CLUBS OF HARFORD COUNTY - PO BOX 1106 - ABERDEEN, MD 21001	52-1701612	501 (C) (3)	22,357.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BOYS AND GIRLS CLUB OF WESTMINSTER 71 E. MAIN ST WESTMINSTER, MD 21157	27-4271480	501 (C) (3)	40,004.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BOYS HOPE GIRLS HOPE OF BALTIMORE 8005 HARFORD RD, STE 101 BALTIMORE, MD 21234	52-2356443	501 (C) (3)	17,281.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGEBUILDER CINEMATIC ARTS PROGRAM - 380 15TH ST, #3E - BROOKLYN, NY 11215	82-4937530	501 (C) (3)	10,000.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BRIDGES TO HOUSING STABILITY, INC. 9520 BERGER ROAD, SUITE 311 COLUMBIA, MD 21046	52-1723716	501 (C) (3)	208,645.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BRYN MAWR SCHOOL 109 WEST MELROSE AVE. BALTIMORE, MD 21210	52-0258140	501 (C) (3)	7,530.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BUDDIES, INC. 301 ELRINO STREET BALTIMORE, MD 21224	52-6042656	501 (C) (3)	7,548.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CAL RIPKEN SR. FOUNDATION, INC. 1427 CLARKVIEW RD. STE. 100 BALTIMORE, MD 21209	52-2310500	501 (C) (3)	23,382.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CALVERT HALL COLLEGE HIGH SCHOOL 8102 LA SALLE ROAD BALTIMORE, MD 21286	52-0607966	501 (C) (3)	6,427.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CALVERT SCHOOL INC. 105 TUSCANY ROAD BALTIMORE, MD 21210	52-0591510	501 (C) (3)	6,502.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CAMP ST. VINCENT C/O ST. VINCENT DE PAUL OF BALTIMORE, INC. - 2305 N. CHARLES STREET - BALTIMORE, MD 21218	52-0597056	501 (C) (3)	11,035.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE, NE WASHINGTON, DC 20017	52-1167581	501 (C) (3)	5,133.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE AND SHARE FOOD BANK 2605 PREAMBLE PT. COLORADO SPRINGS, CO 80915	84-0731930	501 (C) (3)	5,663.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CAROLINE CENTER AT SOMERSET STREET 900 SOMERSET ST. BALTIMORE, MD 21202	52-1920377	501 (C) (3)	28,299.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CARROLL CHILD CARE CENTERS, INC. PO BOX 1382 WESTMINSTER, MD 21158	52-0890366	501 (C) (3)	11,441.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CARROLL COUNTY FOOD SUNDAY P.O. BOX 2160 WESTMINSTER, MD 21158	52-1247177	501 (C) (3)	10,114.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CASA DE MARYLAND, INC. 8151 15TH AVENUE LANGLEY PARK, MD 20783	52-1372972	501 (C) (3)	20,165.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CASA OF BALTIMORE COUNTY, INC. 305 W. CHESAPEAKE AVENUE - SUITE 1 TOWSON, MD 21204	52-2258847	501 (C) (3)	29,256.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CATHERINE'S FAMILY AND YOUTH SERVICES INC - PO BOX 11580 - BALTIMORE, MD 21229	47-3335842	501 (C) (3)	7,717.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CATHOLIC CHARITIES OF THE ARCHDIOCESE - 924 G. ST. NW - WASHINGTON, DC 20001	53-0196524	501 (C) (3)	6,826.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CATHOLIC RELIEF SERVICES - USCCB 228 W. LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501 (C) (3)	24,895.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CCBC CATONSVILLE FOUNDATION 7200 SOLLERS POINT ROAD BALTIMORE, MD 21222	20-3246676	501 (C) (3)	19,794.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CENTER FOR URBAN FAMILIES, INC. 2201 N. MONROE STREET BALTIMORE, MD 21217	52-2142708	501 (C) (3)	265,058.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CENTER STAGE ASSOCIATES, INC. 700 NORTH CALVERT ST BALTIMORE, MD 21202	52-0780194	501 (C) (3)	17,051.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CHARM CITY CLINIC, INC 2222 JEFFERSON ST BALTIMORE, MD 21205	27-1116788	501 (C) (3)	6,021.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CHESAPEAKE BAY FOUNDATION 6 HERNDON AVE. ANNAPOLIS, MD 21403	52-6065757	501 (C) (3)	24,502.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CHILDREN'S HOME OF YORK 77 SHOE HOUSE ROAD YORK, PA 17406	23-1352081	501 (C) (3)	6,226.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CHILDREN'S HOUSE AT JOHNS HOPKINS 1915 MCELDERRY ST. BALTIMORE, MD 21205	52-1619682	501 (C) (3)	8,898.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CHILDREN'S SCHOLARSHIP FUND OF BALTIMORE - 1000 SAINT PAUL STREET - BALTIMORE, MD 21202	31-1480933	501 (C) (3)	5,435.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CHURCH OF THE GUARDIAN ANGEL 2629 HUNTINGTON AVE BALTIMORE, MD 21211	52-0747600	501 (C) (3)	10,950.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY LIFE - COMMUNITY BUILDERS 2809 BOSTON ST., STE.402 BALTIMORE, MD 21224	46-4725638	501 (C) (3)	26,180.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CIVIC WORKS, INC. 2701 ST. LO DRIVE BALTIMORE, MD 21213	52-1925614	501 (C) (3)	39,238.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
COLLEGE BOUND FOUNDATION, INC. 300 WATER ST., STE. 300 BALTIMORE, MD 21202	52-1598921	501 (C) (3)	7,797.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
COMMUNITY ACTION COUNCIL OF HOWARD COUNTY, MARYLAND, INC. - 6751 COLUMBIA GATEWAY DR, BOX 226 - COLUMBIA, MD 21046	52-0823083	501 (C) (3)	154,329.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
COMMUNITY ASSISTANCE NETWORK, INC. 7701 DUNMANWAY BALTIMORE, MD 21222	52-0823186	501 (C) (3)	19,482.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
COMMUNITY SERVICES OF CENTRAL MARYLAND - 2701 W. PATAPSCO AVE., STE. 110 - BALTIMORE, MD 21230	52-1271898	501 (C) (3)	77,144.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
COUNTY UNITED WAY 113 A SOUTH CENTRE ST CUMBERLAND, MD 21502	52-0695477	501 (C) (3)	14,722.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
COURT APPOINTED SPECIAL ADVOCATE OF BALTIMORE, INC. - P.O. BOX 13004 - BALTIMORE, MD 21203	52-1905072	501 (C) (3)	8,846.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CROHN'S & COLITIS FOUNDATION OF AMERICA, INC. - 1777 REISTERSTOWN RD, STE 206 - BALTIMORE, MD 21208	13-6193105	501 (C) (3)	14,656.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CYSTIC FIBROSIS FOUNDATION - MARYLAND - 10626 YORK ROAD - SUITE A - COCKEYSVILLE, MD 21030	52-6019357	501 (C) (3)	6,949.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DAYSRING PROGRAM, INC. 1125 N. PATTERSON PARK AVE BALTIMORE, MD 21213	52-2042543	501 (C) (3)	22,446.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DEFENDERS OF ANIMAL RIGHTS 14412 OLD YORK RD. PHOENIX, MD 21131	52-1061126	501 (C) (3)	12,277.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DIGITAL HARBOR FOUNDATION 1045 LIGHT ST BALTIMORE, MD 21230	45-2536579	501 (C) (3)	5,186.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DIRECTOR OF FINANCE - ATTN: AMIR ASSADI - 7 EAST REDWOOD ST, STE 801 - BALTIMORE, MD 21202	52-6000769	LOCAL GOVERNMENT	96,204.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DIY GIRLS SOCIAL & ENVIRONMENTAL ENTREPRENEURS - 23532 CALABASAS RD, NO.A - CALABASAS, CA 91302	95-4116679	501 (C) (3)	6,000.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DOWNTOWN BALTIMORE CHILD CARE, INC. - 237 ARCH STREET - BALTIMORE, MD 21201	52-1226027	501 (C) (3)	5,262.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DOWNTOWN SAILING CENTER 1425 KEY HWY., STE 110 BALTIMORE, MD 21230	52-1867434	501 (C) (3)	6,473.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
EARTHSHARE MID-ATLANTIC 7735 OLD GEORGETOWN ROAD - SUITE 90 BETHESDA, MD 20814	27-3918694	501 (C) (3)	31,759.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEAL OF NORTH GEORGIA INC 53 PERIMETER CENTER EAST ATLANTA, GA 30346	58-1919768	501 (C) (3)	8,052.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
EDGEWOOD COMMUNITY SUPPORT CENTER, INC. - 1918 PULASKI HWY - EDGEWOOD, MD 21040	46-1504860	501 (C) (3)	7,238.	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)	30,209.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ENTERPRISE COMMUNITY PARTNERS, INC. - 11000 BROKEN LAND PKWY, STE.700 - COLUMBIA, MD 21044	52-1231931	501 (C) (3)	32,878.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
EPILEPSY FOUNDATION OF THE CHESAPEAKE REGION - 8301 PROFESSIONAL PLACE, STE.200 - LANDOVER, MD 20785	52-0856660	501 (C) (3)	7,715.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
EPISCOPAL COMMUNITY SERVICES OF MARYLAND INC - 1701 MADISON AVE, STE 515 - BALTIMORE, MD 21217	52-0591564	501 (C) (3)	5,185.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
EPISCOPAL HOUSING CORPORATION 3986 ROLAND AVE. BALTIMORE, MD 21211	52-1939344	501 (C) (3)	336,422.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ESPERANZA CENTER HEALTH SERVICES 430 S. BROADWAY, 3RD FL. BALTIMORE, MD 21231	52-0591538	501 (C) (3)	26,180.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
