

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493236006137

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 04-01-2016 , and ending 03-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

UNITED WAY OF SUMMIT COUNTY

Doing business as

Number and street (or P O box if mail is not delivered to street address)

90 NORTH PROSPECT STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

AKRON, OH 443041273

F Name and address of principal officer

JIM MULLEN

90 NORTH PROSPECT STREET

AKRON, OH 443041273

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

34-1169257

E Telephone number

(330) 762-7601

G Gross receipts \$ 13,302,337

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UWSUMMIT.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1951

M State of legal domicile OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

WE IMPROVE LIVES BY MOBILIZING COMMUNITY RESOURCES TO ADVANCE THE COMMON GOOD

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,045,272

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

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

2017-08-18

Date

JIM MULLEN PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

LISA HILLING

Preparer's signature

LISA HILLING

Date

Check ☐ if self-employed

PTIN

P01624111

Firm's name ▶ CLIFTONLARSONALLEN LLP

Firm's EIN ▶ 41-0746749

Firm's address ▶ 4505 STEPHEN CIRCLE NW STE 200

Phone no (330) 497-2000

CANTON, OH 44718

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

WE IMPROVE LIVES BY MOBILIZING COMMUNITY RESOURCES TO ADVANCE THE COMMON GOOD

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 10,485,452	including grants of \$ 9,717,763	(Revenue \$ 1,070,824)
See Additional Data				

4b	(Code)	(Expenses \$ 264,421	including grants of \$	(Revenue \$)
See Additional Data				

4c	(Code)	(Expenses \$ 228,151	including grants of \$	(Revenue \$)
See Additional Data				

(Code)	(Expenses \$ 179,781	including grants of \$	(Revenue \$)
---------	----------------------	------------------------	---------------

IC A R E MENTORING - IC A R E MENTORING PROGRAM PROVIDES SUMMIT COUNTY STUDENTS IN GRADES K-12 WITH NURTURING AND SUPPORTIVE ROLE MODELS. UNLIKE OTHER MENTORING PROGRAMS, WHICH GENERALLY INVOLVE ACTIVITIES OUTSIDE OF SCHOOL HOURS, IC A R E WORKS WITHIN THE SCHOOL SYSTEM, COORDINATING WITH ADMINISTRATORS TO ENSURE THAT STUDENTS CAN SPEND TIME WITH THEIR MENTORS WITHOUT TAKING TIME AWAY FROM THEIR ACADEMIC WORK. IC A R E MENTORING IS ABOUT RELATIONSHIPS. STUDENTS NEED A CARING, CONSISTENT ADULT ROLE MODEL IN THEIR LIVES. THROUGH IC A R E, MENTORS ARE TRAINED AND SUPPORTED AS THEY SPEND ONE HOUR EACH WEEK WITH A STUDENT, FOR AT LEAST ONE SCHOOL YEAR. MOST MENTORS CHOOSE TO CONTINUE MENTORING STUDENTS AFTER THE FIRST YEAR. DURING THIS FISCAL YEAR, 479 STUDENTS WERE MENTORED THROUGH THIS PROGRAM.

(Code)	(Expenses \$ 143,142	including grants of \$	(Revenue \$)
---------	----------------------	------------------------	---------------

BRIDGES SUMMIT COUNTY - BRIDGES SUMMIT COUNTY IS AN INITIATIVE THAT PROVIDES A FRAMEWORK TO HELP EMPLOYERS, COMMUNITY ORGANIZATIONS, SOCIAL SERVICE AGENCIES AND INDIVIDUALS LEARN HOW TO EFFECTIVELY REACH AND SUPPORT ADULTS AND FAMILIES WHO ARE STRIVING TO GO FROM FINANCIAL DEPENDENCE TO INDEPENDENCE. OUR GOAL IS FOR SUMMIT COUNTY TO BECOME A PLACE WHERE ALL SECTORS COME TOGETHER TO STABILIZE OUR COMMUNITY. THIS REQUIRES INDIVIDUALS, BUSINESSES, COURTS, SOCIAL SERVICE AGENCIES, FAITH-BASED, EDUCATIONAL, AND HEALTH CARE ORGANIZATIONS TO IMPLEMENT BRIDGES SUMMIT COUNTY IN THEIR OWN SETTINGS. THIS WORK IS ALREADY TAKING SHAPE ACROSS OUR COMMUNITY. DURING THIS FISCAL YEAR, 951 PEOPLE ATTENDED BRIDGES WORKSHOPS TO LEARN HOW TO SUPPORT THESE POPULATIONS IN OUR COMMUNITY.

(Code)	(Expenses \$ 105,259	including grants of \$	(Revenue \$)
---------	----------------------	------------------------	---------------

COMMUNITY ENGAGEMENT - UNITED WAY OF SUMMIT COUNTY PROMOTES CORPORATE AND COMMUNITY VOLUNTEERISM THROUGH A NEWLY EXPANDED CALENDAR OF ENGAGEMENT EVENTS. IN JUNE, THE ANNUAL DAY OF ACTION TOOK PLACE AT OVER 41 SITES THROUGHOUT SUMMIT COUNTY WHERE 851 VOLUNTEERS PROVIDED OVER 6,808 HOURS OF SERVICE. OUR THIRD STUFF THE BUS EVENT EXPANDED FROM 4 ELEMENTARY SCHOOLS TO 6 ELEMENTARY SCHOOLS, HELPING TO REACH EVEN MORE STUDENTS. READ TO ME DAYS IN NOVEMBER AND MARCH ENGAGED OVER 350 VOLUNTEERS IN READING THEIR FAVORITE BOOKS TO CLASSROOMS IN OUR MOST AT-RISK SCHOOL DISTRICTS. PAGE IT FORWARD BOOK DRIVE SAW EVEN MORE SUCCESSSES IN OUR SECOND YEAR AND COLLECTED OVER 10,000 BOOKS WHICH WERE DISTRIBUTED BY 83 VOLUNTEERS TO EVERY CHILD IN 6 HIGH NEED AKRON PUBLIC SCHOOLS. THE CALENDAR FOR THE UPCOMING YEAR WILL FEATURE ALL OUR ANNUAL EVENTS INCLUDING HOLIDAY SNACK PACK, A HEALTHY SNACK PROGRAM TO BENEFIT STUDENTS OVER WINTER BREAK, AND A CELEBRATION OF OUR UNITED WAY OF SUMMIT COUNTY CENTENNIAL. WE PLAN TO RALLY THE COMMUNITY BEHIND 100 YEARS OF IMPACT. WE ARE PROUD OF THE DEDICATION THAT OUR CORPORATE AND COMMUNITY VOLUNTEERS HAVE SHOWN THIS YEAR. WE LOOK FORWARD TO CONTINUOUSLY EXPANDING OUR ENGAGEMENT OPPORTUNITIES AND EMPOWERING OUR VOLUNTEERS TO MAKE TRANSFORMATIVE CHANGE IN OUR COMMUNITY.

(Code)	(Expenses \$ 16,378	including grants of \$	(Revenue \$)
---------	---------------------	------------------------	---------------

VISTA - SINCE ITS FOUNDING MORE THAN 50 YEARS AGO, THE AMERICORPS VISTA (VOLUNTEERS IN SERVICE TO AMERICA) PROGRAM HAS ENGAGED THOUSANDS OF SKILLED, PASSIONATE INDIVIDUALS IN THE FIGHT TO END POVERTY IN AMERICA. THROUGHOUT A YEAR-LONG, FULL-TIME COMMITMENT, VISTA MEMBERS FOCUS THEIR EFFORTS ON BUILDING THE CAPACITIES OF ORGANIZATIONS THAT FIGHT ILLITERACY, IMPROVE HEALTH SERVICES, FOSTER ECONOMIC DEVELOPMENT, AND OTHERWISE ASSIST LOW-INCOME COMMUNITIES. UNITED WAY OF SUMMIT COUNTY CHANNELS THE PASSION AND TALENTS OF THESE DEDICATED VOLUNTEERS INTO CONCERTED, LASTING COMMUNITY IMPACT. VISTAS ADVANCE UNITED WAY'S MISSION TO IMPROVE EDUCATION, INCOME AND HEALTH IN SUMMIT COUNTY BY PROVIDING CRITICAL SUPPORT TO UNITED WAY PROGRAMS AND INITIATIVES. THIS FISCAL YEAR, 14 UNITED WAY-SPONSORED VISTAS HAVE CONTRIBUTED THOUSANDS OF HOURS OF SERVICE TO THE SUMMIT COUNTY COMMUNITY.

