

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 04-01-2018, and ending 03-31-2019

- 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) Room/suite
37 NORTH HIGH STREET - SUITE A

City or town, state or province, country, and ZIP or foreign postal code
AKRON, OH 44308

D Employer identification number
34-1169257

E Telephone number
(330) 762-7601

G Gross receipts \$ 14,580,932

F Name and address of principal officer
JIM MULLEN
37 NORTH HIGH STREET - SUITE A
AKRON, OH 44308

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.UWSUMMIT.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1951

M State of legal domicile
OH

Part I Summary

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)	49
4 Number of independent voting members of the governing body (Part VI, line 1b)	49
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	74
6 Total number of volunteers (estimate if necessary)	6,521
7a Total unrelated business revenue from Part VIII, column (C), line 12	700
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	10,614,484	13,740,792
9 Program service revenue (Part VIII, line 2g)	227,609	592,629
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	205,189	107,314
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,158	-159,272
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,056,440	14,281,463
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,573,913	6,209,891
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,954,221	4,403,429
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 832,279		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,735,124	3,267,902
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,263,258	13,881,222
19 Revenue less expenses Subtract line 18 from line 12	793,182	400,241
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	14,255,870	15,869,785
21 Total liabilities (Part X, line 26)	1,226,315	2,451,591
22 Net assets or fund balances Subtract line 21 from line 20	13,029,555	13,418,194

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: ***** Date: 2019-10-24

JIM MULLEN PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature 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 CANTON, OH 44718 Phone no (330) 497-2000

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 \$ 7,227,686 including grants of \$ 6,209,891) (Revenue \$ 514,703)
See Additional Data

4b (Code) (Expenses \$ 1,152,755 including grants of \$ 0) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 628,992 including grants of \$ 0) (Revenue \$)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 2,087,030 including grants of \$ 0) (Revenue \$ 83,911)

4e Total program service expenses ▶ 11,096,463

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Contains 22 numbered questions regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	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>	23	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>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	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>	26	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>	27	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>	28a	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>	28b	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>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	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	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	152
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	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	74		
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			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (49); 1b Enter the number of voting members included in line 1a, above, who are independent (49); 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? (No); 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); 7b 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: 8a The governing body? (Yes); 8b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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); 11b 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b 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); 16b 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

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (OH); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: KELLY HENDERSON CFO 37 NORTH HIGH STREET - SUITE A AKRON, OH 44308 (330) 762-7601

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a	100,381				
	b Membership dues	1b					
	c Fundraising events	1c	205,375				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,645,971				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,789,065				
	g Noncash contributions included in lines 1a - 1f \$ <u>688,085</u>						
	h Total. Add lines 1a-1f			13,740,792			
Program Service Revenue	2a PROG SERV REVENUE-RELATED-990	Business Code					
		900099	592,629	592,629			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			592,629				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		172,614			172,614	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		700					
		b Less rental expenses	0				
		c Rental income or (loss)	700				
	d Net rental income or (loss)			700		700	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		3,837					
		b Less cost or other basis and sales expenses	0	69,137			
		c Gain or (loss)	3,837	-69,137			
	d Net gain or (loss)			-65,300		-65,300	
	8a Gross income from fundraising events (not including \$ <u>205,375</u> of contributions reported on line 1c) See Part IV, line 18	a	64,375				
		b Less direct expenses	b	230,332			
c Net income or (loss) from fundraising events				-165,957		-165,957	
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 MISCELLANEOUS REVENUE	900099	5,985	5,985				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			5,985				
12 Total revenue. See Instructions			14,281,463	598,614	700	-58,643	