EVERY KID CAN COOK INC 4240 COLUMBIA RD ELLCOTT CITY, MD 21042	82-1954638	501 (C) (3)	38,883.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY & CHILDREN'S SERVICES OF CENTRAL MARYLAND, INC. - 4623 FALLS RD. - BALTIMORE, MD 21209	52-0591546	501 (C) (3)	158,910.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FELLS POINT CREATIVE ALLIANCE INC 3134 EASTERN AVE BALTIMORE, MD 21224	52-1919988	501 (C) (3)	15,927.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FIRST FRUITS FARM, INC. 2025 FREELAND ROAD FREELAND, MD 21053	65-1220502	501 (C) (3)	57,517.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FISHER HOUSE FOUNDATION 111 ROCKVILLE PIKE, STE. 420 ROCKVILLE, MD 20850	11-3158401	501 (C) (3)	7,451.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FRANCISCAN CENTER 101 WEST 23RD STREET BALTIMORE, MD 21218	52-1164260	501 (C) (3)	13,325.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FUEL FUND OF MARYLAND 1800 WASHINGTON BLVD - SUITE 410-A BALTIMORE, MD 21230	52-1204629	501 (C) (3)	93,416.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FUND FOR EDUCATIONAL EXCELLENCE 800 NORTH CHARLES ST., SUITE 400 BALTIMORE, MD 21201	52-1129402	501 (C) (3)	39,241.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FUND FOR JOHNS HOPKINS MEDICINE 550 N. BROADWAY, SUITE 914 BALTIMORE, MD 21205	52-0591656	501 (C) (3)	5,000.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GILCHRIST HOSPICE CARE 11311 MCCORMICK ROAD, SUITE 350 HUNT VALLEY, MD 21031	52-1851251	501 (C) (3)	33,662.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GILMAN SCHOOL INC. 5407 ROLAND AVENUE BALTIMORE, MD 21210	52-0591604	501 (C) (3)	5,010.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GIRL SCOUTS OF CENTRAL MARYLAND 4806 SETON DR. BALTIMORE, MD 21215	52-0780207	501 (C) (3)	60,785.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GLOBAL IMPACT 1199 NORTH FAIRFAX STREET #300 ALEXANDRIA, VA 22314	52-1273585	501 (C) (3)	34,680.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GOODWILL INDUSTRIES OF THE CHESAPEAKE, INC - 222 EAST REDWOOD ST. - BALTIMORE, MD 21202	52-0591576	501 (C) (3)	125,782.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GRASSROOTS CRISIS INTERVENTION CENTER, INC. - 6700 FREETOWN RD. - COLUMBIA, MD 21044	52-0909351	501 (C) (3)	44,728.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GREATER BALTIMORE CENTER FOR PREGNANCY CONCERNS - 442 EASTERN BLVD - ESSEX, MD 21221	52-1192219	501 (C) (3)	19,070.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GREATER BALTIMORE MEDICAL CENTER GBMC FOUNDATION - 6701 N. CHARLES ST. - BALTIMORE, MD 21204	52-6049658	501 (C) (3)	15,054.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HABITAT FOR HUMANITY OF THE CHESAPEAKE - 3741 COMMERCE DRIVE - STE 311 - BALTIMORE, MD 21227	52-1226188	501 (C) (3)	19,524.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HABITAT FOR HUMANITY SUSQUEHANNA, INC. - 205 S HAYS STREET - BEL AIR, MD 21014	52-1848933	501 (C) (3)	6,987.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HACKERMAN PATZ HOUSE AT SINAI 2434 W. BELVERDERE AVE BALTIMORE, MD 21215	52-0486540	501 (C) (3)	100,520.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HARFORD COMMUNITY ACTION AGENCY 1321-B WOODBRIDGE STATION WAY EDGEWOOD, MD 21040	52-1306096	501 (C) (3)	18,914.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HARFORD FAMILY HOUSE, INC 53 EAST BEL AIR AVENUE, STE 3 ABERDEEN, MD 21001	52-1706367	501 (C) (3)	17,332.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HEALTH CARE FOR THE HOMELESS, INC. 421 FALLSWAY BALTIMORE, MD 21202	52-1576404	501 (C) (3)	346,709.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HEALTHY LITTLE COOKS LLC 4240 COLUMBIA RD ELLCOTT CITY, MD 21042	46-1229635	501 (C) (3)	84,620.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HELPING UP MISSION INC 1029 E. BALTIMORE ST. BALTIMORE, MD 21202	52-0635090	501 (C) (3)	79,075.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HIGHER ACHIEVEMENT PROGRAM, INC. (THE HAP) - 1750 COLUMBIA RD NW, 2ND FLOOR - WASHINGTON, DC 20009	52-1383374	501 (C) (3)	8,135.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HOPE FOR JUSTICE PO BOX 280365 NASHVILLE, TN 37228	75-3179471	501 (C) (3)	12,973.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HOPE RETURNED, INC 200 WYE HARBOR DR QUEENSTOWN, MD 21658	46-3466979	501 (C) (3)	5,269.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE OF GARRETT COUNTY, INC. PO BOX 271 OAKLAND, MD 21550	52-1339057	501 (C) (3)	5,000.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HOSPICE OF THE CHESAPEAKE, INC. 90 RITCHIE HWY PASADENA, MD 21122	52-1181448	501 (C) (3)	10,224.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HOUSE OF RUTH MARYLAND, INC. 2201 ARGONNE DR. BALTIMORE, MD 21218	52-1100236	501 (C) (3)	225,300.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HOWARD COUNTY AUTISM SOCIETY, INC. 9770 PATUXENT WOODS DR, STE. 308 COLUMBIA, MD 21046	52-1857721	501 (C) (3)	8,286.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HOWARD COUNTY GENERAL HOSPITAL FOUNDATION - 5755 CEDAR LANE - COLUMBIA, MD 21044	52-1072778	501 (C) (3)	10,524.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HOWARD COUNTY GOVERNMENT - DEPARTMENT OF CITIZEN SERVICES - 3430 COURTHOUSE DR - ELLICOTT CITY, MD 21043	52-6000965	LOCAL GOVERNMENT	28,825.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC. - PO BOX 489 - WESTMINSTER, MD 21158	52-1549551	501 (C) (3)	103,596.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HUMANE SOCIETY BALTIMORE COUNTY 1601 NICODEMUS RD. REISTERSTOWN, MD 21136	52-0623165	501 (C) (3)	15,019.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HUMANE SOCIETY OF TAMPA BAY 3607 N. ARMENIA AVE. TAMPA, FL 33607	59-0799907	501 (C) (3)	5,341.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANIM, INC 6355 WOODSIDE CT. COLUMBIA, MD 21046	52-0962588	501 (C) (3)	19,509.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
INNER CITY FOUNDATION FOR CHARITY AND EDUCATION - 238 JEWETT AVE - BRIDGEPORT, CT 06606	06-1318337	501 (C) (3)	9,500.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
INTERNATIONAL PARURESIS ASSOCIATION, INC. - PO BOX 21237 - CATONSVILLE, MD 21228	06-1509744	501 (C) (3)	5,700.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
INTERNATIONAL RESCUE COMMITTEE BALTIMORE, MD - 122 E. 42ND STREET - NEW YORK, NY 10168	13-5660870	501 (C) (3)	7,077.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ITINERIS FOUNDATION INC 2050-A ROCKROSE RD BALTIMORE, MD 21211	26-2361654	501 (C) (3)	5,230.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JEMICY SCHOOL 11 CELADON RD. OWINGS MILLS, MD 21117	52-0976194	501 (C) (3)	5,041.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JEWISH COMMUNITY SERVICES INC 5750 PARK HEIGHTS AVE. BALTIMORE, MD 21215	52-0607909	501 (C) (3)	25,400.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JH CAREERS IN SCIENCE & MEDICINE OVERCOMING SOCIO. BARRIERS - 725 N. WOLF ST - BALTIMORE, MD 21205	52-0595110	501 (C) (3)	6,004.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JOHN FETTING FUND FOR BREAST CANCER PREVENTION - 750 E. PRATT ST, STE 1700 - BALTIMORE, MD 21201	52-0591656	501 (C) (3)	10,103.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS BAYVIEW MEDICAL CENTER - 5200 EASTERN AVE, STE 356 - BALTIMORE, MD 21224	52-1341890	501 (C) (3)	50,299.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JOHNS HOPKINS DEPARTMENT OF MEDICINE - 5200 EASTERN AVE, SUITE 354 - BALTIMORE, MD 21224	52-1341890	501 (C) (3)	10,000.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JOHNS HOPKINS HOME CARE GROUP, INC. - 5901 HOLABIRD AVENUE - SUITE A - BALTIMORE, MD 21224	52-0595110	501 (C) (3)	5,167.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JOHNS HOPKINS HOSPITAL HACKERMAN-PATZ PATIENT AND FAMILY - 301 N BROADWAY STREET - BALTIMORE, MD 21231	52-0595110	501 (C) (3)	100,020.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JOHNS HOPKINS HOSPITAL WILMER EYE INSTITUTE - 600 N. WOLFE ST RM 112 - BALTIMORE, MD 21287	52-0595110	501 (C) (3)	5,500.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JOHNS HOPKINS UNIVERSITY 100 S. CHARLES ST BALTIMORE, MD 21201	52-0595110	501 (C) (3)	58,600.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JOSEPH RICHEY HOSPICE, INC. 838 NORTH EUTAW ST. BALTIMORE, MD 21201	52-1184960	501 (C) (3)	7,877.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JUBILEE BALTIMORE, INC. 25 EAST 20TH STREET BALTIMORE, MD 21218	52-1222237	501 (C) (3)	16,350.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JUNIOR ACHIEVEMENT CENTRAL MARYLAND - 10711 RED RUN BLVD. STE.110 - OWINGS MILLS, MD 21117	52-0688275	501 (C) (3)	6,765.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL - 26 BROADWAY, 14TH FLOOR - NEW YORK, NY 10004	23-1907729	501 (C) (3)	20,534.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
KENNEDY KRIEGER INSTITUTE 707 NORTH BROADWAY BALTIMORE, MD 21205	52-0607971	501 (C) (3)	47,805.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
KEY SCHOOL 543 HILLSMERE DR ANNAPOLIS, MD 21403	52-0701774	501 (C) (3)	5,968.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
KINGDOM KARE, INC. 1350 BLAIR DR., STE. G ODENTON, MD 21113	46-0982054	501 (C) (3)	27,000.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
KIPP HARMONY ACADEMY 4701 GREENSPRING AVENUE, RM 115 BALTIMORE, MD 21209	52-2342513	501 (C) (3)	11,851.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LEUKEMIA & LYMPHOMA SOCIETY, INC. - MARYLAND CHAPTER - 100 PAINTERS MILL ROAD - SUITE 800 - OWINGS MILLS, MD 21117	13-5644916	501 (C) (3)	16,936.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LIBERTY'S PROMISE 2900A JEFFERSON DAVIS HWY ALEXANDRIA, VA 22305	27-0058022	501 (C) (3)	5,000.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