4d Other program services (Describe in Schedule O)

(Expenses \$ 444,560	including grants of \$	(Revenue \$)
----------------------	------------------------	---------------

4e Total program service expenses **11,422,584**

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>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 Yes	
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>	3	No
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>	4	No
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>	5	No
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>	6	No
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>	7	No
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>	8	No
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>	9 Yes	
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>	10 Yes	
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>	11a Yes	
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>	11b Yes	
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>	11c	No
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>	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e Yes	
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>	11f	No
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>	12a Yes	
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>	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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>	14b	No
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>	15	No
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>	16	No
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> (see instructions)	17	No
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>	18	No
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>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
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>	Yes	
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>		No
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>	Yes	
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>		No
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>		No
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>		No
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>		No
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>		No
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>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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>		No
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>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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>		No
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>		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	15	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	43
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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		
b	Enter the number of voting members included in line 1a, above, who are independent		
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?	Yes	
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
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.		No

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?		No
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?	Yes	
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.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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	Yes	
b	Other officers or key employees of the organization	Yes	
	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?		No
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: <u>OH</u>
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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. ▶ KELLY HENDERSON CFO 90 N PROSPECT ST AKRON, OH 44304 (330) 762-7601

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

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

Form **990** (2016)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	236,263	0	40,833

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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)	(B)	(C)
Name and business address	Description of services	Compensation

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 ► 0	
---	--

Part VIII Statement of RevenueCheck 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	1a Federated campaigns . . .	1a	221,211			
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	554,747			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,150,139			
	g Noncash contributions included in lines 1a-1f \$ _____		409,834			
	h Total. Add lines 1a-1f		11,926,097			
Program Service Revenue		Business Code				
	2a PROG SERV REVENUE-RELATED-990	900099	1,063,702	1,063,702		
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,063,702			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		129,726			129,726
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	175,690			
	b Less cost or other basis and sales expenses	0				
	c Gain or (loss)	175,690				
	d Net gain or (loss)		175,690			175,690
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a MISC REVENUE-RELATED-990	900099	7,122	7,122			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		7,122				
12 Total revenue. See Instructions		13,302,337	1,070,824	0	305,416	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	9,717,763	9,717,763		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	288,884	101,167	113,795	73,922
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.	1,590,708	557,063	626,603	407,042
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	181,346	63,507	71,435	46,404
9 Other employee benefits.	359,355	125,845	141,555	91,955
10 Payroll taxes.	139,678	48,915	55,021	35,742
11 Fees for services (non-employees):				
a Management.				
b Legal.	9,050		9,050	
c Accounting.	30,266		30,266	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	40,243	14,096	15,849	10,298
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	144,562	98,759	27,766	18,037
12 Advertising and promotion.	193,856	4,909	186,493	2,454
13 Office expenses.	159,712	58,177	61,551	39,984
14 Information technology.	130,482	103,690	759	26,033
15 Royalties.				
16 Occupancy.	127,959	44,811	50,405	32,743
17 Travel.	18,763	10,063	5,274	3,426
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	69,742	37,402	19,605	12,735
20 Interest.				
21 Payments to affiliates.	175,500	61,460	69,132	44,908
22 Depreciation, depletion, and amortization.	95,590	33,476	37,654	24,460
23 Insurance.	16,240	5,687	6,397	4,156
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 INTERNAL PROGRAM COSTS	272,012	272,012		
b ENGAGEMENT & EVENTS	142,501			142,501
c DUES & SUBSCRIPTIONS	78,564	42,133	22,085	14,346
d STAFF DEVELOPMENT	45,679	17,501	17,082	11,096
e All other expenses	11,844	4,148	4,666	3,030
25 Total functional expenses. Add lines 1 through 24e.	14,040,299	11,422,584	1,572,443	1,045,272
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		200	1	2,050,553	
	2	Savings and temporary cash investments		5,124,218	2	876,011	
	3	Pledges and grants receivable, net		6,560,140	3	5,177,930	
	4	Accounts receivable, net			4	243,487	
	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 instructions). Complete Part II of Schedule L.			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		38,389	9	42,802	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	1,667,781			
	b	Less: accumulated depreciation	10b	1,064,968	633,279	10c	602,813
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		2,163,375	12	4,487,911	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		1,982,826	15	2,070,785	
16	Total assets. Add lines 1 through 15 (must equal line 34)		16,502,427	16	15,552,292		
Liabilities	17	Accounts payable and accrued expenses		3,223,825	17	3,145,446	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		522,676	21	243,305	
	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			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	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.		100,719	25	96,424	
	26	Total liabilities. Add lines 17 through 25		3,847,220	26	3,485,175	
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		10,239,634	27	9,555,118	
	28	Temporarily restricted net assets		1,285,478	28	1,366,243	
	29	Permanently restricted net assets		1,130,095	29	1,145,756	
	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		12,655,207	33	12,067,117		
34	Total liabilities and net assets/fund balances		16,502,427	34	15,552,292		

Part XI Reconciliation of Net AssetsCheck 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	13,302,337
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,040,299
3	Revenue less expenses Subtract line 2 from line 1	3	-737,962
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,655,207
5	Net unrealized gains (losses) on investments	5	149,872
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,067,117

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
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		

Additional Data

Software ID:
Software Version:
EIN: 34-1169257
Name: UNITED WAY OF SUMMIT COUNTY

Form 990 (2016)

Form 990, Part III, Line 4a:

COMMUNITY IMPACT - COMMUNITY IMPACT IS THE EFFORT OF MAKING EVERY DOLLAR CONTRIBUTED TO UNITED WAY OF SUMMIT COUNTY WORK EFFICIENTLY FOR THE BETTERMENT OF THE COMMUNITY WE BRING TOGETHER NONPROFIT AGENCIES, TOPICAL EXPERTS, GOVERNMENT AGENCIES, OTHER FUNDERS, AND VOLUNTEERS TO PLAN AND WORK COLLABORATIVELY TOWARD COMMUNITY-WIDE OUTCOME OBJECTIVES AS PART OF THAT EFFORT, WE INVESTED RESOURCES IN NONPROFIT AGENCIES, COLLABORATIONS AND UNITED WAY ADMINISTERED PROGRAMS THAT HAVE A TRACK RECORD OF IMPROVING EDUCATION, INCOME, AND HEALTH IN SUMMIT COUNTY

Form 990, Part III, Line 4b:

GETTING AHEAD - GETTING AHEAD CLASSES PROVIDE SKILLS AND RESOURCES TO PEOPLE WORKING TO GAIN FINANCIAL INDEPENDENCE ON AVERAGE, THOSE WHO COMPLETE THE 16-WEEK COURSE, WHICH MEETS TWICE A WEEK, HAVE LOWER UNEMPLOYMENT RATES AND GO ON TO EARN SIGNIFICANTLY HIGHER INCOMES DURING THIS FISCAL YEAR, 185 INDIVIDUALS HAVE COMPLETED THE COURSE AND GRADUATED FROM THE PROGRAM

Form 990, Part III, Line 4c:

IMAGINATION LIBRARY - THROUGH THIS PROGRAM, SUMMIT COUNTY CHILDREN AGES BIRTH TO FIVE YEARS ARE ELIGIBLE TO RECEIVE FREE BOOKS EACH MONTH, A BRAND NEW, AGE APPROPRIATE BOOK IS MAILED TO EVERY CHILD ENROLLED WITH THE ARRIVAL OF THE FIRST BOOK, THE CLASSIC "THE LITTLE ENGINE THAT COULD," CHILDREN BEGIN TO EXPERIENCE THE JOY OF FINDING THEIR VERY OWN BOOK IN THEIR MAILBOXES THESE MOMENTS CONTINUE EACH MONTH UNTIL THE CHILD TURNS FIVE, WHEN THE LAST BOOK THEY RECEIVE IS "LOOK OUT KINDERGARTEN, HERE I COME " DURING THIS FISCAL YEAR, 103,920 BOOKS WERE MAILED TO ENROLLED CHILDREN IN SUMMIT COUNTY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES E MERKLIN BOARD CHAIR	6 00	X						0	0	0
CHRISTINE AMER MAYER VICE-CHAIR	4 00	X						0	0	0
MARK KROHN SECRETARY	2 00	X						0	0	0
RICHARD J NOECHEL TREASURER	2 00	X						0	0	0
ANGELA D WELLS TRUSTEE	1 00	X						0	0	0
ANNE CLARK TRUSTEE	1 00	X						0	0	0
BERNETT L WILLIAMS TRUSTEE	2 00	X						0	0	0
BILL LOWERY II TRUSTEE	2 00	X						0	0	0
BRIAN J MOORE TRUSTEE	1 00	X						0	0	0
BROCK STEERE TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CYNTHIA FLYNN CAPERS TRUSTEE	2 00	X						0	0	0
DALE HIGHSMITH JR TRUSTEE	1 00	X						0	0	0
DANIEL HORRIGAN TRUSTEE	1 00	X						0	0	0
DAVID C JENNINGS TRUSTEE	2 00	X						0	0	0
DAVID JAMES SR TRUSTEE	1 00	X						0	0	0
DONALD A MOUL TRUSTEE	1 00	X						0	0	0
DONNA SKODA TRUSTEE	1 00	X						0	0	0
HALLE JONES CAPERS TRUSTEE	1 00	X						0	0	0
HENRY L ZELMAN TRUSTEE	1 00	X						0	0	0
ILENE SHAPIRO TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JACQUELINE SILAS-BUTLER TRUSTEE	1 00	X						0	0	0
JENNIFER DALE FOX TRUSTEE	1 00	X						0	0	0
JOSEPH MAY TRUSTEE	1 00	X						0	0	0
LAURA CULP TRUSTEE	1 00	X						0	0	0
MARC MERKLIN TRUSTEE	2 00	X						0	0	0
MARK SCHEFFLER TRUSTEE	1 00	X						0	0	0
MARTIN P HAUSER TRUSTEE	1 00	X						0	0	0
MICHAEL MAZZEO TRUSTEE	1 00	X						0	0	0
MICHELE CERMINARO TRUSTEE	1 00	X						0	0	0
NICHOLAS V BROWNING TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL CATANIA TRUSTEE	2 00	X						0	0	0
PHILIP MAYNARD TRUSTEE	2 00	X						0	0	0
PHILLIP P MARTUCCI TRUSTEE	1 00	X						0	0	0
RANDY S KATZ TRUSTEE	1 00	X						0	0	0
RICHARD J KROCHKA TRUSTEE	2 00	X						0	0	0
ROBERT COOPER TRUSTEE	1 00	X						0	0	0
SHON CHRISTY TRUSTEE	1 00	X						0	0	0
STEVEN M CHARLES TRUSTEE	1 00	X						0	0	0
STUART C GLAUBERMAN TRUSTEE	4 00	X						0	0	0
SYLVIA TRUNDLE TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THEODORE F WALTER TRUSTEE	1 00	X						0	0	0
TIM STOVER TRUSTEE	1 00	X						0	0	0
TRACI J BUCKNER TRUSTEE	1 00	X						0	0	0
VALERIE A GEIGER TRUSTEE	1 00	X						0	0	0
W MICHAEL SHERMAN TRUSTEE	1 00	X						0	0	0
WILLIAM CONSIDINE TRUSTEE	1 00	X						0	0	0
WILLIAM L CAPLAN TRUSTEE	4 00	X						0	0	0
WILLIAM R FETH TRUSTEE	1 00	X						0	0	0
JOHN ORR TRUSTEE	1 00	X						0	0	0
RUSSELL M PRY TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JIM MULLEN CEO	45 00			X				140,569	0	29,205
ANN MANBY CFO/COO	40 00			X				95,694	0	11,628

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization UNITED WAY OF SUMMIT COUNTY	Employer identification number 34-1169257

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 **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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	13,808,522	13,114,825	13,742,490	12,376,146	11,926,097	64,968,080
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	13,808,522	13,114,825	13,742,490	12,376,146	11,926,097	64,968,080
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						64,968,080
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	13,808,522	13,114,825	13,742,490	12,376,146	11,926,097	64,968,080
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	306,376	247,355	364,497	439,353	129,726	1,487,307
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.)	6,662	285			7,122	14,069
11 Total support. Add lines 7 through 10						66,469,456
12 Gross receipts from related activities, etc. (see instructions)					12	40,703
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 2016 (line 6, column (f) divided by line 11, column (f))					14	97.740 %
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	97.740 %
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 on line 12 of 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>	1	
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>	2	
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>	3a	
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>	3b	
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>	3c	
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>	4a	
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>	4b	
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>	4c	
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>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>	7	
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>	8	
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>	9a	
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>	9b	
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>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
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>	10b	

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>		
11a		
11b		
11c		

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>		
1		
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>		
2		

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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
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>		
2a		
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>		
2b		
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>		
3a		
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>		
3b		

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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

1

Net short-term capital gain

2

Recoveries of prior-year distributions

3

Other gross income (see instructions)

4

Add lines 1 through 3

5

Depreciation and depletion

6

Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)

7

Other expenses (see instructions)

8

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

(A) Prior Year

(B) Current Year (optional)

Section B - Minimum Asset Amount

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

b

Average monthly cash balances

c

Fair market value of other non-exempt-use assets

d

Total (add lines 1a, 1b, and 1c)

e

Discount claimed for blockage or other factors (explain in detail in Part VI)

2

Acquisition indebtedness applicable to non-exempt use assets

3

Subtract line 2 from line 1d

4

Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)

5

Net value of non-exempt-use assets (subtract line 4 from line 3)

6

Multiply line 5 by .035

7

Recoveries of prior-year distributions

8

Minimum Asset Amount (add line 7 to line 6)

(A) Prior Year

(B) Current Year (optional)

Section C - Distributable Amount

1

Adjusted net income for prior year (from Section A, line 8, Column A)

2

Enter 85% of line 1

3

Minimum asset amount for prior year (from Section B, line 8, Column A)

4

Enter greater of line 2 or line 3

5

Income tax imposed in prior year

6

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

Current Year

7

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

Schedule A (Form 990 or 990-EZ) 2016

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493236006137

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
UNITED WAY OF SUMMIT COUNTY

Employer identification number
34-1169257

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?

☐ Yes

☐ 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?

☐ Yes

☐ 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 an 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

2a

2b

2c

2d

Held at the End of the Year

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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?

☐ Yes

☐ No

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)?

☐ Yes

☐ No

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2016

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in 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	1,395,448	1,595,029	1,604,956	1,489,755	1,440,960
b Contributions					
c Net investment earnings, gains, and losses	118,266	-79,065	59,949	180,559	110,730
d Grants or scholarships					
e Other expenditures for facilities and programs	45,969	120,516	69,876	65,358	61,935
f Administrative expenses					
g End of year balance	1,467,745	1,395,448	1,595,029	1,604,956	1,489,755

2

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

a

Board designated or quasi-endowment ▶ 69 540 %

b

Permanent endowment ▶ 30 460 %

c

Temporarily restricted endowment ▶ 0 %

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	3a(i) Yes	
(ii) related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		69,922		69,922
b Buildings		1,020,793	639,883	380,910
c Leasehold improvements				
d Equipment				
e Other		577,066	425,085	151,981
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				602,813

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) BOARD HELD INVESTMENTS	4,487,911	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	4,487,911	

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. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1) SPLIT INTEREST AGREEMENT	603,040
(2) INVESTMENTS HELD BY AKRON COMMUNITY FOUNDATION	1,410,255
(3) OTHER INVESTMENTS	57,490
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	2,070,785

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.

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
POSTRETIREMENT BENEFITS (NOT PENSIONS)	96,424	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	96,424	

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	7,861,548
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	134,211
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	15,661
e	Add lines 2a through 2d	2e	149,872
3	Subtract line 2e from line 1	3	7,711,676
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	40,243
b	Other (Describe in Part XIII)	4b	5,550,418
c	Add lines 4a and 4b	4c	5,590,661
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	13,302,337

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	8,449,638
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	8,449,638
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	40,243
b	Other (Describe in Part XIII)	4b	5,550,418
c	Add lines 4a and 4b	4c	5,590,661
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	14,040,299

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 34-1169257
Name: UNITED WAY OF SUMMIT COUNTY

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	THE ORGANIZATION IS THE CUSTODIAN OF FUNDS AND FINANCIAL MANAGER FOR SEVERAL ORGANIZATIONS SINCE THESE FUNDS DO NOT BELONG TO THE ORGANIZATION, THE INCOME AND EXPENSE TRANSACTIONS THAT RELATE TO THESE ACCOUNTS ARE NOT INCLUDED IN THE STATEMENT OF ACTIVITIES ADDITIONAL LY, AN EQUAL AND OFFSETTING LIABILITY IS MAINTAINED TO REMOVE THE VALUE OF THESE ASSETS FR OM THE NET ASSETS OF THE ORGANIZATION

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS PRINCIPAL MUST BE LEFT IN THE ENDOWMENT HOWEVER, 4% OF THE EARNINGS CAN BE USED FOR UNITED WAY OF SUMMIT COUNTY OPERATIONS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPLIT INTEREST AGREEMENT CHANGE IN FAIR VALUE 15,661

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DIRECTED CONTRIBUTIONS 5,550,418

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DIRECTED CONTRIBUTIONS 5,550,418

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493236006137

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SUMMIT COUNTY

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.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
34-1169257

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.