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.	5,628,021	5,628,021		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	581,870	581,870		
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.	378,042	204,989	121,871	51,182
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.	2,965,002	1,607,733	955,842	401,427
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	192,916	104,606	62,191	26,119
9 Other employee benefits.	630,202	341,718	203,162	85,322
10 Payroll taxes.	237,267	128,655	76,489	32,123
11 Fees for services (non-employees)				
a Management.				
b Legal.	29,469		29,469	
c Accounting.	40,472		40,472	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	40,438	21,927	13,036	5,475
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	265,008	181,622	38,038	45,348
12 Advertising and promotion.	145,966	79,148	47,056	19,762
13 Office expenses.	163,713	88,771	52,777	22,165
14 Information technology.	134,711	107,735	17,438	9,538
15 Royalties.				
16 Occupancy.	390,229	211,597	125,800	52,832
17 Travel.	29,023	20,511		8,512
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	68,114	38,953	19,435	9,726
20 Interest.	38,706	38,706		
21 Payments to affiliates.	131,652	71,387	42,441	17,824
22 Depreciation, depletion, and amortization.	146,227	79,290	47,140	19,797
23 Insurance.	36,182	19,619	11,664	4,899
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	1,163,139	1,163,139		
b ENGAGEMENT AND EVENTS	334,166	334,166		
c STAFF DEVELOPMENT	46,359	25,137	14,945	6,277
d ALL OTHER EXPENSES	37,605	2,672	24,600	10,333
e All other expenses	26,723	14,491	8,614	3,618
25 Total functional expenses. Add lines 1 through 24e.	13,881,222	11,096,463	1,952,480	832,279
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,984,210	1	460,635
	2 Savings and temporary cash investments	352,141	2	55,460
	3 Pledges and grants receivable, net	4,033,185	3	5,333,921
	4 Accounts receivable, net	16,363	4	30,946
	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	274,062
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	66,189	9	98,717
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,850,702		
	b Less accumulated depreciation	10b 469,997	931,913	10c 3,380,705
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	4,729,274	12	4,195,558
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	2,142,595	15	2,039,781
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,255,870	16	15,869,785	
Liabilities	17 Accounts payable and accrued expenses	1,121,732	17	1,056,470
	18 Grants payable		18	
	19 Deferred revenue		19	1,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	10,158	21	10,861
	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	1,290,846
	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	94,425	25	92,414
	26 Total liabilities. Add lines 17 through 25	1,226,315	26	2,451,591
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	10,020,679	27	10,662,999
	28 Temporarily restricted net assets	1,867,839	28	1,597,630
	29 Permanently restricted net assets	1,141,037	29	1,157,565
	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	13,029,555	33	13,418,194	
34 Total liabilities and net assets/fund balances	14,255,870	34	15,869,785	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,281,463
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,881,222
3	Revenue less expenses Subtract line 2 from line 1	3	400,241
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,029,555
5	Net unrealized gains (losses) on investments	5	-11,602
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	13,418,194

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 34-1169257

Name: UNITED WAY OF SUMMIT COUNTY

Form 990 (2018)

Form 990, Part III, Line 4a:

COMMUNITY IMPACT - COMMUNITY IMPACT IS THE EFFORT TO ALIGN RESOURCES AROUND COMMON STRATEGIES TO ACCOMPLISH BOLD GOALS UNITED WAY OF SUMMIT COUNTY BRINGS TOGETHER NON-PROFIT AGENCIES, GOVERNMENT AGENCIES, TOPICAL EXPERTS, VOLUNTEERS AND FUNDERS TO PLAN AND WORK COLLABORATIVELY TOWARD ACHIEVING COMMUNITY-WIDE OBJECTIVES AS PART OF THAT EFFORT, WE INVEST RESOURCES IN NONPROFIT AGENCIES, INTERNAL PROGRAMMING AND VOLUNTEER ACTIVITIES THAT HAVE A TRACK RECORD OF IMPROVING EDUCATION, INCOME AND HEALTH IN SUMMIT COUNTY NOTE THAT HOUSING SERVICES AND 2-1-1 ARE NEW PROGRAMS TO UWSC AS A RESULT OF THE JULY 2018 MERGER WITH INFO LINE, INC

Form 990, Part III, Line 4b:

HOUSING SERVICES - OUR HOUSING SERVICES DEPARTMENT SERVES AS THE COMMUNITY'S FRONT DOOR AND CENTRAL INTAKE FOR HUD-FUNDED SHELTERS AND PERMANENT SUPPORTIVE HOUSING PROGRAMS IN SUMMIT COUNTY AS WELL AS THE LOCAL CONTINUUM OF CARE FOR ADDRESSING HOMELESSNESS IN THE COMMUNITY OUR HOUSING SERVICES PROGRAM ADMINISTERS THE COMMUNITY'S HOMELESS MANAGEMENT INFORMATION SYSTEM AND OVERSEES DATA COLLECTION FOR HOMELESSNESS IN THE COMMUNITY WHILE ALSO OFFERING OUR OWN SUITE OF SERVICES TO RAPIDLY REHOUSE HOMELESS RESIDENTS OF THE COMMUNITY AND TO PREVENT HOMELESSNESS IN THOSE THREATENED BY IT THIS YEAR, THE PROGRAM PROVIDED 1,216 INSTANCES OF RENTAL/SECURITY DEPOSIT ASSISTANCE ACROSS 260 HOUSEHOLDS (INCLUDING 279 ADULTS AND 144 CHILDREN) 186 OF THESE HOUSEHOLDS WERE HOUSED DURING THE YEAR, INCLUDING 197 ADULTS AND 85 CHILDREN