THE LIGHT HOUSE, INC. 10 HUDSON STREET ANNAPOLIS, MD 21401	52-1671388	501 (C) (3)	13,043.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LIGHT OF TRUTH CENTER (THE) 3308 KYLE CT. BALTIMORE, MD 21244	52-2193286	501 (C) (3)	7,882.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHTHOUSE SHELTER OF ANNAPOLIS 202 WEST ST. ANNAPOLIS, MD 21401	52-1441457	501 (C) (3)	6,827.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LIGHTHOUSE, INC. 60 MELLOR AVE. CATONSVILLE, MD 21228	23-7181726	501 (C) (3)	23,949.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LITTLE SISTERS OF THE POOR-BALTIMORE, INC. - 601 MAIDEN CHOICE LANE - BALTIMORE, MD 21228	52-0715244	501 (C) (3)	9,593.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LIVING CLASSROOMS FOUNDATION 1417 THAMES ST BALTIMORE, MD 21231	52-1369524	501 (C) (3)	57,942.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LOYOLA BLAKEFIELD HIGH SCHOOL PO BOX 6819 BALTIMORE, MD 21285	52-1142152	501 (C) (3)	9,078.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LOYOLA UNIVERSITY MARYLAND 4501 NORTH CHARLES STREET BALTIMORE, MD 21210	52-0591623	501 (C) (3)	8,149.	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)	9,710.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MAKING CHANGE CENTER 10440 PATUXENT PKWY, SUITE 900 COLUMBIA, MD 21044	52-1755086	501 (C) (3)	9,450.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MARIAN HOUSE INC. 949 GORSUCH AVE. BALTIMORE, MD 21218	52-1243849	501 (C) (3)	30,945.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYLAND CENTER FOR VETERANS EDUCATION AND TRAINING, INC. - 301 NORTH HIGH ST. - BALTIMORE, MD 21202	52-1815710	501 (C) (3)	15,554.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MARYLAND CLUB PRESERVATION FOUNDATION - 1 EAST EAGER ST - BALTIMORE, MD 21202	52-2273194	501 (C) (3)	10,000.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MARYLAND FAMILY NETWORK 1001 EASTERN AVE., 2ND FLOOR BALTIMORE, MD 21202	52-1486702	501 (C) (3)	17,449.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MARYLAND FOOD BANK, INC. 2200 HALETHORPE FARMS RD BALTIMORE, MD 21227	52-1135690	501 (C) (3)	207,829.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MARYLAND NEW DIRECTIONS, INC. 2700 NORTH CHARLES STREET - SUITE 2 BALTIMORE, MD 21218	52-1021365	501 (C) (3)	45,720.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MARYLAND SPCA OF BALTIMORE CITY, INC. - 3300 FALLS RD. - BALTIMORE, MD 21211	52-6001558	501 (C) (3)	40,679.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MARYLAND THERAPEUTIC RIDING, INC. 1141 SUNRISE BEACH RD CROWNSVILLE, MD 21032	52-2035698	501 (C) (3)	177,007.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MARYLAND ZOO IN BALTIMORE 1876 MANSION HOUSE DR BALTIMORE, MD 21217	52-0996352	501 (C) (3)	8,057.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MEALS ON WHEELS OF CENTRAL MARYLAND, INC. - 515 SOUTH HAVEN ST. - BALTIMORE, MD 21224	52-6074723	501 (C) (3)	115,552.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL EDUCATION RESOURCE INITIATIVE FOR TEENS INC - 733 N. BROADWAY, STE 137 - BALTIMORE, MD 21205	47-1139530	501 (C) (3)	7,981.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MEDSTAR UNION MEMORIAL HOSPITAL 201 E. UNIVERSITY PKWY BALTIMORE, MD 21218	52-0591685	501 (C) (3)	5,225.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MERCY HIGH SCHOOL 1300 EAST NORTHERN PKWY. BALTIMORE, MD 21239	52-0735462	501 (C) (3)	5,344.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MESSIAH COMMUNITY CHURCH 909 BERRYMANS LN REISTERSTOWN, MD 21136	20-4397841	501 (C) (3)	25,007.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MISSION OF MERCY, INC. PO BOX 102 FAIRFIELD, PA 17320	86-0704883	501 (C) (3)	11,598.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MOUNT WASHINGTON PEDIATRIC HOSPITAL, INC - 1708 W. ROGERS AVE - BALTIMORE, MD 21209	52-0591483	501 (C) (3)	10,687.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NATIONAL BRAIN TUMOR SOCIETY, INC. 55 CHAPEL STREET, STE 200 NEWTONVILLE, MA 02458	04-3068130	501 (C) (3)	9,165.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NATIONAL KIDNEY FOUNDATION OF MARYLAND - 1301 YORK ROAD, SUITE 209 - LUTHERVILLE, MD 21093	13-1673104	501 (C) (3)	14,231.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NATIONAL MULTIPLE SCLEROSIS SOCIETY-MARYLAND CHAPTER - 1800 M ST. NW, STE.850 - WASHINGTON, DC 20036	52-0663815	501 (C) (3)	14,179.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL OCEAN SCIENCES BOWL 1201 NEW YORK AVENUE, NW - SUITE 42 WASHINGTON, DC 20005	52-1892964	501 (C) (3)	5,372.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NEIGHBOR RIDE, INC. 8950 ROUTE 108, SUITE 115 COLUMBIA, MD 21045	32-0123282	501 (C) (3)	9,864.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NOLAN ROBINSON FOUNDATION INC 118 DEEP DALE DR TIMONIUM, MD 21093	47-4700080	501 (C) (3)	5,671.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
OCEAN PARK COMMUNITY CENTER-THE PEOPLE CONCERN - 2116 ARLINGTON AVE, STE.100 - LOS ANGELES, CA 90018	95-6143865	501 (C) (3)	10,140.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ODYSSEY SCHOOL ,THE 3257 BRIDLE RIDGE LN. STEVENSON, MD 21153	52-1870341	501 (C) (3)	11,225.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ONE CHURCH ONE CHILD OF MARYLAND INC. - 5900 BLAND AVENUE - BALTIMORE, MD 21215	52-2176441	501 (C) (3)	6,592.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
OPEN SOCIETY INSTITUTE - BALTIMORE 201 N CHARLES ST. STE. 1300 BALTIMORE, MD 21201	13-7029285	501 (C) (3)	40,037.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FACT: HELPING CHILDREN WITH SPECIAL NEEDS, INC. - 7000 TUDSBURY RD. - BALTIMORE, MD 21244	52-1230183	501 (C) (3)	70,558.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PARKS AND PEOPLE FOUNDATION INC 2100 LIBERTY HEIGHTS AVENUE BALTIMORE, MD 21217	52-1349346	501 (C) (3)	5,226.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKS AND PEOPLE FOUNDATION INC 800 WYMAN PARK DR., #10 BALTIMORE, MD 21211	52-1349346	501 (C) (3)	5,226.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PATHWAY CHURCH OF GOD 3800 9TH STREET BALTIMORE, MD 21225	52-1284649	501 (C) (3)	30,000.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PENN MAR ORGANIZATION, INC. 310 OLD FREELAND RD FREELAND, MD 21053	52-1207942	501 (C) (3)	7,034.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PHOENIX WILDLIFE CENTER INC 14530 MANOR RD PHOENIX, MD 21131	52-1891740	501 (C) (3)	5,879.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PIKES PEAK UNITED WAY 518 N. NEVADA AVE. COLORADO SPRINGS, CO 80903	84-0511799	501 (C) (3)	10,579.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PLANNED PARENTHOOD FEDERATION OF AMERICA - 434 WEST 33RD STREET - NEW YORK, NY 10001	13-1644147	501 (C) (3)	8,021.	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)	114,765.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
POP, INC. 520 PARK AVE, STE.409 BALTIMORE, MD 21201	37-1762917	501 (C) (3)	7,500.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
POWHERFUL FOUNDATION 134 WEST 26TH ST, STE.1150 NEW YORK, NY 10001	45-2440475	501 (C) (3)	5,000.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT PLASE INC 3601 OLD FREDERICK RD BALTIMORE, MD 21229	23-7367331	501 (C) (3)	396,473.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
READING PARTNERS 180 GRAND AVE, STE.800 OAKLAND, CA 94612	77-0568469	501 (C) (3)	25,625.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
READY AT FIVE 5520 RESEARCH PARK DRIVE - SUITE 15 BALTIMORE, MD 21228	52-1851611	501 (C) (3)	10,000.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
RONALD MCDONALD CHARITIES OF BALTIMORE, INC. - 635 W. LEXINGTON ST. - BALTIMORE, MD 21201	52-1184957	501 (C) (3)	32,767.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SAINT AGNES HOSPITAL FOUNDATION 900 S. CATON AVE. - MAILSTOP 123 BALTIMORE, MD 21229	52-1415083	501 (C) (3)	5,036.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SAINT JOSEPH'S MEDICAL CENTER FOUNDATION - 7601 OSLER DR. - STE 158 - TOWSON, MD 21204	52-1681044	501 (C) (3)	8,875.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SAINT PAUL'S SCHOOL FOR GIRLS 11232 FALLS RD BROOKLANDVILLE, MD 21022	52-0709497	501 (C) (3)	30,119.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SALVATION ARMY, GREATER BALTIMORE AREA COMMAND - 814 LIGHT ST., 1ST FLR - BALTIMORE, MD 21230	52-0591457	501 (C) (3)	5,891.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SAMUEL READY SCHOLARSHIPS, INC. P O BOX 202 RIDERWOOD, MD 21139	52-0591460	501 (C) (3)	10,272.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA'S HELPERS ANONYMOUS 14411 COOPER RD. PHOENIX, MD 21131	26-4771679	501 (C) (3)	5,000.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SARAH'S HOPE OUTREACH CENTER 2305 N. CHARLES STREET #300 BALTIMORE, MD 21201	52-0597056	501 (C) (3)	10,379.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SEVERN SCHOOL, INC. 201 WATER STREET SEVERNA PARK, MD 21146	52-0591466	501 (C) (3)	7,544.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SEXUAL ASSAULT/SPOUSE ABUSE RESOURCE CENTER, INC. (SARC) - PO BOX 1207 - BEL AIR, MD 21014	52-1224705	501 (C) (3)	29,385.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SINAI HOSPITAL OF BALTIMORE 2401 WEST BELVEDERE AVE. BALTIMORE, MD 21215	52-0486540	501 (C) (3)	6,078.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SISTER ACADEMY OF BALTIMORE, INC. 139 FIRST AVENUE BALTIMORE, MD 21227	34-1975939	501 (C) (3)	12,606.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SISTER'S CIRCLE 261 STANMORE ROAD BALTIMORE, MD 21212	52-2335639	501 (C) (3)	7,322.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SO OTHERS MIGHT EAT, INC (SOME) 71 O STREET NW WASHINGTON, DC 20001	23-7098123	501 (C) (3)	5,637.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SOUTHEAST COMMUNITY DEVELOPMENT CORP. INC. - 3323 EASTERN AVENUE - BALTIMORE, MD 21224	52-1034466	501 (C) (3)	101,000.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPCA OF ANNE ARUNDEL COUNTY P.O. BOX 3471 ANNAPOLIS, MD 21403	52-0609154	501 (C) (3)	5,404.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SPECIAL OLYMPICS MARYLAND, INC. 3701 COMMERCE DR - SUITE 103 BALTIMORE, MD 21227	23-7089144	501 (C) (3)	6,311.	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)	40,426.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ST. VINCENT DE PAUL OF BALTIMORE 2305 N. CHARLES ST., STE 300 BALTIMORE, MD 21218	52-0597056	501 (C) (3)	339,466.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