(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
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 195

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	FOR ANNUAL ALLOCATIONS TO FUNDED AGENCIES, EACH FUNDING REQUEST INCLUDES A DETAILED BUDGET OF HOW THE AWARDED DOLLARS WILL BE SPENT IN TERMS OF LINE ITEMS (SALARIES, RENT, ETC), WHAT OUTCOMES WILL BE GENERATED AND HOW MANY INDIVIDUALS OR FAMILIES WILL BE SERVED AT THE END OF EACH YEAR, WHEN REQUESTING FUNDING FOR THE COMING YEAR, THE REQUESTING AGENCY MUST REPORT ACTUAL RESULTS OF OUTCOMES AND NUMBER OF BENEFICIARIES SERVED AGAINST THE ORIGINAL EXPECTATIONS IF OUTCOMES/NUMBERS SERVED ARE IN LINE OR IF SIGNIFICANT VARIANCES REASONABLY EXPLAINED, THE ASSUMPTION IS THAT THEY USED THE FUNDS APPROPRIATELY IN ADDITION DETAILED INTERVIEWS WERE HELD WITH ALL FUNDED AGENCY EXECUTIVES TO DISCUSS DETAILS OF FUNDED PROGRAMS AS WELL AS OVERALL FINANCIAL STABILITY OF THE AGENCY FINANCIALLY CHALLENGED AGENCIES, AGENCIES GOING THROUGH CONSOLIDATIONS, SIGNIFICANT LEADERSHIP CHANGES, AND SIMILAR SITUATIONS ALL RECEIVE ADDITIONAL INFORMAL SCRUTINY AS WE LOOK FOR ANY FLAGS THAT WOULD SIGNAL AN INABILITY TO USE UNITED WAY FUNDS NOT ONLY APPROPRIATELY FROM THE LEGAL SENSE, BUT EFFECTIVELY AND EFFICIENTLY AS WAS ORIGINALLY INTENDED THIS ENTAILS KEEPING UP WITH AGENCY NEWS, COMMUNITY NEWS, AND HAVING INFORMAL CONTACTS THROUGHOUT THE COMMUNITY