Form 990, Part III, Line 4c:

COMMUNITY ENGAGEMENT - UNITED WAY OF SUMMIT COUNTY PROMOTES CORPORATE AND COMMUNITY VOLUNTEERISM THROUGH A ROBUST CALENDAR OF YEAR-ROUND ENGAGEMENT EVENTS AND, IN OUR 100TH YEAR, MORE THAN 3,800 VOLUNTEERS ANSWERED THE CALL IN JUNE, WE HOSTED OUR ANNUAL DAY OF ACTION WHERE 1,780 VOLUNTEERS PROVIDED SERVICE AT 64 SITES THROUGHOUT SUMMIT COUNTY OUR STUFF THE BUS EVENT EXPANDED FROM SERVING 11 ELEMENTARY SCHOOLS TO 23 THIS YEAR, PROVIDING STUDENTS WITH 235,000 SCHOOL SUPPLIES TO ENSURE THEIR SUCCESS IN THE CLASSROOM READ TO ME DAYS IN NOVEMBER AND MARCH ENGAGED OVER 400 VOLUNTEERS IN READING THEIR FAVORITE BOOKS TO CLASSROOMS IN OUR MOST AT-RISK SCHOOL DISTRICTS OUR HOLIDAY SNACK PACK DRIVE RALLIED 585 VOLUNTEERS TO COLLECT, SORT AND DELIVER HEALTHY SNACK TO THE STUDENTS IN 13 ELEMENTARY SCHOOLS, GUARDING AGAINST FOOD INSECURITY DURING THE HOLIDAY BREAK THE PAGE IT FORWARD BOOK DRIVE BROKE RECORDS WITH MORE THAN 23,358 BOOKS COLLECTED, SORTED AND DISTRIBUTED BY 131 VOLUNTEERS TO EVERY CHILD IN 10 AKRON PUBLIC SCHOOLS WE ARE FURTHER EXPANDING OUR ENGAGEMENT EVENTS CALENDAR FOR THE UPCOMING YEAR, IN SUPPORT OF THE BOLD GOALS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 156,420 including grants of \$ 0) (Revenue \$)

BANK ON - BANK ON RUBBER CITY LEVERAGES MUNICIPAL ENGAGEMENT TO IMPROVE THE FINANCIAL STABILITY OF HOUSEHOLDS WITH LOW AND MODERATE INCOMES BY EMBEDDING FINANCIAL EMPOWERMENT STRATEGIES INTO LOCAL GOVERNMENT INFRASTRUCTURE UWSC IS PART OF THIS NATIONAL MOVEMENT LIAISING WITH NATIONAL BANKING, REGULATORY, AND NONPROFIT ORGANIZATION PARTNERS TO EXPAND BANKING ACCESS AND CONNECT IT TO MUNICIPAL ENTITIES AND SERVICES BANK ON FOCUSES ON UNBANKED FAMILIES THAT HAVE NEITHER A CHECKING NOR SAVINGS ACCOUNT THROUGH THE ESTABLISHED BANK ON COALITION, UWSC FOCUSES ON ASSET MAPPING, GROWING MEMBERSHIP, DEVELOPING PRODUCTS, MARKETING TOOLS AND DATA UWSC MANAGED AND LED 11 BANK ON INSTITUTIONS AND TWO BANK ON INTEGRATION PARTNERS THIS YEAR

(Code) (Expenses \$ 349,686 including grants of \$ 0) (Revenue \$ 2,400)