STRONG CITY BALTIMORE 3503 NORTH CHARLES ST. BALTIMORE, MD 21218	52-0897806	501 (C) (3)	6,558.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SUSAN G. KOMEN BREAST CANCER FOUNDATION - 200 E. JOPPA RD., STE. 407 - TOWSON, MD 21286	52-2053491	501 (C) (3)	26,267.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
TAHIRIH JUSTICE CENTER 6402 ARLINGTON BLVD - SUITE 300 FALLS CHURCH, VA 22042	54-1858176	501 (C) (3)	6,963.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
TEACH FOR AMERICA 2601 N. HOWARD STREET, STE. 300 BALTIMORE, MD 21218	13-3541913	501 (C) (3)	15,638.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
THE ARC BALTIMORE INC 7215 YORK RD. BALTIMORE, MD 21212	52-0671428	501 (C) (3)	22,239.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC NORTHERN CHESAPEAKE REGION, INC. - 4513 OLD PHILADELPHIA ROAD - ABERDEEN, MD 21001	52-0784063	501 (C) (3)	13,495.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE - 101 W. MOUNT ROYAL AVE. - BALTIMORE, MD 21201	52-0607957	501 (C) (3)	334,048.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
THE ASSOCIATION FOR FRONTOTEMPORAL DEGENERATION - 290 KING OF PRUSSIA RD - SUITE 320 - RADNOR, PA 19087	41-2073220	501 (C) (3)	10,743.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
THE BALTIMORE CITY FOUNDATION, INC./YOUTHWORKS - 417 E. FAYETTE STREET, #468 - BALTIMORE, MD 21202	52-1212473	501 (C) (3)	13,171.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
THE BALTIMORE MUSEUM OF ART 10 ART MUSEUM DR. BALTIMORE, MD 21218	52-6000162	501 (C) (3)	17,017.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
THE BALTIMORE TREE TRUST PO BOX 26202 BALTIMORE, MD 21210	26-4031411	501 (C) (3)	9,945.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
THE FAMILY TREE INC 2108 N. CHARLES ST. BALTIMORE, MD 21218	52-1110645	501 (C) (3)	142,338.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
THE HUMANE SOCIETY OF HARFORD COUNTY - 2208 CONNOLLY RD. - FALLSTON, MD 21047	52-0567970	501 (C) (3)	6,457.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
THE LEAGUE FOR PEOPLE WITH DISABILITIES, INC. - 1111 EAST COLD SPRING LN. - BALTIMORE, MD 21239	52-0591579	501 (C) (3)	11,325.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LIGHT HOUSE INC. 10 HUDSON STREET ANNAPOLIS, MD 21401	52-1671388	501 (C) (3)	26,000.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
THE SEED SCHOOL OF MARYLAND 200 FONT HILL AVENUE BALTIMORE, MD 21223	06-1818759	501 (C) (3)	7,147.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
THE UNIVERSITY OF MARYLAND FOUNDATION - 1000 HILLTOP CIRCLE - BALTIMORE, MD 21250	52-1125663	501 (C) (3)	7,500.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
THREAD, INC. PO BOX 1584 BALTIMORE, MD 21203	84-1700955	501 (C) (3)	11,502.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
TOWSON UNIVERSITY FOUNDATION 8000 YORK RD - ROOM 301 TOWSON, MD 21252	52-0939453	501 (C) (3)	7,136.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
TRAUMA INTERVENTION PROGRAMS INC 1420 PHILLIPS ST VISTA, CA 92083	33-0317893	501 (C) (3)	7,800.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UMMS FOUNDATION 110 S. PACA ST. 9TH FL BALTIMORE, MD 21201	52-2238893	501 (C) (3)	44,086.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNIFIED COMMUNITY CONNECTIONS (UC2) - 11350 MCCORMICKROAD, #1100 - HUNT VALLEY, MD 21031	52-0696384	501 (C) (3)	5,968.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED MINISTRIES, INC. 1400 E. LOMBARD ST. BALTIMORE, MD 21231	52-1857927	501 (C) (3)	5,577.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY FOR THE GREATER NEW ORLEANS AREA - 2515 CANAL ST. - NEW ORLEANS, LA 70119	72-0471369	501 (C) (3)	12,417.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WAY OF CENTRAL WEST VIRGINIA, INC - 1 UNITED WAY SQUARE - CHARLESTON, WV 25301	55-0402755	501 (C) (3)	26,834.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WAY OF DELAWARE, INC. 625 NORTH ORANGE ST., 3RD FL. WILMINGTON, DE 19801	51-0073399	501 (C) (3)	7,570.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WAY OF FREDERICK COUNTY, INC. - P.O. BOX 307 - FREDERICK, MD 21705	52-0607973	501 (C) (3)	6,708.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WAY OF GREENVILLE COUNTY, INC. - 105 EDINBURGH COURT - GREENVILLE, SC 29607	57-0362066	501 (C) (3)	5,703.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WAY OF NORTHEAST FLORIDA, INC. - 40 EAST ADAMS STREET, SUITE 200 - JACKSONVILLE, FL 32202	59-0637825	501 (C) (3)	20,061.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WAY OF NORTHERN NEW JERSEY 120 HAMPTON HOUSE ROAD NEWTON, NJ 07860	22-1487247	501 (C) (3)	17,500.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WAY OF ST. JOSEPH COUNTY, INC. - 3517 EAST JEFFERSON BLVD. - SOUTH BEND, IN 46615	35-1063368	501 (C) (3)	12,762.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WAY OF THE LOWER EASTERN SHORE, INC. - 801 N. SALISBURY BLVD, STE. 202 - SALISBURY, MD 21801	52-6016589	501 (C) (3)	9,292.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash 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 AREA - 1577 SPRING HILL ROAD, STE 420 - VIENNA, VA 22182	53-0234290	501 (C) (3)	129,560.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WAY OF THE OZARKS 320 N. JEFFERSON SPRINGFIELD, MI 65806	44-0552047	501 (C) (3)	12,900.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WAY OF YORK COUNTY 800 E. KING STREET YORK, PA 17403	23-1352588	501 (C) (3)	7,120.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WAY WORLDWIDE (UWAMERICA) 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314	13-1635294	501 (C) (3)	549,401.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED WORKERS ASSOCIATION INC 2640 ST. PAUL ST BALTIMORE, MD 21218	20-4345458	501 (C) (3)	154,721.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION (UMB) - 620 W. LEXINGTON STREET, 2ND FL - BALTIMORE, MD 21201	31-1678679	501 (C) (3)	16,506.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNIVERSITY OF MARYLAND SCHOOL OF SOCIAL WORK - 620 WEST LEXINGTON ST, 4TH FLOOR - BALTIMORE, MD 21201	21-2011777	501 (C) (3)	75,000.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNIVERSITY SYSTEM OF MARYLAND FOUNDATION - 3300 METZEROTT RD - ADELPHI, MD 20783	52-1125663	501 (C) (3)	63,750.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UPWARDLY GLOBAL 582 MARKET STREET, STE. 1207 SAN FRANCISCO, CA 94104	94-3346127	501 (C) (3)	10,000.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE LEARNING PLACE 2521 ST. PAUL STREET BALTIMORE, MD 21218	52-2109848	501 (C) (3)	27,211.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
VOLUNTEER CENTRAL, INC. 1201 S. SHARP ST, STE 302 BALTIMORE, MD 21230	52-1810831	501 (C) (3)	17,212.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WALTERS ART GALLERY 600 NORTH CHARLES ST. BALTIMORE, MD 21201	52-1194738	501 (C) (3)	45,910.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WARRIOR CANINE CONNECTION INC. 14934 SCHAEFFER RD BOYDS, MD 20841	45-2981579	501 (C) (3)	7,500.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD- SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501 (C) (3)	28,518.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WYPR - YOUR PUBLIC RADIO CORP. 2216 N. CHARLES ST. BALTIMORE, MD 21218	31-1770828	501 (C) (3)	18,702.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
Y OF CENTRAL MARYLAND 303 W. CHESAPEAKE AVE TOWSON, MD 21204	52-0591699	501 (C) (3)	219,281.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
YORK COUNTY FOOD BANK, INC. 254 W. PRINCESS STREET YORK, PA 17404	23-2452484	501 (C) (3)	8,905.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
YOUNG AUDIENCES OF MARYLAND, INC. 2600 N. HOWARD STREET, SUITE 1300 BALTIMORE, MD 21218	52-0698849	501 (C) (3)	19,203.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH EMPOWERED SOCIETY- (YES) DROP IN CENTER - 3503 N.CHARLES ST - BALTIMORE, MD 21218	52-0897806	501 (C) (3)	13,969.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
YWCA OF ANNAPOLIS & ANNE ARUNDEL COUNTY - 1517 RITCHIE HIGHWAY, STE. 201 - ARNOLD, MD 21012	52-0591702	501 (C) (3)	24,175.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ZOROASTRIAN ASSOCIATION OF METROPOLITAN WASHINGTON, INC. - 7104 COPPERWOOD COURT - ROCKVILLE, MD 20855	52-1316900	501 (C) (3)	5,000.	0.			DESIGNATED AND /OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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