Additional Data

Software ID:
Software Version:
EIN: 34-1169257
Name: UNITED WAY OF SUMMIT COUNTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ACCESS INC 230 WEST MARKET STREET AKRON, OH 44312	34-1395246	501(C)(3)	87,142				DONOR DESIGNATIONS & GRANT ALLOCATIONS
AFRICAN SKY INC 409 CARLYON ROAD MUNROE FALLS, OH 44262	20-1761327	501(C)(3)	8,782				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON AREA YMCA 50 SOUTH MAIN STREET AKRON, OH 44308	34-0714727	501(C)(3)	295,524				DONOR DESIGNATIONS & GRANT ALLOCATIONS
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308	34-0813426	501(C)(3)	20,307				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON CHILDREN'S MUSEUM 200 SOUTH MAIN STREET AKRON, OH 44308	46-3118462	501(C)(3)	5,345				DONOR DESIGNATIONS
AKRON CIVIC THEATRE - COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT 182 SOUTH MAIN STREET AKRON, OH 443081316	34-1015948	501(C)(3)	9,907				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON COMMUNITY FOUNDATION 345 WEST CEDAR STREET AKRON, OH 443072407	34-1087615	501(C)(3)	72,403				DONOR DESIGNATIONS & GRANT ALLOCATIONS
AKRON GENERAL DEVELOPMENT FOUNDATION ONE AKRON GENERAL AVENUE AKRON, OH 443072433	34-1127047	501(C)(3)	38,615				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON INNER CITY SOCCER CLUB 865 ROSLYN AVENUE AKRON, OH 44320	34-1875816	501(C)(3)	10,122				DONOR DESIGNATIONS & GRANT ALLOCATIONS
AKRON MARATHON CHARITABLE CORPORATION AKRON MARATHON RACE SERIES 453 SOUTH HIGH STREET AKRON, OH 44311	42-1531773	501(C)(3)	10,504				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON PREGNANCY SERVICES 105 EAST MARKET STREET AKRON, OH 44308	34-1439564	501(C)(3)	8,292				DONOR DESIGNATIONS
AKRON PUBLIC SCHOOLS 70 NORTH BROADWAY STREET AKRON, OH 443081911		501(C)(3)	10,051				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON URBAN LEAGUE 440 VERNON ODOM BOULEVARD AKRON, OH 44307	34-0714520	501(C)(3)	157,198				DONOR DESIGNATIONS & GRANT ALLOCATIONS
AKRON ZOOLOGICAL PARK 500 EDGEWOOD AVENUE AKRON, OH 44307	34-6003866	501(C)(3)	12,465				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 443072234	34-1369388	501(C)(3)	81,680				DONOR DESIGNATIONS
ALEX'S LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BOULEVARD BALA CYNWYD, PA 19004	56-2496146	501(C)(3)	5,000				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN ENDOWMENT FOUNDATION AEF PO BOX 911 HUDSON, OH 442365911	34-1747398	501(C)(3)	23,000				DONOR DESIGNATIONS
AMERICAN HEART ASSOCIATION GREAT RIVERS AFFILIATE 3505 EMBASSY PARKWAY AKRON, OH 44333	13-5613797	501(C)(3)	14,134				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN RED CROSS OF SUMMIT PORTAGE & MEDINA COUNTIES #35384 FEDERATED PLEDGE PROCESSING CHICAGO, IL 606737857	34-0714526	501(C)(3)	1,098,721				DONOR DESIGNATIONS
ARCHBISHOP HOBAN HIGH SCHOOL 1 HOLY CROSS BOULEVARD AKRON, OH 443061500	34-0770684	501(C)(3)	49,321				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ASIAN SERVICES IN ACTION INC AKRON 730 CARROLL STREET AKRON, OH 44304	34-1798850	501(C)(3)	38,861				DONOR DESIGNATIONS & GRANT ALLOCATIONS
BALLET EXCEL OHIO FKA CUYAHOGA VALLEY YOUTH BALLET PO BOX 3131 CUYAHOGA FALLS, OH 44223	34-1318396	501(C)(3)	10,520				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BATTERED WOMEN'S SHELTER OF SUMMIT & MEDINA COUNTIES 974 EAST MARKET STREET AKRON, OH 44305	34-1249342	501(C)(3)	159,583				DONOR DESIGNATIONS & GRANT ALLOCATIONS
BIG BROTHERS BIG SISTERS OF SUMMIT MEDINA & STARK COUNTIES 50 SOUTH MAIN STREET AKRON, OH 44308	34-1104356	501(C)(3)	76,943				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOY SCOUTS OF AMERICA GREAT TRAIL COUNCIL PO BOX 68 AKRON, OH 443090068	34-0737790	501(C)(3)	99,906				DONOR DESIGNATIONS & GRANT ALLOCATIONS
BOYS & GIRLS CLUB OF DUMPLIN VALLEY PO BOX 669 WHITE PINE, TN 37890	26-1475216	501(C)(3)	5,000				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE 889 JONATHAN AVENUE AKRON, OH 443063606	34-1351557	501(C)(3)	153,701				DONOR DESIGNATIONS & GRANT ALLOCATIONS
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 443072569	27-4254089	501(C)(3)	106,123				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BVU THE CENTER FOR NONPROFIT EXCELLENCE 1300 EAST NINTH STREET CLEVELAND, OH 44114	34-1724581	501(C)(3)	6,779				DONOR DESIGNATIONS
CAN DO MULTIPLE SCLEROSIS PO BOX 5860 AVON, CO 81620	74-2337853	501(C)(3)	5,000				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 441067017	34-1018992	501(C)(3)	5,422				DONOR DESIGNATIONS
CATHOLIC CHARITIES COMMUNITY SERVICES OF CUYAHOGAGEAGUA COUNTY 7911 DETROIT AVENUE CLEVELAND, OH 44102	34-1318541	501(C)(3)	9,092				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CATHOLIC CHARITIES COMMUNITY SERVICES OF SUMMIT COUNTY 812 BIRUTA STREET AKRON, OH 443071104	34-0714562	501(C)(3)	80,815				DONOR DESIGNATIONS & GRANT ALLOCATIONS
CATHOLIC CHARITIES HEALTH & HUMAN SERVICES DIOCESE OF CLEVELAND 7911 DETROIT AVENUE CLEVELAND, OH 44102	34-0718368	501(C)(3)	7,609				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CATHOLIC COMMUNITY FOUNDATION CLEVELAND ROOTED IN FAITH FORWARD IN HOPE 1404 EAST NINTH STREET CLEVELAND, OH 441141722	34-1908579	501(C)(3)	25,898				DONOR DESIGNATIONS
CHARTER OAK UNITED METHODIST CHURCH 449 FRYE FARM ROAD GREENSBURG, PA 15601	25-1202027	501(C)(3)	6,350				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILD GUIDANCE & FAMILY SOLUTIONS 18 NORTH FORGE STREET AKRON, OH 443041317	34-0726083	501(C)(3)	215,711				DONOR DESIGNATIONS & GRANT ALLOCATIONS
CHILDREN'S HOSPITAL OF AKRON FOUNDATION DEVELOPMENT OFFICE AKRON, OH 443081062	23-7114013	501(C)(3)	142,158				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHRIST COMMUNITY CHAPEL HUDSON CAMPUS 750 WEST STREETSBORO STREET HUDSON, OH 442362057	34-1339610	501(C)(3)	15,614				DONOR DESIGNATIONS
COLLEGE SCHOLARS INC 333 NORTH PORTAGE PATH AKRON, OH 443031250	34-1897856	501(C)(3)	16,000				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMUNITY LEGAL AID SERVICES INC 50 SOUTH MAIN STREET AKRON, OH 44308	34-0753560	501(C)(3)	53,735				DONOR DESIGNATIONS & GRANT ALLOCATIONS
COMMUNITY SUPPORT SERVICES INC 150 CROSS STREET AKRON, OH 44311	23-7029146	501(C)(3)	9,631				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK - CVNP 1403 WEST HINES HILL ROAD PENINSULA, OH 44264	34-1917257	501(C)(3)	16,711				DONOR DESIGNATIONS
CONXUS FKA SUMMIT WORKFORCE 277 E MILL STREET AKRON, OH 44308	34-2019627	501(C)(3)	50,000				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CORE FURNITURE BANK - COMMUNITY OUTREACH RESOURCES EXCHANGE 2900 STATE ROAD CUYAHOGA FALLS, OH 44223	26-3336894	501(C)(3)	8,797				DONOR DESIGNATIONS & GRANT ALLOCATIONS
COUNTRYSIDE CONSERVANCY 2179 EVERETT ROAD PENINSULA, OH 44264	34-1896395	501(C)(3)	40,246				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CROSSPOINT UNITED METHODIST CHURCH 9687 PORTAGE STREET NW MASSILLON, OH 44646	20-2244042	501(C)(3)	5,384				DONOR DESIGNATIONS
EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION 550 SOUTH ARLINGTON STREET AKRON, OH 443061740	34-1365690	501(C)(3)	63,217				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EDUCATE THE CONGO FKA INTERNATIONAL CHRISTIAN UNIVERSITY FOUNDATION INC PO BOX 116 MUNROE FALLS, OH 44262	23-2875364	501(C)(3)	5,000				DONOR DESIGNATIONS
EMBRACING FUTURES INC 50 SOUTH MAIN STREET AKRON, OH 44308	34-6543299	501(C)(3)	18,791				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EMERGE COUNSELING SERVICES EMERGE MINISTRIES INC 900 MULL AVENUE AKRON, OH 44313	34-1213335	501(C)(3)	21,500				DONOR DESIGNATIONS
EXALTING CHRIST MINISTRIES 13315 MANCHESTER AVENUE GRANDVIEW, MO 640303592	34-1889771	501(C)(3)	10,000				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FAITH UNITED METHODIST CHURCH 300 NINTH STREET NW NORTH CANTON, OH 44720	34-1084659	501(C)(3)	5,025				DONOR DESIGNATIONS
FAMILY & COMMUNITY SERVICES INC 705 OAKWOOD STREET RAVENNA, OH 44266	34-1902451	501(C)(3)	51,394				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 PROMISE OF SUMMIT COUNTY PO BOX 1266 AKRON, OH 443091266	75-3101718	501(C)(3)	19,627				DONOR DESIGNATIONS & GRANT ALLOCATIONS
FIRESTONE AKRON SWIM TEAM - FAST 470 CASTLE BOULEVARD AKRON, OH 443136432	34-1892460	501(C)(3)	5,165				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FIRST CHRISTIAN CHURCH OF MEDINA OHIO 4797 SHARON COPLEY ROAD MEDINA, OH 442567404	34-1058611	501(C)(3)	6,250				DONOR DESIGNATIONS
FIRST CONGREGATIONAL CHURCH OF TALLMADGE INC 85 HERITAGE DRIVE TALLMADGE, OH 44278	34-0811459	501(C)(3)	5,175				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FURNACE STREET MISSION INC & SAFETY FORCES CHAPLAINCY CENTER 150 FURNACE STREET AKRON, OH 443041208	34-6001192	501(C)(3)	16,221				DONOR DESIGNATIONS
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 440561256	34-0726094	501(C)(3)	50,433				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GOOD NEIGHBORS INC 1453 GOODYEAR BOULEVARD AKRON, OH 44305	34-6560957	501(C)(3)	6,756				DONOR DESIGNATIONS
GPD GROUP EMPLOYEES' FOUNDATION INC 520 SOUTH MAIN STREET AKRON, OH 44311	46-3799183	501(C)(3)	14,620				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GRACE CHURCH OF GREATER AKRON 211 NORTH CLEVELAND- MASSILLON ROAD AKRON, OH 44333	23-7153982	501(C)(3)	18,452				DONOR DESIGNATIONS