FINANCIAL EMPOWERMENT CENTERS - THE AKRON FINANCIAL EMPOWERMENT CENTER (FEC) IS A PROGRAM OF THE CITY OF AKRON IN PARTNERSHIP WITH UNITED WAY THE AKRON FINANCIAL EMPOWERMENT CENTER PROVIDES PROFESSIONAL, ONE-ON-ONE FINANCIAL COUNSELING AS A FREE PUBLIC SERVICE TO ENABLE RESIDENTS TO ADDRESS THEIR FINANCIAL CHALLENGES AND NEEDS AS WELL AS PLAN FOR THEIR FUTURES FEC CLIENTS RECEIVE FREE, ONE-ON-ONE PROFESSIONAL COUNSELING ASSISTANCE WITH MONEY MANAGEMENT, BUDGETING, REDUCING DEBT, ESTABLISHING AND IMPROVING CREDIT, CONNECTING TO SAFE AND AFFORDABLE BANKING SERVICES, BUILDING SAVINGS, AND REFERRALS TO OTHER SERVICES AND ORGANIZATIONS PROFESSIONALLY TRAINED COUNSELORS SUPPORT THEIR CLIENTS IN NAVIGATING COMPLEX FINANCIAL CHALLENGES AND CHOICES, HELPING THEM IDENTIFY AND MEET PRESENT CHALLENGES AND FUTURE AMBITIONS THIS YEAR, THE FEC SERVED 471 FINANCIAL COACHING CLIENTS FROM ACROSS SUMMIT COUNTY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 104,066 including grants of \$ 0) (Revenue \$)

VOLUNTARY INCOME TAX ASSISTANCE - THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM LEVERAGES COMMUNITY VOLUNTEERS TO OFFER FREE TAX HELP TO SUMMIT COUNTY RESIDENTS WHO GENERALLY MAKE \$60,000 OR LESS, INCLUDING PERSONS WITH DISABILITIES AND LIMITED ENGLISH-SPEAKING TAXPAYERS WHO NEED ASSISTANCE IN PREPARING THEIR OWN TAX RETURNS IRS-CERTIFIED VOLUNTEERS PROVIDE FREE BASIC INCOME TAX RETURN PREPARATION WITH ELECTRONIC FILING TO QUALIFIED INDIVIDUALS THIS YEAR, 99 UNITED WAY OF SUMMIT COUNTY VITA VOLUNTEERS COMPLETED TAX RETURNS FOR 1,459 CLIENTS, BRINGING IN \$2,013,722 IN FEDERAL AND STATE REFUNDS FOR SUMMIT COUNTY RESIDENTS

(Code) (Expenses \$ 334,162 including grants of \$ 0) (Revenue \$)

IMAGINATION LIBRARY - THROUGH THIS PROGRAM, SUMMIT COUNTY CHILDREN AGES BIRTH TO FIVE YEARS ARE ELIGIBLE TO RECEIVE A BRAND NEW, AGE APPROPRIATE BOOK EACH MONTH TO ENROLL, A CHILD NEED ONLY BE YOUNGER THAN FIVE AND BE LIVING IN SUMMIT COUNTY DURING THE MOST RECENT FISCAL YEAR, UWSC'S IMAGINATION LIBRARY MAILED 164,483 BOOKS TO ENROLLED CHILDREN ACROSS SUMMIT COUNTY AS OF MARCH 2019, THE PROGRAM HAD OVER 14,000 CHILDREN IN SUMMIT COUNTY ENROLLED, MAKING IT THE LARGEST SINGLE IMAGINATION LIBRARY AFFILIATE IN OHIO WITH APPROXIMATELY 15% OF THE STATE'S TOTAL ENROLLMENT WITH OVER 60 REFERRAL PARTNERS ACROSS THE COUNTY, THE IMAGINATION LIBRARY PROGRAM IS POSITIONED TO GET THE MESSAGE ABOUT FREE BOOKS OUT TO THE FAMILIES AND CHILDREN WHO MOST NEED ITS SUPPORT

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 374,996 including grants of \$ 0) (Revenue \$ 3,100)

IC A R E MENTORING - IC A R E MENTORING PROVIDES SUMMIT COUNTY STUDENTS IN GRADES K-12 WITH NURTURING AND SUPPORTIVE ROLE MODELS 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 UWSC KNOWS THAT STUDENTS NEED CARING, CONSISTENT ADULT ROLE MODELS IN THEIR LIVES, SO THE PROGRAM PRIORITIZES RELATIONSHIPS 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, IC A R E VOLUNTEERS MENTORED 372 STUDENTS THROUGHOUT AKRON PUBLIC AND BARBERTON CITY SCHOOLS

(Code) (Expenses \$ 132,717 including grants of \$ 0) (Revenue \$ 2,840)

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 83,911 including grants of \$ 0) (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

(Code) (Expenses \$ 551,072 including grants of \$ 0) (Revenue \$ 75,571)