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

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

PART 1, LINE 2:

GRANT FUNDING IS CONTINGENT ON A FAVORABLE REVIEW BY UWCM OF THE GRANTEE'S MOST RECENT AUDIT AND FORM 990 AND AFFIRMATION OF 501(C)(3) STATUS. GRANTEES ARE ALSO REQUIRED TO PROVIDE PERIODIC (USUALLY SEMI-ANNUAL) REPORTS ON THEIR DELIVERABLES AND OUTCOMES AS SPECIFIED IN THE GRANT AGREEMENT. UWCM REVIEWS THESE REPORTS AND MEETS PERIODICALLY WITH GRANTEES TO ENSURE THEIR PERFORMANCE MEETS EXPECTATIONS. STAFF WORKS CLOSELY WITH AGENCIES ON CORRECTIVE PLANS OR MODIFICATIONS WHERE PERFORMANCE DEFICIENCIES ARE IDENTIFIED.

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).

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **THE UNITED WAY OF CENTRAL MARYLAND, INC.**
 Employer identification number: **52-0591543**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) G. MARK CHANEY TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RENEE M. CHRISTOFF SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FRANKLYN BAKER PRESIDENT & CEO	(i)	230,886.	22,287.	538.	0.	0.	253,711.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SANDRA MONCK SVP & CHIEF IMPACT OFFICER	(i)	129,263.	12,612.	452.	0.	0.	142,327.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARIE ELISE LEE SVP & CHIEF INNOVATION OFFICER	(i)	127,539.	12,562.	151.	0.	0.	140,252.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARTINA A. MARTIN SVP & CHIEF OPERATING OFFICER	(i)	140,322.	12,721.	705.	0.	0.	153,748.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) HOLLY HOEY SVP & CHIEF PRINCIPAL GIFTS OFFICER	(i)	127,986.	12,583.	151.	0.	0.	140,720.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KAREN PATE VP & CHIEF INFORMATION OFFICER	(i)	137,662.	12,950.	2,254.	0.	0.	152,866.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

FORM 990, SCHEDULE J

PART I, LINE 3:

SCHEDULE J, PART I, LINE 3

UNITED WAY OF CENTRAL MARYLAND(UWCM) HAS ESTABLISHED SPECIFIC GUIDELINES FOR THE DETERMINATION OF COMPENSATION PAYABLE TO EXECUTIVES, INCLUDING THE PRESIDENT AND CHIEF EXECUTIVE OFFICER(CEO). THESE GUIDELINES ARE DESIGNED TO ENSURE THAT THE EXECUTIVE COMPENSATION IS CONSISTENT WITH THE UWCM NON-PROFIT STATUS AND LONG-TERM MISSION AND GOALS. THE EXECUTIVE COMMITTEE, THE COMMITTEE UWCM HOLDS RESPONSIBLE FOR THESE GUIDELINES AND ACTS AS THE COMPENSATION COMMITTEE FOR THOSE PURPOSES, AIMS TO FULLY DISCLOSE EXECUTIVE COMPENSATION IN AN OPEN AND TRANSPARENT MANNER, CONSISTENT WITH GOVERNANCE BEST PRACTICES AND APPLICABLE REGULATORY REQUIREMENTS.

PROCEDURE FOR REVIEWING EXECUTIVE COMPENSATION:

THE EXECUTIVE COMMITTEE OF UWCM IS RESPONSIBLE FOR ESTABLISHING AND REVIEWING EXECUTIVE COMPENSATION IN ACCORDANCE WITH UWCM COMPENSATION AND ANNUAL REVIEW POLICIES AND PROCEDURES. UWCM'S COMPENSATION POLICY IS TO PROVIDE TOTAL COMPENSATION (SALARY AND BENEFITS) TO EXECUTIVES IN A MANNER THAT FURTHERS THE LONG-RANGE STRATEGIC OBJECTIVES OF UWCM AND

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.

ENABLES UWCM TO ATTRACT AND RETAIN QUALIFIED EXECUTIVES. IN SETTING EXECUTIVE COMPENSATION, THE EXECUTIVE COMMITTEE CONSIDERS THE MISSION AND OBJECTIVE OF UWCM, THE PERFORMANCE OF UWCM AGAINST ITS ANNUAL AND LONG-TERM GOALS, INDIVIDUAL PERFORMANCE, AND THE COMPARABILITY OF UWCM'S EXECUTIVE COMPENSATION TO OTHER UNITED WAYS AND SIMILAR NON-PROFIT ORGANIZATIONS (NPO). MARKETPLACE COMPARISONS OF EXECUTIVE COMPENSATION ARE PERFORMED PERIODICALLY UTILIZING THE ASSISTANCE OF AN INDEPENDENT THIRD PARTY EXECUTIVE COMPENSATION PROFESSIONAL. THE ORGANIZATIONAL PERFORMANCE OF UWCM AND THE PRESIDENT/CEO IS REVIEWED ON AN ANNUAL BASIS. THE EXECUTIVE COMMITTEE EVALUATES THE PERFORMANCE OF THE PRESIDENT/CEO, MAKES APPROPRIATE CHANGES IN EXECUTIVE COMPENSATION OR BENEFITS, AND ADVISES THE BOARD OF DIRECTORS OF ANY ADJUSTMENTS THAT IT MAKES IN EXECUTIVE COMPENSATION AND BENEFITS OR ANY CHANGES TO EXISTING PLANS OR PROGRAMS.

EXECUTIVE COMPENSATION PHILOSOPHY:

UWCM IS DEDICATED TO MAKING A MEASURABLE IMPACT IN CENTRAL MARYLAND. THE MISSION OF UWCM IS TO UNITE AND ENGAGE OUR COMMUNITIES TO IMPROVE PEOPLE'S LIVES. THE PHILOSOPHY OF THE EXECUTIVE COMMITTEE IS TO SET

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.

EXECUTIVE COMPENSATION THAT IS COMPETITIVE WITH COMPARABLE SIMILAR
 UNITED WAYS AND NPOS BASED ON PUBLISHED COMPENSATION SURVEYS. A
 COMPENSATION REVIEW UNDERTAKEN BY THE COMMITTEE'S INDEPENDENT
 COMPENSATION CONSULTANT AND THE EXECUTIVE COMMITTEE'S OWN ANALYSIS
 (BASED ON COMPENSATION CONSULTANTREPORT) LED TO A DETERMINATION BY THE
 EXECUTIVE COMMITTEE THAT THE COMPENSATION PAID TO EXECUTIVES WAS
 REASONABLE UNDER THE STANDARDS
 PRESCRIBED BY SECTION 4958 OF THE INTERNAL REVENUE CODE.

THE EXECUTIVE COMPENSATION PROGRAM CONSISTS OF FOUR KEY ELEMENTS:

1. ANNUAL COMPENSATION WHICH INCLUDES BASE SALARY AND AN EXECUTIVE
 BENEFIT (UP TO 12% OF BASE COMPENSATION FOR THE PRESIDENT/CEO AND OTHER
 ELIGIBLE EXECUTIVES).
2. HEALTH AND WELFARE BENEFITS.
3. RETIREMENT BENEFITS.
4. OTHER BENEFITS AND ALLOWANCE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 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	105	988,674.	MEAN VALUE DATE GIFT
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

DONORS OF STOCK GIFTS ARE TRACKED IN THE SAME MANNER AS CONTRIBUTORS OF CASH GIFTS.

SCHEDULE M, LINE 33:

OTHER IN KIND

UWCM OCCUPIES A REGIONAL OFFICE IN CARROLL COUNTY FOR WHICH ONLY THE UTILITY COSTS ARE INCURRED. THE OFFICE IS LOCATED IN A NON-PROFIT SERVICE CENTER FOR WHICH NO ADDITIONAL RENT IS CHARGED, AND WHERE ALL TENANTS RECEIVE THE SAME BENEFIT. THE ESTIMATED FAIR MARKET VALUE OF OFFICE SPACE IS \$4,187 FOR 332 SQ. FT. THIS AMOUNT IS NOT REPORTED IN PART VIII, LINE 1G.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

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:

UWCM HAS A VARIETY OF EMPLOYEES WORKING DURING THE YEAR. ALONG WITH A

FULL TIME STAFF, UWCM EMPLOYS PART YEAR, FULL TIME LOANED EXECUTIVES

TO FACILITATE MANY OF THE WORKPLACE CAMPAIGNS. THESE STAFF MEMBERS ARE

ACTIVELY WORKING DURING THE CAMPAIGN - GENERALLY SEPTEMBER THROUGH

DECEMBER. SOME OF OUR LOANED EXECUTIVES RETURN EACH YEAR.