GREATER AKRON MUSICAL ASSOCIATION INC AKRON SYMPHONY ORCHESTRA 92 NORTH MAIN STREET AKRON, OH 44308	34-6003828	501(C)(3)	14,786				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GREEN WELFARE ASSOCIATION 6233 REDBIRD TERRACE CLINTON, OH 44216	51-0164456	501(C)(3)	6,538				DONOR DESIGNATIONS & GRANT ALLOCATIONS
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311	34-0714398	501(C)(3)	364,342				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HABITAT FOR HUMANITY OF SUMMIT COUNTY 2301 ROMIG ROAD AKRON, OH 44320	34-1518873	501(C)(3)	5,961				DONOR DESIGNATIONS
HATTIE LARLHAM 7996 DARROW ROAD TWINSBURG, OH 44087	34-1696794	501(C)(3)	10,694				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HAVEN OF REST MINISTRIES INC PO BOX 547 AKRON, OH 443090547	34-0750345	501(C)(3)	29,642				DONOR DESIGNATIONS
HEART TO HEART COMMUNICATIONS 40 UNIVERSITY AVENUE AKRON, OH 443081613	34-1630357	501(C)(3)	6,465				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HERITAGE UNITED METHODIST CHURCH 107 SOUTH MARKET STREET LIGONIER, PA 15658	25-1182221	501(C)(3)	12,000				DONOR DESIGNATIONS
HOSPICE OF THE WESTERN RESERVE INC 17876 SAINT CLAIR AVENUE CLEVELAND, OH 44110	34-1256377	501(C)(3)	6,285				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HUDSON COMMUNITY FOUNDATION 49 EAST MAIN STREET HUDSON, OH 442365944	34-1935499	501(C)(3)	8,526				DONOR DESIGNATIONS
HUMANE SOCIETY OF SUMMIT COUNTY 7996 DARROW ROAD TWINSBURG, OH 44087	23-7060744	501(C)(3)	27,945				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
IBH ADDICTION RECOVERY CENTER 3445 SOUTH MAIN STREET AKRON, OH 44319	23-7090131	501(C)(3)	7,536				DONOR DESIGNATIONS
IDEASTREAM DBA WVIZ PBS 903 WCPN NPR IDEASTREAM - IDEA CENTER CLEVELAND, OH 441151835	34-1943865	501(C)(3)	9,048				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
INDIAN FRIENDS OF ATLANTA INC 5490 MCGINNIS FERRY ROAD ALPHARETTA, GA 30005	47-4194683	501(C)(3)	13,000				DONOR DESIGNATIONS
INFO LINE INC 703 SOUTH MAIN STREET AKRON, OH 44311	34-1170391	501(C)(3)	259,685				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
INTERFAITH CAREGIVERS PROGRAM OF SUMMIT COUNTY FAITH IN ACTION 50 NORTH PROSPECT STREET AKRON, OH 44304	34-1452616	501(C)(3)	16,900				DONOR DESIGNATIONS & GRANT ALLOCATIONS
INTERNATIONAL INSTITUTE OF AKRON INC 207 EAST TALLMADGE AVENUE AKRON, OH 443103298	34-0733161	501(C)(3)	46,040				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JEWISH COMMUNITY BOARD OF AKRON 750 WHITE POND DRIVE AKRON, OH 443201128	34-1884695	501(C)(3)	52,080				DONOR DESIGNATIONS
JEWISH FAMILY SERVICE OF AKRON 750 WHITE POND DRIVE AKRON, OH 443201128	34-0714444	501(C)(3)	82,968				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JOHN CARROLL UNIVERSITY DEVELOPMENT OFFICE UNIVERSITY HEIGHTS, OH 441184520	34-0714681	501(C)(3)	25,116				DONOR DESIGNATIONS
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC PO BOX 26006 AKRON, OH 44319	34-0940986	501(C)(3)	10,341				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 NORTHEASTERN OHIO JDRF INTERNATIONAL JDRF INDEPENDENCE, OH 44131	23-1907729	501(C)(3)	8,831				DONOR DESIGNATIONS
KENT STATE UNIVERSITY FOUNDATION PO BOX 5190 KENT, OH 442420001	34-6576307	501(C)(3)	19,878				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LAW & LEADERSHIP INSTITUTE LLC AKRON OHIO OFFICE 150 UNIVERSITY AVENUE AKRON, OH 44325	26-4709314	501(C)(3)	15,423				DONOR DESIGNATIONS & GRANT ALLOCATIONS
LEADERSHIP AKRON 54 EAST MILL STREET AKRON, OH 44308	31-1655877	501(C)(3)	54,053				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEBRON JAMES FAMILY FOUNDATION 3800 EMBASSY PKWY AKRON, OH 44333	02-0716277	501(C)(3)	20,000				DONOR DESIGNATIONS & GRANT ALLOCATIONS
LEGACY III INC 733 WEST MARKET STREET AKRON, OH 44303	34-1824527	501(C)(3)	36,437				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LET'S GROW AKRON INC 467 HARVEY AVENUE AKRON, OH 44314	34-1632443	501(C)(3)	40,255				DONOR DESIGNATIONS & GRANT ALLOCATIONS
LOVE AKRON 39 EAST MARKET STREET AKRON, OH 443082035	20-8035010	501(C)(3)	5,796				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MARIETTA COMMUNITY FOUNDATION 100 PUTNAM STREET MARIETTA, OH 45750	74-3054287	501(C)(3)	11,000				DONOR DESIGNATIONS
MATURE SERVICES INC 2279 ROMIG ROAD AKRON, OH 44320	51-0148544	501(C)(3)	82,442				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 MULTIPLE SCLEROSIS SOCIETY OHIO BUCKEYE CHAPTER 6155 ROCKSIDE ROAD INDEPENDENCE, OH 44131	34-0801307	501(C)(3)	21,657				DONOR DESIGNATIONS
NEIGHBORHOOD NETWORK OF UNIVERSITY PARK 90 NORTH PROSPECT STREET AKRON, OH 44304	34-1169257	501(C)(3)	27,000				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NORFOLK AREA UNITED WAY INC PO BOX 1041 NORFOLK, NE 687021041	47-0492054	501(C)(3)	24,160				DONOR DESIGNATIONS
NORTHEAST OHIO MEDICAL UNIVERSITY FOUNDATION 4209 STATE ROUTE 44 ROOTSTOWN, OH 442720095	34-1264220	501(C)(3)	28,393				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NORTHERN OHIO HEMOPHILIA FOUNDATION INC 5000 ROCKSIDE ROAD INDEPENDENCE, OH 44131	34-1018501	501(C)(3)	26,591				DONOR DESIGNATIONS & GRANT ALLOCATIONS
OLD TRAIL SCHOOL PO BOX 827 BATH, OH 442100827	34-0737805	501(C)(3)	18,920				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OPEN M 941 PRINCETON STREET AKRON, OH 44311	34-1046107	501(C)(3)	41,626				DONOR DESIGNATIONS & GRANT ALLOCATIONS
PALM DESERT COMMUNITY PRESBYTERIAN CHURCH 47321 HIGHWAY 74 PALM DESERT, CA 92260	95-2287741	501(C)(3)	16,000				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PLANNED PARENTHOOD OF GREATER OHIO NORTHEAST OHIO OFFICE 444 WEST EXCHANGE STREET AKRON, OH 44302	34-1015976	501(C)(3)	110,438				DONOR DESIGNATIONS & GRANT ALLOCATIONS
PROJECT GRAD AKRON OHIO 400 WEST MARKET STREET AKRON, OH 443032060	16-1639511	501(C)(3)	19,391				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 44326	34-1491695	501(C)(3)	65,439				DONOR DESIGNATIONS & GRANT ALLOCATIONS
RAHAB MINISTRIES INC PO BOX 13866 AKRON, OH 44334	01-0643691	501(C)(3)	6,195				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
RONALD MCDONALD HOUSE OF AKRON INC 141 WEST STATE STREET AKRON, OH 44302	34-1860682	501(C)(3)	10,071				DONOR DESIGNATIONS
SAINT HILARY PARISH FOUNDATION DIOCESE OF CLEVELAND 2750 WEST MARKET STREET FAIRLAWN, OH 44333	34-1212411	501(C)(3)	20,631				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SAINT JUDE'S CHILDRENS RESEARCH HOSPITAL 501 SAINT JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	12,671				DONOR DESIGNATIONS
SAINT MARY CATHOLIC CHURCH DIOCESE OF CLEVELAND 340 NORTH MAIN STREET HUDSON, OH 44236	34-0714516	501(C)(3)	9,317				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SAINT MICHAEL THE ARCHANGEL CATHOLIC CHURCH DIOCESE OF YOUNGSTOWN 3430 SAINT MICHAEL BOULEVARD NW CANTON, OH 44718	34-0782263	501(C)(3)	7,627				DONOR DESIGNATIONS
SAINT NICHOLAS ORTHODOX CHURCH 755 SOUTH CLEVELAND AVENUE MOGADORE, OH 442601584	34-1007393	501(C)(3)	7,167				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SAINT SEBASTIAN CATHOLIC CHURCH & FOUNDATION 476 MULL AVENUE AKRON, OH 443201213	23-7115850	501(C)(3)	11,780				DONOR DESIGNATIONS
SAINT VINCENT SAINT MARY HIGH SCHOOL 15 NORTH MAPLE STREET AKRON, OH 443032326	34-1686290	501(C)(3)	16,079				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SARAH'S HOUSE INC 414 PINE STREET AKRON, OH 443072446	27-1948149	501(C)(3)	5,940				DONOR DESIGNATIONS
SHAW JEWISH COMMUNITY CENTER OF AKRON 750 WHITE POND DRIVE AKRON, OH 443201128	34-0174521	501(C)(3)	60,012				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SOMERSET HILLS LUTHERAN CHURCH 350 LAKE ROAD BASKING RIDGE, NJ 079202121	22-1724932	501(C)(3)	10,000				DONOR DESIGNATIONS
SOUTH STREET MINISTRIES INC 130 WEST SOUTH STREET AKRON, OH 443111964	26-2660679	501(C)(3)	11,522				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SPRING GARDEN WALDORF SCHOOL 1791 SOUTH JACOBY ROAD COPLEY, OH 443212233	34-1512962	501(C)(3)	12,072				DONOR DESIGNATIONS
STAN HYWET HALL & GARDENS 714 NORTH PORTAGE PATH AKRON, OH 443031399	34-0819149	501(C)(3)	20,262				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STEWART'S CARING PLACE 2955 WEST MARKET STREET AKRON, OH 44333	20-0181338	501(C)(3)	41,834				DONOR DESIGNATIONS & GRANT ALLOCATIONS
STOW ALLIANCE FELLOWSHIP OF THE CHRISTIAN & MISSIONARY ALLIANCE 4460 STOW ROAD CUYAHOGA FALLS, OH 442241877	34-1126688	501(C)(3)	5,900				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMA FOUNDATION PO BOX 2090 AKRON, OH 443092090	34-1219001	501(C)(3)	29,475				DONOR DESIGNATIONS
SUMMIT COUNTY FATHERHOOD INITIATIVE 1477 COPLEY ROAD AKRON, OH 44320	23-2745763	501(C)(3)	47,456				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT COUNTY PUBLIC HEALTH FAIRWAY CENTER AKRON, OH 44313	34-6002767	501(C)(3)	29,700				DONOR DESIGNATIONS & GRANT ALLOCATIONS
SUMMIT COUNTY REENTRY NETWORK OFFICE OF REENTRY AKRON, OH 44308	34-1334919	501(C)(3)	70,322				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET AKRON, OH 443081745	34-1843220	501(C)(3)	108,027				DONOR DESIGNATIONS & GRANT ALLOCATIONS