42 SEASONAL AND TERMINATED EMPLOYEES

92 ACTIVE EMPLOYEES

137 TOTAL NUMBER OF W-2S ISSUED

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 EMPLOYMENT 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:

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.

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
--	--

UNITED WAY HAS MOVED BEYOND FUNDRAISING AND GRANTMAKING AND INTO CREATING INNOVATIVE DIRECT-SERVICE INITIATIVES THAT SUPPORT FAMILY 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. WE DIRECT FUNDING ANNUALLY TO APPROXIMATELY 100 NONPROFIT ORGANIZATIONS THROUGH GRANTS THAT TARGET SPECIFIC COMMUNITY NEEDS, MOST THROUGH A COMPETITIVE ALLOCATION PROCESS ADMINISTERED BY OUR VOLUNTEER PARTNERSHIP BOARDS. IN FY19, UNITED WAY PROVIDED FIVE TYPES OF GRANTS:

- COMMUNITY OPERATING GRANTS - ARE THE CULMINATION OF AN ANNUAL COMPETITIVE PROCESS IN WHICH HUNDREDS OF NONPROFIT ORGANIZATIONS APPLY FOR FUNDING THROUGH UNITED WAY'S SIX LOCAL PARTNERSHIP BOARDS, SERVING EACH OF CENTRAL MARYLAND'S JURISDICTIONS: BALTIMORE CITY, ANNE ARUNDEL, BALTIMORE, CARROLL, HARFORD AND HOWARD COUNTIES. FUNDS ARE ALLOCATED AMONG THE SIX JURISDICTIONS BASED ON RELATIVE POVERTY AND RELATIVE POPULATION. PARTNERSHIP BOARD VOLUNTEERS USE THEIR LOCAL KNOWLEDGE AND SUBJECT MATTER EXPERTISE TO ASSESS WHERE UNITED WAY FUNDING AND OTHER SUPPORT IS MOST NEEDED. THEY THEN EVALUATE APPLICATIONS AND RECOMMEND GRANTS OF UP TO \$30,000 EACH. THEIR OPERATING GRANT RECOMMENDATIONS ARE THEN REVIEWED AND APPROVED BY THE UNITED WAY'S BOARD OF DIRECTORS.

- COMMUNITY RESPONSE GRANTS - UNITED WAY'S COMMUNITY RESPONSE GRANT APPLICATION IS AN OPPORTUNITY FOR NON-PROFIT HEALTH AND HUMAN SERVICE ORGANIZATIONS TO REQUEST UNITED WAY SUPPORT FOR URGENT, UNEXPECTED OR

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
--	--

EMERGENCY ORGANIZATIONAL NEEDS. UNITED WAY'S BOARD OF DIRECTORS AUTHORIZES ITS PARTNERSHIP BOARDS TO RESPOND THROUGHOUT THE YEAR TO REQUESTS FOR CRG FUNDING FROM LOCAL NONPROFITS AND AWARD GRANT AMOUNTS OF UP TO \$7,500.

- DIRECTED GRANTS - ARE ALLOCATED BASED ON RECOMMENDATIONS FROM UNITED WAY PARTNERSHIP BOARDS, STAFF AND THE VOLUNTEER COMMUNITY. UNITED WAY'S BOARD OF DIRECTORS APPROVES DIRECTED GRANTS TO CERTAIN HIGHLY QUALIFIED NONPROFIT ORGANIZATIONS THAT PROVIDE SPECIFIC HEALTH AND HUMAN SERVICES IN CENTRAL MARYLAND. DIRECTED GRANTS ARE MADE ONLY TO ORGANIZATIONS THAT HAVE DEMONSTRATED STRONG PROGRAMMATIC AND FISCAL CAPACITY AND HAVE A TRACK RECORD FOR ACHIEVING OUTCOMES. THESE FUNDS ARE USED TO MEET SPECIALIZED NEEDS IN THE COMMUNITY.

- PROGRAMMATIC GRANTS - ARE DISPERSED BY THE UNITED WAY ON BEHALF OF, AND FOR THE ADVANCEMENT OF, UNITED WAY'S IMPACT WORK IN: EDUCATION, HEALTH, HOUSING, AND WORKFORCE DEVELOPMENT. THE GRANTS REFLECT THE DIRECTION AND STRATEGY OF EACH PROGRAM BASED ON THE KNOWLEDGE AND EXPERTISE OF THE PROGRAM MANAGER, SENIOR UNITED WAY STAFF AND PARTNERSHIP BOARD MEMBERS. UNITED WAY UTILIZES PROGRAMMATIC GRANTS TO DIRECT FUNDING TO ORGANIZATIONS WITH SPECIFIC EXPERTISE UNIQUELY RELATED TO OUR IMPACT WORK.

- EMERGENCY RELIEF GRANTS / SPONSORED GRANTS - UTILIZE FUNDS RAISED BY OR DONATED TO THE UNITED WAY FOR THE SOLE PURPOSE OF DISPERSING AID TO THE INDIVIDUALS, COMMUNITIES OR ORGANIZATIONS AFFECTED BY A SPECIFIC UNFORESEEN DISASTER OR EMERGENCY. SUCH CRISES INCLUDE THE ELLICOTT CITY FLOODING OF 2018. FUNDING FOR THESE GRANTS IS DUE TO UNFORESEEN CIRCUMSTANCES, AND THUS THE AVAILABILITY, DISBURSEMENT, AND RECIPIENTS OF THESE GRANTS WILL VARY FROM YEAR TO YEAR.

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
--	--

GRANT ELIGIBILITY CRITERIA

ALL ELIGIBLE APPLICANTS APPLYING TO A COMPETITIVE PROCESS MUST PROVIDE:

- COPY OF THEIR IRS DETERMINATION LETTER
- MOST RECENT COPY (WITHIN THE LAST TWO FISCAL YEARS) OF ONE OF THE FOLLOWING FINANCIAL DOCUMENTS:
 - FINANCIAL AUDIT OF THEIR ORGANIZATION (PREFERRED FOR ALL ORGANIZATIONS AND REQUIRED FOR ORGANIZATIONS WITH ANNUAL REVENUES OF \$500,000 OR MORE).
 - FINANCIAL STATEMENT REVIEWED BY AN INDEPENDENT AUDITOR (ACCEPTABLE ONLY FOR ORGANIZATIONS WITH ANNUAL REVENUES OF LESS THAN \$500,000).
- GOOD STANDING CERTIFICATE OF STATUS - FROM MARYLAND'S STATE DEPARTMENT OF ASSESSMENTS & TAXATION (SDAT)
- CURRENT ROSTER OF THEIR BOARD OF DIRECTORS

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 LOCAL PARTNERSHIP BOARDS. UNITED WAY UTILIZES THESE PARTNERSHIP 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 EMAILS TO A COMPREHENSIVE REGIONAL LIST OF NON-PROFIT AGENCIES, AND THROUGH A NETWORK OF COMMUNITY PARTNERS, INCLUDING ITS PARTNERSHIP BOARD MEMBERS. APPLICATIONS ARE REVIEWED BY

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
--	--

STAFF TO ENSURE THAT APPLICANTS MEET ESTABLISHED ELIGIBILITY CRITERIA AND ARE THEN REVIEWED BY PARTNERSHIP BOARD MEMBERS WHO SCORE AND RANK THE APPLICATIONS USING ESTABLISHED GRANT REVIEW GUIDELINES. PARTNERSHIP BOARDS ARE CONVENED TO REVIEW AND DISCUSS APPLICATION SCORES AND RANKINGS AND COME TO CONSENSUS ON FUNDING RECOMMENDATIONS. 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
- PATRIOT ACT COMPLIANCE FORM
- LEGAL DISCLOSURE COMPLIANCE FORM
- UNITED WAY'S 2-1-1 MARYLAND INFORMATION FORM

GRANT REPORTING AND ACCOUNTABILITY

UNITED WAY REQUIRES ALL GRANTEES TO SIGN AN AGREEMENT IN WHICH THE RECIPIENT IS HELD RESPONSIBLE FOR SPECIFIED DELIVERABLES. UNITED WAY STAFF PROVIDES PERIODIC REPORTS TO THE PARTNERSHIP BOARDS AND BOARD OF DIRECTORS TO DEMONSTRATE THAT FUNDS ARE USED, PROGRAMMATICALLY AND FISCALLY, BY THE GRANTEES AS INTENDED.

COMMUNITY OPERATING GRANTS AND DIRECTED GRANTS ARE GRANTED FOR THE FISCAL YEAR AND BOTH HAVE NARRATIVE AND FISCAL REPORTING REQUIREMENTS, TWICE ANNUALLY FOR COMMUNITY OPERATING GRANTS, AND QUARTERLY FOR DIRECTED GRANTS. UNITED WAY ALSO CONDUCTS SITE VISITS TO DIRECTED GRANT RECIPIENTS. ORGANIZATIONS RECEIVING COMMUNITY RESPONSE GRANTS ARE REQUIRED TO SUBMIT A FINAL REPORT WHEN EXPENDITURES ARE COMPLETE.

UNITED WAY AND PARTNERSHIP BOARD MEMBERS MONITOR REPORTS TO ENSURE COMPLIANCE WITH GRANT AGREEMENTS AND ENSURE THAT FUNDS ARE BEING SPENT

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
--	--

DOWN ACCORDINGLY. GRANTS MUST BE EXPENDED BY THE END OF THE GRANT PERIOD. CONTINUED FUNDING CAN BE SUSPENDED FOR NON-COMPLIANCE.

DONOR DESIGNATED - IN ADDITION TO THE GRANTS OUTLINED ABOVE, MORE THAN 2,100 NONPROFIT ORGANIZATIONS RECEIVE 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.

RESULTS OF PROGRAMS:

DURING FY2019, UNITED WAY AND ITS PARTNERS SERVED OVER 65,000 PEOPLE FROM DIVERSE BACKGROUNDS THROUGH ITS COMMUNITY OPERATING 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 56% FEMALE AND 44% MALE.

FORM 990, PART III, LINE 4A:

THE RACIAL DISTRIBUTION WAS APPROXIMATELY 51% AFRICAN AMERICAN, 35%

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
--	--

WHITE, 6% MIXED RACE, 2% ASIAN, <1% AMERICAN INDIAN, <1% NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER, AND 5% OTHER. APPROXIMATELY 15% OF THE POPULATION IDENTIFIED AS HISPANIC/LATINO.

SERVICES PROVIDED:

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. UNITED WAY HOUSING PROGRAMS SPAN 15 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.

SINCE MAY 2012 THROUGH JUNE 2019, OF THE 2,176 FAMILIES THAT HAVE ENROLLED IN OUR HOUSING PROGRAMS, 2,141 FAMILIES (98.4%) HAVE AVOIDED EVICTION OR THE SHELTER SYSTEM; OF 2,950 SCHOOL-AGE CHILDREN, 2,933 (99.4%) HAVE AVOIDED A DISRUPTIVE SCHOOL MOVE.

IN FY19, THROUGH THE GREEN AND HEALTHY HOMES INITIATIVE, 40 OF THE FAMILIES ENROLLED IN OUR HOUSING PROGRAMS RECEIVED EDUCATION AND ASSISTANCE ON HOME HEALTH SAFETY, SUCH AS PROPER CLEANING AND SUPPLIES, ASTHMA RISKS IN THE HOME ENVIRONMENT, AND TENANT RIGHTS TO ENSURE HEALTHY LIVING CONDITIONS.

UNITED WAY FAMILY CENTER AT BENJAMIN FRANKLIN HIGH SCHOOL IS A SCHOOL-BASED FAMILY CENTER IN ONE COMMUNITY THAT PROVIDES SERVICES TO

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
--	--

TEEN PARENTS TO KEEP THEM ON TRACK FOR HIGH SCHOOL GRADUATION WHILE EQUIPPING THEM WITH CRITICAL PARENTING SKILLS AND PROVIDING THEIR CHILDREN WITH EARLY CHILDHOOD EDUCATION.

SINCE 2014 THROUGH JUNE 2019, THE UNITED WAY FAMILY CENTER HAS BEEN INSTRUMENTAL IN HELPING 37 STUDENT-PARENTS GRADUATE FROM HIGH SCHOOL.

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 FY19:

367 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 \$11.99.

UNITED WAY'S FUNDED FOOD PROGRAMS PROVIDE GROCERIES, NUTRITIOUS MEALS, FRUITS AND VEGETABLES, AND LEAN, HEALTHY PROTEIN TO INDIVIDUALS, FAMILIES AND NEIGHBORHOODS THAT TRADITIONALLY HAVE LITTLE OR NO ACCESS TO HEALTHY FOOD. OVER THE COURSE OF FY19, THE WORK OF UNITED WAY AND ITS FUNDED PARTNERS RESULTED IN THE FOLLOWING:

96 POUNDS OF SHRIMP WERE RAISED, WHICH PROVIDED 192 MEALS FOR A MOTHER'S DAY BRUNCH HOSTED AT A LOCAL SOUP KITCHEN AND DROP-IN CENTER.

59,042 POUNDS OF FOOD WERE DISTRIBUTED TO 1,223 FAMILIES IN CENTRAL MARYLAND TARGETED COMMUNITY DISTRIBUTION EVENTS.

450 POUNDS OF SQUASH WERE HARVESTED, WHICH PROVIDED FARM FRESH PRODUCE TO 853 FAMILIES.

TWO WEEKLY MOBILE FARMERS MARKET STOPS PROVIDED FARM FRESH PRODUCE TO 209 FAMILIES LIVING IN FOOD DESERTS.

100 OLDER ADULTS AT RISK FOR HOSPITALIZATION RECEIVED ASSISTANCE WITH

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
--	--

GETTING GROCERIES, PICKING UP PRESCRIPTIONS, AND SOCIAL SUPPORT.

474 FAMILIES ATTENDED UNITED WAY FAMILY STABILITY COOKING CLASSES

WHERE WE SERVED A TOTAL OF 808 MEALS.

COOKING DEMONSTRATIONS WERE HELD AT 10 FARMERS MARKET. 1,142 PEOPLE WERE PROVIDED INFORMATION ABOUT HEALTHY EATING AND 874 SAMPLES OF HEALTHY FOOD WERE SHARED WITH PARTICIPANTS.

18,516 NUTRITIOUS MEALS WERE SERVED AT LOCAL EMPLOYMENT CENTERS AND DAY SHELTERS

UNITED WAY'S THANKSGIVING ASSISTANCE INITIATIVE DISTRIBUTED 1,664 TURKEYS AND SIDE ITEMS TO LOW-INCOME CENTRAL MARYLAND HOUSEHOLDS AT THANKSGIVING.

EMERGENCY AND DISASTER SERVICES PROVIDE SUPPORTIVE SERVICES TO INDIVIDUALS AND FAMILIES IN IMMEDIATE CRISIS, OFTEN AS A RESULT OF A NATURAL DISASTER. OVER THE COURSE OF FY19, THROUGH UNITED WAY GRANTS TO PARTNERS:

1,001 DISASTER CLIENTS WERE PROVIDED WITH EMERGENCY FINANCIAL ASSISTANCE TO MEET BASIC NEEDS SUCH AS FOOD, CLOTHING, SHELTER, COMMUNITY REFERRALS AND MENTAL HEALTH SUPPORTS.

212 CLIENTS FACING ECONOMIC CRISIS, HUNGER OR FOOD INSECURITY RECEIVED EMERGENCY FINANCIAL AND FOOD ASSISTANCE.

OVER 100 INDIVIDUALS WHO WERE AFFECTED BY THE DEVASTATING ELLICOTT CITY FLOODING IN 2018 RECEIVED SUPPORT SUCH AS: MEALS, BASIC NEEDS SUPPLIES, TEMPORARY SHELTERING, PROPERTY DAMAGE ASSESSMENT AND COUNSELING.

ON FEBRUARY 28 AND MARCH 1, 2019, UNITED WAY HELD ITS 3RD BALTIMORE MISSION OF MERCY DENTAL CLINIC. THE BALTIMORE MISSION OF MERCY IS A

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
--	--

FREE DENTAL CLINIC OFFERING PREVENTATIVE (CLEANINGS, HYGIENE) AND URGENT CARE (FILLINGS, EXTRACTIONS) SERVICES TO PEOPLE WHO LACK ACCESS TO BASIC DENTAL CARE. HIGHLIGHTS FROM THE 2019 EVENT INCLUDE:

\$612,340 IN DENTAL SERVICES PROVIDED

A 6:1 RATIO OF RETURN ON INVESTMENT

699 PATIENT TREATMENTS

614 VOLUNTEERS

1,742 PROCEDURES COMPLETED

73 VETERANS SERVED

112 PATIENTS WHO WERE LITERALLY HOMELESS

IN ADDITION, BASED ON THE SUCCESS OF PROJECT HOMELESS CONNECT IN BALTIMORE CITY, UNITED WAY AND ITS PARTNERS IN HARFORD COUNTY LAUNCHED THE FIRST PHC-HARFORD COUNTY EVENT IN JANUARY OF 2016. THE 4TH ANNUAL PHC IN HARFORD COUNTY WAS HELD IN JANUARY 2019 AT HARFORD COUNTY COMMUNITY COLLEGE. THIS LOCATION ALLOWS THE EVENT TO PROVIDE EXPANSIVE DENTAL AND VISION SERVICES, IN ADDITION TO HOSTING THE 50+ SERVICES THAT ARE NORMALLY OFFERED. IN TOTAL, 450 ADULT GUESTS WERE SERVED BY 59 ON-SITE SERVICE PROVIDERS AND SUPPORTED BY 332 VOLUNTEERS WHO HELPED ENSURE THAT CLIENTS RECEIVED THE SERVICES THEY NEEDED. SERVICES RECEIVED INCLUDED DENTAL SERVICES TO 174 INDIVIDUALS, AND VISION SERVICES TO 120 INDIVIDUALS, INCLUDING 100 PAIRS OF PRESCRIPTION GLASSES. IN ADDITION, 185 BIRTH CERTIFICATES WERE PRINTED ON SITE, AND 61 CLIENTS FILED FOR CRIMINAL RECORD EXPUNGEMENTS.

UNITED WAY COORDINATES A VETERANS TREATMENT COURT (VTC) IN PARTNERSHIP WITH BOTH THE BALTIMORE CITY AND ANNE ARUNDEL COUNTY DISTRICT COURTS.

THE VTC IS A COURT SUPERVISED, COMPREHENSIVE AND VOLUNTARY

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
--	--

TREATMENT-BASED PROGRAM FOR JUSTICE-INVOLVED VETERANS CHARGED WITH MISDEMEANORS IN THE DISTRICT COURT. VETERANS CHARGED WITH THESE OFFENSES WHO HAVE HAD PRIOR MILITARY SERVICE, WHETHER ELIGIBLE FOR VA BENEFITS OR NOT, ARE ELIGIBLE FOR THE VTC. IN RECOGNITION OF THE TOLL ON VETERANS THAT ACCOMPANIES MILITARY SERVICE, THE MISSION OF THE VTC IS TO SERVE THE COMMUNITY AND INCREASE PUBLIC 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 ABUSE, 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 90 VETERANS WERE SERVED THROUGH THE TWO VTCS IN FY19.