TANA FOUNDATION - TELUGU ASSOCIATION OF NORTH AMERICA INC 23433 ARGYLE STREET NOVI, MI 48374	36-3060732	501(C)(3)	17,500				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TEMPLE ISRAEL AKRON HEBREW CONGREGATION 91 SPRINGSIDE DRIVE AKRON, OH 44333	34-0719171	501(C)(3)	16,185				DONOR DESIGNATIONS
THE AKRON ROTARY CAMP FOR SPECIAL CHILDREN INC 4460 REX LAKE DRIVE AKRON, OH 44319	34-6557819	501(C)(3)	9,810				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 APPLE TREE DAY CARE 3766 CLIFTON AVENUE CINCINNATI, OH 452201299	31-0713650	501(C)(3)	6,993				DONOR DESIGNATIONS
THE ARC OF OHIO SUMMIT AND PORTAGE COUNTIES 3869 DARROW ROAD STOW, OH 44224	31-0642964	501(C)(3)	46,716				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 CHAPEL INC 135 FIR HILL AKRON, OH 443041561	34-0828420	501(C)(3)	9,533				DONOR DESIGNATIONS
THE CLEVELAND ANIMAL PROTECTIVE LEAGUE 1729 WILLEY AVENUE CLEVELAND, OH 44113	34-0714644	501(C)(3)	5,255				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 COLLINGS FOUNDATION PO BOX 248 STOW, MA 01775	04-2658294	501(C)(3)	7,000				DONOR DESIGNATIONS
THE LIPPMAN SCHOOL 750 WHITE POND DRIVE AKRON, OH 443201128	34-0968632	501(C)(3)	80,886				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 SALVATION ARMY SUMMIT COUNTY 190 SOUTH MAPLE STREET AKRON, OH 44302	34-0714378	501(C)(3)	105,738				DONOR DESIGNATIONS & GRANT ALLOCATIONS
THE UNIVERSITY OF AKRON FOUNDATION DEPARTMENT OF DEVELOPMENT AKRON, OH 443252603	34-6575496	501(C)(3)	91,007				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 WELL AKRON COMMUNITY DEVELOPMENT CORPORATION 647 EAST MARKET STREET AKRON, OH 44304	81-2680851	501(C)(3)	5,000				DONOR DESIGNATIONS
THE YMCA OF GREATER CLEVELAND 1801 SUPERIOR AVENUE CLEVELAND, OH 44115	34-1919876	501(C)(3)	5,010				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TRANS WORLD RADIO PO BOX 8700 CARY, NC 275128700	22-1690564	501(C)(3)	18,000				DONOR DESIGNATIONS
TRULY REACHING YOU MINISTRIES INC (TRY) PO BOX 814 AKRON, OH 443090814	75-3223368	501(C)(3)	20,452				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TUESDAY MUSICAL ASSOCIATION E J THOMAS HALL U OF A 1041 WEST MARKET STREET AKRON, OH 44313	34-0786212	501(C)(3)	5,000				DONOR DESIGNATIONS
UNITED DISABILITY SERVICES INC 701 SOUTH MAIN STREET AKRON, OH 443111019	34-1374195	501(C)(3)	112,957				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 ALLIANCE OF MID-OHIO VALLEY 935 MARKET STREET PARKERSBURG, WV 26101	55-0403123	501(C)(3)	5,895				DONOR DESIGNATIONS
UNITED WAY FOR SOUTHEASTERN MICHIGAN 660 WOODWARD DETROIT, MI 482261899	20-3099071	501(C)(3)	19,582				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 ASHTABULA COUNTY 2801 C COURT ASHTABULA, OH 440044571	34-0846640	501(C)(3)	13,928				DONOR DESIGNATIONS
UNITED WAY OF BAY COUNTY 909 WASHINGTON AVENUE BAY CITY, MI 48708	38-1360524	501(C)(3)	5,222				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 BEAVER COUNTY 3582 BROADHEAD ROAD MONACA, PA 150612523	25-1086798	501(C)(3)	31,275				DONOR DESIGNATIONS
UNITED WAY OF BERKS COUNTY 501 WASHINGTON STREET READING, PA 196030702	23-1655375	501(C)(3)	80,082				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 BLAIR COUNTY 5414 SIXTH AVENUE ALTOONA, PA 166021203	23-1352003	501(C)(3)	5,409				DONOR DESIGNATIONS
UNITED WAY OF BUTLER COUNTY 184 PITTSBURGH ROAD BUTLER, PA 16001	25-1005187	501(C)(3)	9,892				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 CENTRAL OHIO 360 SOUTH THIRD STREET COLUMBUS, OH 432155412	31-4393712	501(C)(3)	16,018				DONOR DESIGNATIONS
UNITED WAY OF CLARK CHAMPAIGN & MADISON COUNTIES INC PO BOX 59 SPRINGFIELD, OH 45501	31-0549095	501(C)(3)	5,124				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 COLLIER COUNTY INC 9015 STRADA STELL COURT NAPLES, FL 34109	59-1026096	501(C)(3)	6,000				DONOR DESIGNATIONS
UNITED WAY OF ERIE COUNTY 420 WEST SIXTH STREET ERIE, PA 165071216	25-1053091	501(C)(3)	13,513				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 FREDERICK COUNTY INC 22 SOUTH MARKET STREET FREDERICK, MD 217050307	52-0607973	501(C)(3)	5,075				DONOR DESIGNATIONS
UNITED WAY OF GENESEE COUNTY 111 EAST COURT STREET FLINT, MI 48502	38-1359516	501(C)(3)	16,358				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 441151854	34-6516654	501(C)(3)	126,713				DONOR DESIGNATIONS
UNITED WAY OF GREATER LORAIN COUNTY INC 1875 NORTH RIDGE ROAD EAST LORAIN, OH 440553371	34-1011104	501(C)(3)	14,871				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 GREATER STARK COUNTY 401 MARKET AVENUE NORTH CANTON, OH 44702	13-4254191	501(C)(3)	106,862				DONOR DESIGNATIONS
UNITED WAY OF GREATER TOLEDO 424 JACKSON STREET TOLEDO, OH 436041410	34-4427947	501(C)(3)	34,917				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 HARRISON COUNTY INC 301 WEST MAIN STREET CLARKSBURG, WV 26301	55-0421431	501(C)(3)	9,514				DONOR DESIGNATIONS
UNITED WAY OF LANCASTER COUNTY 630 JANET AVENUE LANCASTER, PA 176014589	23-1352093	501(C)(3)	7,172				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 LAWRENCE COUNTY 223 NORTH MERCER STREET NEW CASTLE, PA 161012226	25-0987221	501(C)(3)	14,575				DONOR DESIGNATIONS
UNITED WAY OF LINCOLN & LANCASTER COUNTY 206 SOUTH 13TH STREET LINCOLN, NE 685082004	47-0376624	501(C)(3)	40,559				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 MARION COUNTY 112 ADAMS STREET FAIRMONT, WV 26554	55-0368459	501(C)(3)	26,471				DONOR DESIGNATIONS
UNITED WAY OF MEDINA COUNTY 728 EAST SMITH ROAD MEDINA, OH 44256	34-6516654	501(C)(3)	54,420				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 METROPOLITAN CHICAGO 333 SOUTH WABASH AVE CHICAGO, IL 60604	30-0200478	501(C)(3)	7,718				DONOR DESIGNATIONS
UNITED WAY OF MONONGALIA & PRESTON COS 278 SPRUCE STREET MORGANTOWN, WV 265057500	55-0462065	501(C)(3)	25,286				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 NORTHERN NEW JERSEY PO BOX 6835 BRIDGEWATER, NJ 08807	22-1487247	501(C)(3)	8,281				DONOR DESIGNATIONS
UNITED WAY OF PORTAGE COUNTY INC P O BOX 845 RAVENNA, OH 442660845	34-1024769	501(C)(3)	34,618				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 RICHLAND COUNTY 35 NORTH PARK STREET MANSFIELD, OH 449021722	34-0714455	501(C)(3)	6,072				DONOR DESIGNATIONS
UNITED WAY OF SANDUSKY COUNTY INC 826 WEST STATE STREET FREMONT, OH 43420	34-4479790	501(C)(3)	7,579				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 SOUTHERN COLUMBIANA COUNTY PO BOX 646 EAST LIVERPOOL, OH 43920	23-7110727	501(C)(3)	5,567				DONOR DESIGNATIONS
UNITED WAY OF SOUTHWESTERN PENNSYLVANIA 1250 PENN AVENUE PITTSBURGH, PA 152300735	25-1043578	501(C)(3)	24,760				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 GREATER LEHIGH VALLEY 1110 AMERICAN PARKWAY NE ALLENTOWN, PA 18109	23-2657933	501(C)(3)	6,106				DONOR DESIGNATIONS
UNITED WAY OF THE LAUREL HIGHLANDS INC 422 MAIN STREET JOHNSTOWN, PA 159011824	25-0965383	501(C)(3)	9,267				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 TRUMBULL COUNTY 3601 YOUNGSTOWN ROAD SE WARREN, OH 444842832	34-1083629	501(C)(3)	10,408				DONOR DESIGNATIONS
UNITED WAY OF WASHINGTON COUNTY MD INC 33 WEST FRANKLIN STREET HAGERSTOWN, MD 217404863	52-0691704	501(C)(3)	10,679				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 WAYNE AND HOLMES COUNTIES P O BOX 548 WOOSTER, OH 446910548	34-0946973	501(C)(3)	9,266				DONOR DESIGNATIONS
UNITED WAY OF WESTMORELAND COUNTY 1011 OLD SALEM ROAD GREENSBURG, PA 156011017	25-6069120	501(C)(3)	52,164				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 YORK COUNTY 800 EAST KING STREET YORK, PA 174051663	23-1352588	501(C)(3)	16,831				DONOR DESIGNATIONS
UNITED WAY OF YOUNGSTOWN & THE MAHONING VALLEY 255 WATT STREET YOUNGSTOWN, OH 445053049	34-0714598	501(C)(3)	27,595				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 SERVICES OF GEAUGA COUNTY 209 CENTER STREET CHARDON, OH 440241189	20-5575556	501(C)(3)	16,470				DONOR DESIGNATIONS
UNITED WAY SERVICES OF NORTHERN COLUMBIANA COUNTY SALEM OH 713 EAST STATE STREET SALEM, OH 444602911	34-0796452	501(C)(3)	5,836				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
VALOR HOME 1121 EXETER ROAD AKRON, OH 44306	34-1902451	501(C)(3)	5,815				DONOR DESIGNATIONS
VICTIM ASSISTANCE PROGRAM INC 150 FURNACE STREET AKRON, OH 443041208	38-3142753	501(C)(3)	15,226				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WESTERN RESERVE ACADEMY 115 COLLEGE STREET HUDSON, OH 442362926	34-0714390	501(C)(3)	205,130				DONOR DESIGNATIONS
WESTMORELAND COUNTY COMMUNITY COLLEGE EDUCATION FOUNDATION - WCCC 145 PAVILION LANE YOUNGWOOD, PA 156971814	25-1511934	501(C)(3)	6,039				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WESTMORELAND COUNTY FOOD BANK INC 100 DEVONSHIRE DRIVE DELMONT, PA 156261607	25-1422682	501(C)(3)	10,025				DONOR DESIGNATIONS
WOODRIDGE RECREATION ASSOCIATION PO BOX 44 PENINSULA, OH 44264	34-1239410	501(C)(3)	6,240				DONOR DESIGNATIONS & GRANT ALLOCATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WOUNDED WARRIOR PROJECT INC NATIONAL OFFICE 4899 BELFORT ROAD JACKSONVILLE, FL 322566033	20-2370934	501(C)(3)	7,324				DONOR DESIGNATIONS
ZION LUTHERAN CHURCH OF NORTH CANTON 349 LINDY LANE AVENUE NW NORTH CANTON, OH 447202765	34-6533471	501(C)(3)	8,300				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 LAKE COUNTY INC 9285 PROGRESS PARKWAY MENTOR, OH 440601854	34-1105038	501(C)(3)	40,492				DONOR DESIGNATIONS