THE DOCKET FOR HOMELESS PERSONS (DHP) IS A SPECIALIZED COURT DOCKET WITHIN BALTIMORE CITY'S DISTRICT COURT FOR INDIVIDUALS EXPERIENCING HOMELESSNESS WHO HAVE BEEN ACCUSED OF NONVIOLENT MISDEMEANORS (NO CIVILIAN VICTIMS) OR WHO CURRENTLY HAVE OUTSTANDING WARRANTS FOR MISDEMEANORS AND TRAFFIC OFFENSES. ANY PERSON EXPERIENCING HOMELESSNESS ON THE STREET, IN A SHELTER OR RESIDING IN A MULTIPLE FAMILY/PERSON LIVING SITUATION IS ELIGIBLE FOR THE DHP. DHP IS A UNIQUE PARTNERSHIP

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
--	--

BETWEEN THE CITY'S LEGAL SYSTEM AND LOCAL NONPROFITS WHO WORK WITH PEOPLE EXPERIENCING HOMELESSNESS TO HELP THEM RECEIVE SUPPORTIVE SERVICES AS AN ALTERNATIVE TO CRIMINAL PENALTIES. THE GOAL OF THE DHP IS TO HELP THESE INDIVIDUALS ATTAIN SELF-SUFFICIENCY BY MOVING PAST MINOR LEGAL ISSUES THAT PREVENT THEM FROM OBTAINING HOUSING AND JOBS. 34 PEOPLE EXPERIENCING HOMELESSNESS RECEIVED SUPPORT THROUGH DHP IN FY19. IN 29 OF THE 33 CASES RESOLVED(88%)CLIENTS COMPLETED THEIR REQUIREMENTS AND AVOIDED CONVICTION.

FORM 990, PART III, LINE 4A:

UNITED WAY OF CENTRAL MARYLAND (UWCM) LAUNCHED ITS EDUCATION PROGRAM, ON TRACK 4 SUCESSTM (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 HIGH SCHOOL GRADUATION. 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 SOCIAL WORKER AND SITE MANAGER, MEET TO DISCUSS THE STUDENT'S UNIQUE SITUATION AND DETERMINE APPROPRIATE INTERVENTIONS. IN FY 2019 UWCM PARTNERED WITH TWO SCHOOL DISTRICTS IN CENTRAL MARYLAND AND IMPLEMENTED THE PROGRAM IN FOUR SCHOOLS: BALTIMORE CITY PUBLIC SCHOOLS (MAREE G. FARRING ELEMENTARY/MIDDLE SCHOOL, GRADES 4-8 AND BEN FRANKLIN HIGH SCHOOL, GRADE 9) AND ANNE ARUNDEL COUNTY PUBLIC SCHOOLS (MEADE MIDDLE SCHOOL, GRADES 6-8 AND MEADE HIGH SCHOOL, GRADE 9).

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
--	--

HIGHLIGHTED RESULTS FOLLOW:

- OVER 1500 STUDENTS WERE SERVED BY THE OT4S PROGRAM DURING THE 2018-19 SCHOOL YEAR AT THE FOUR SCHOOLS.

- SERVICE INCLUDED CLASS-WIDE PREVENTION STRATEGIES TO KEEP STUDENTS ON TRACK FOR GRADUATION, AS WELL AS HUNDREDS AND HUNDREDS OF INTERVENTIONS FOR THOSE WHO FELL OFF TRACK.

- DURING THE 2018-19 SCHOOL YEAR, ACROSS OUR BALTIMORE CITY SCHOOLS (MAREE G. FARRING AND BENJAMIN FRANKLIN HIGH SCHOOL COMBINED), 62% OF ALL STUDENTS ENDED THE YEAR BETTER THAN HOW THEY DID DURING THE SCHOOL YEAR.

- AS PART OF THE SCHOOLWIDE EFFORT TO IMPROVE BEHAVIOR, MEADE MIDDLE SCHOOL REDUCED DISCIPLINE REFERRALS 28% FROM SY 17-18 TO SY 18-19. THE 7TH GRADE CLASS OF 17-18 HAD THE LARGEST REDUCTION IN NUMBER OF REFERRALS (DESPITE HAVING MORE STUDENTS). THE 8TH GRADE STUDENTS OF 18-19 (7TH GRADERS IN 17-18) REDUCED REFERRALS BY 63%.

- AT MEADE HIGH SCHOOL, 76% OF STUDENTS WHO RECEIVED DIRECT INTERVENTIONS THROUGH OT4S IN THE SECOND SEMESTER IMPROVED THEIR GRADES BY THE END OF 4TH MARKING PERIOD.

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

RICO. 2-1-1 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 2019, 2-1-1 MARYLAND UNITED WAY HELPLINE ANSWERED 107,665 CALLS. THE TOP SERVICES REQUESTED WERE UTILITY ASSISTANCE; HOUSING

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
--	--

ASSISTANCE; LEGAL/TAX ASSISTANCE; INDIVIDUAL, FAMILY AND COMMUNITY SUPPORT, INCLUDING HOLIDAY ASSISTANCE; FOOD ASSISTANCE; AND HEALTH AND MENTAL HEALTH CARE.THERE WAS A 13% INCREASE IN REQUESTS FOR HOUSING ASSISTANCE, A 41% INCREASE IN HEALTH AND MENTAL HEALTH RESOURCES, AND A 20% INCREASE IN FOOD REQUEST IN FY 19 OVER FY 18.

2-1-1 WORKED WITH THE FUEL FUND OF MARYLAND TO PROVIDE EXPEDITED UTILITY ASSISTANCE TO LOW-INCOME BGE CUSTOMERS WHOSE SERVICES WERE OFF AND WHO HAD APPLIED FOR ENERGY ASSISTANCE THROUGH OHEP. IN PARTNERSHIP WITH THE CASH CAMPAIGN OF MARYLAND, 2-1-1 WORKED TO INCREASE AWARENESS OF EITC AND FREE TAX PREPARATION SITES. 2-1-1 HANDLED OVER 19,000 CALLS FOR FREE TAX PREPARATION AND SCHEDULED OVER 9,000 FREE TAX APPOINTMENTS. 2-1-1 WORKED WITH BGE HOMES TO PROVIDE HEATING SYSTEMS AND REPAIRS FOR THOSE IN NEED DURING THE WINTER MONTHS. OUR FOLLOW-UP SURVEYS DEMONSTRATED THAT 80% OF THE PEOPLE THAT CALLED IN TO 2-1-1 RECEIVED THE SERVICES THAT THEY WERE SEEKING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: INDIVIDUALS EXPERIENCING HOMELESSNESS ON ANY GIVEN NIGHT; MORE THAN 300 OF THESE ARE CHILDREN.

THE PLAN COVERS FOUR MAJOR AREAS: HOUSING, HEALTH CARE, PREVENTION, AND EMERGENCY SERVICES. IT INCLUDES 14 GOALS AND 48 SPECIFIC ACTIONS TO ACHIEVE THESE GOALS. EACH ACTION HAS A SPECIFIC BENCHMARK.

HIGHLIGHTS OF THESE GOALS INCLUDE:

- INCREASE THE SUPPLY OF AND ACCESS TO AFFORDABLE HOUSING.
- IMPROVE THE HOMELESS RESPONSE SYSTEM.
- TRANSFORM THE SHELTER SYSTEM.

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
--	--

- INCREASE OPPORTUNITIES FOR EMPLOYMENT AND INCOME SUPPORTS.
- CREATE AN AGENDA FOR RACIAL EQUITY.

THROUGH THIS PARTNERSHIP, UWCM HAS BEEN ABLE TO PROVIDE FUNDING FOR A HOUSING FLEX FUND WHICH IS USED TO PROVIDE TOILETRIES, FURNISHINGS AND OTHER ESSENTIAL ITEMS TO FORMERLY HOMELESS INDIVIDUALS AND FAMILIES. WE HAVE ALSO FUNDED STREET OUTREACH AND A CONVALESCENT CARE PROGRAM FOR THOSE RELEASED FROM A MEDICAL FACILITY BUT HAVE NO HOME FOR FOLLOW UP CARE.

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

DESIGNATIONS:

PRIVATE SECTOR DONORS ARE ABLE TO DESIGNATE THEIR GIFT TO CHARITABLE AGENCIES (UNDER IRS CODE 501 (C) (3)). MONIES ARE DISTRIBUTED BASED ON RECEIVED DOLLARS TO THE DONOR'S DESIGNATED CHARITABLE ORGANIZATION.

OTHER THAN CERTIFICATION OF COMPLIANCE WITH THE PATRIOT ACT AND VERIFICATION OF CHARITABLE STATUS, AGENCIES ARE NOT REVIEWED AND/ OR SELECTED BY UWCM. DESIGNATED AGENCIES ARE NOT REQUIRED TO REPORT THEIR OUTCOMES TO UWCM. THE BREAKDOWN OF DESIGNATIONS IS AS FOLLOWS: DONOR DESIGNATIONS TO UWCM IMPACT PARTNER AGENCIES THROUGH THE PRIVATE SECTOR CAMPAIGN

EXPENSES \$ 856,421. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

DONOR DESIGNATIONS TO UWCM NON-PARTNER AGENCIES THROUGH THE PRIVATE SECTOR CAMPAIGN

EXPENSES \$ 7,011,606. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

EXPENSES \$ 2,138,179. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
---	---

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 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 AND FUND-RAISING AND APPORTIONMENT OF FUNDS FOR THE BENEFIT OF OTHER NON-PROFIT CHARITABLE CORPORATIONS IN CENTRAL MARYLAND AND THE PERSONS WHOM THOSE ORGANIZATIONS SERVE. 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

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
---	---

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.

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.

Name of the organization

THE UNITED WAY OF CENTRAL MARYLAND, INC.

Employer identification number

52-0591543

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 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

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
--	--

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 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.

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
--	--

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.

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

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
--	--

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 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:

LOSS ON ASSET IMPAIRMENT 15,899.

Name of the organization THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number 52-0591543
---	---

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.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. THE UNITED WAY OF CENTRAL MARYLAND, INC.	Employer identification number (EIN) or 52-0591543
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1800 WASHINGTON BOULEVARD, NO. 340	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21230	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	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

JAMES MCINTYRE

- The books are in the care of ▶ **1800 WASHINGTON BLVD - BALTIMORE, MD 21230**
Telephone No. ▶ **(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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b 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	\$	0.
c 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.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.