Schedule J (Form 990)	Compensation Information		OMB No 1545-0047
	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		<div style="font-size: 2em; font-weight: bold;">2016</div>
	<p>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</p> <p>▶ Attach to Form 990.</p> <p>▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.</p>		
Department of the Treasury Internal Revenue Service	Name of the organization UNITED WAY OF SUMMIT COUNTY		Employer identification number 34-1169257

Part I Questions Regarding Compensation			Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.			1b	Yes
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?			2	Yes
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"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?			4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?			4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
Only 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	No
b Any related organization?			5b	No
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	No
b Any related organization?			6b	No
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 non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.			7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.			8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			9	

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 are not 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.

[illegible]

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.

Return Reference	Explanation
PART I, LINE 1A	UNITED WAY PAYS COUNTRY CLUB DUES ON BEHALF OF JIM MULLEN

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
UNITED WAY OF SUMMIT COUNTY

Employer identification number
34-1169257

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	59	409,834	MARKET QUOTE
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 is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

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

32a

No

b If "Yes," describe in Part II

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

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.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SUMMIT COUNTY

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

34-1169257

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	<p>GETTING AHEAD - GETTING AHEAD CLASSES PROVIDE SKILLS AND RESOURCES TO PEOPLE WORKING TO GAIN FINANCIAL INDEPENDENCE ON AVERAGE, THOSE WHO COMPLETE THE 16-WEEK COURSE, WHICH MEETS TWICE A WEEK, HAVE LOWER UNEMPLOYMENT RATES AND GO ON TO EARN SIGNIFICANTLY HIGHER INCOMES DURING THIS FISCAL YEAR, 185 INDIVIDUALS HAVE COMPLETED THE COURSE AND GRADUATED FROM THE PROGRAM ICARE MENTORING - ICARE MENTORING PROGRAM PROVIDES SUMMIT COUNTY STUDENTS IN GRADES K-12 WITH NURTURING AND SUPPORTIVE ROLE MODELS UNLIKE OTHER MENTORING PROGRAMS, WHICH GENERALLY INVOLVE ACTIVITIES OUTSIDE OF SCHOOL HOURS, ICARE WORKS WITHIN THE SCHOOL SYSTEM, COORDINATING WITH ADMINISTRATORS TO ENSURE THAT STUDENTS CAN SPEND TIME WITH THEIR MENTORS WITHOUT TAKING TIME AWAY FROM THEIR ACADEMIC WORK ICARE MENTORING IS ABOUT RELATIONSHIPS STUDENTS NEED A CARING, CONSISTENT ADULT ROLE MODEL IN THEIR LIVES THROUGH ICARE, MENTORS ARE TRAINED AND SUPPORTED AS THEY SPEND ONE HOUR EACH WEEK WITH A STUDENT, FOR AT LEAST ONE SCHOOL YEAR MOST MENTORS CHOOSE TO CONTINUE MENTORING STUDENTS AFTER THE FIRST YEAR DURING THIS FISCAL YEAR, 479 STUDENTS WERE MENTORED THROUGH THIS PROGRAM</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	TRUSTEE JAMES MERKLIN AND TRUSTEE MARC MERKLIN HAVE A FAMILY RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF UNITED WAY SHALL BE THOSE PERSONS WHO ARE CURRENTLY A CAMPAIGN OR SPECIAL GIFT DONOR OR WHO HAVE ADVISED UNITED WAY THAT SUCH PERSON IS A PLANNED GIVING DONOR MEMBERS ARE RESPONSIBLE FOR THE ELECTION OF THE BOARD OF TRUSTEES AT THE ANNUAL MEETING AS PER THE BYLAWS OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF UNITED WAY SHALL BE THE ELECTED DIRECTORS OF OUR BOARD THESE DIRECTORS ARE NOMINATED AND ELECTED BY THE CURRENT BOARD OF DIRECTORS EACH YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS PREPARED BY THE CFO AND INDEPENDENT ACCOUNTING FIRM. ONCE PREPARED, THE DRAFT IS REVIEWED BY THE FINANCE COMMITTEE, UPDATED FOR ANY CHANGES, AND THEN DISTRIBUTED ELECTRONICALLY TO ALL BOARD MEMBERS FOR COMMENT PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE POLICY IS POSTED ON THE WEBSITE AND REVIEWED ANNUALLY WITH THE STAFF

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS DETERMINED BY OUR ADMINISTRATIVE COMMITTEE AND IS BASED ON WHAT OTHER SIMI LAR SIZE COMMUNITIES HAVE ESTABLISHED AS RANGES FOR THESE POSITIONS, LOCAL ECONOMIC FACTOR S, COMPARABLE LOCAL NON-PROFIT CEO SALARIES, YEARS OF EXPERIENCE, AND OF COURSE PERFORMANC E THE CEO SALARY IS ALSO APPROVED BY THE UNITED WAY BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS, ANNUAL REPORT, FORM 990 AND ALL DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE HARD COPIES ARE ALSO AVAILABLE UPON REQUEST