2-1-1 - UNITED WAY OF SUMMIT COUNTY'S 2-1-1 PROGRAM CONNECTS PEOPLE IN NEED WITH SERVICES 24 HOURS A DAY, 7 DAYS A WEEK, PROVIDING REFERRALS BY PHONE, TEXT, AND THROUGH THE 2-1-1 ONLINE RESOURCE DATABASE 2-1-1 ALSO PLAYS A KEY ROLE IN PROVIDING SERVICE COORDINATION AMONG UNITED WAY OF SUMMIT COUNTY'S OTHER SERVICES, INITIATIVES, AND PROGRAMS THIS YEAR, THE 2-1-1 LINE PROVIDED ASSISTANCE THROUGH 70,703 CALLS, 3,057 TEXTS, AND 127,073 DATABASE SEARCHES THE TOP THREE SERVICES REQUESTED WERE REGARDING FOOD AND MEALS, UTILITY ASSISTANCE, AND HOUSING

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			
CHRISTINE AMER MAYER BOARD CHAIR	6 00	X		X				0	0	0
MARK KROHN VICE CHAIR	4 00	X		X				0	0	0
MICHAEL MAZZEO TREASURER	2 00	X		X				0	0	0
BROCK STEERE SECRETARY	2 00	X		X				0	0	0
SANDY AUBURN TRUSTEE	1 00	X						0	0	0
ELIZABETH BARTZ TRUSTEE	2 00	X						0	0	0
VISHAL BHATT TRUSTEE	1 00	X						0	0	0
NICHOLAS BROWNING TRUSTEE	1 00	X						0	0	0
TRACI BUCKNER TRUSTEE	1 00	X						0	0	0
TIMOTHY BURKE 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
PAUL CATANIA TRUSTEE	2 00	X						0	0	0
MICHELE CERMINARO TRUSTEE	2 00	X						0	0	0
ANNE CLARK TRUSTEE	1 00	X						0	0	0
WILLIAM CONSIDINE TRUSTEE	1 00	X						0	0	0
ROBERT COOPER TRUSTEE	1 00	X						0	0	0
LAURA CULP TRUSTEE	1 00	X						0	0	0
JENNIFER DALE FOX TRUSTEE	1 00	X						0	0	0
LAURA DUDA TRUSTEE	1 00	X						0	0	0
WILLIAM FETH 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			
DUSTIN FOX TRUSTEE	1 00	X						0	0	0
STUART GLAUBERMAN TRUSTEE	1 00	X						0	0	0
EMMANUEL GLOVER TRUSTEE	1 00	X						0	0	0
DANIEL HORRIGAN TRUSTEE	1 00	X						0	0	0
DAVID JAMES SR TRUSTEE	1 00	X						0	0	0
DAVID JENNINGS TRUSTEE	1 00	X						0	0	0
KIMBERLY JONES TRUSTEE	1 00	X						0	0	0
HALLE JONES CAPERS TRUSTEE	1 00	X						0	0	0
DOUGLAS KRAPP TRUSTEE	4 00	X						0	0	0
RICHARD KROCHKA 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			
BRANT LEE TRUSTEE	2 00	X						0	0	0
ANDRE LESSEARS TRUSTEE	1 00	X						0	0	0
BILL LOWERY II TRUSTEE	4 00	X						0	0	0
PHILIP MAYNARD TRUSTEE	2 00	X						0	0	0
MARC MERKLIN TRUSTEE	2 00	X						0	0	0
DAVID PARKER TRUSTEE	1 00	X						0	0	0
DERRICK RANSOM TRUSTEE	2 00	X						0	0	0
ILENE SHAPIRO TRUSTEE	1 00	X						0	0	0
JACQUELINE SILAS-BUTLER TRUSTEE	1 00	X						0	0	0
JOHN SLAGTER 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			
F WILLIAM STEERE TRUSTEE	2 00	X						0	0	0
TIM STOVER TRUSTEE	1 00	X						0	0	0
KATIE SUTTER TRUSTEE	1 00	X						0	0	0
KATIE SWARTZ TRUSTEE	1 00	X						0	0	0
LINDA TEODOSIO TRUSTEE	1 00	X						0	0	0
SYLVIA TRUNDLE TRUSTEE	1 00	X						0	0	0
R MARK WERNIG TRUSTEE	1 00	X						0	0	0
PAMELA WILLIAMS TRUSTEE	1 00	X						0	0	0
BRADLEY WRIGHT TRUSTEE	2 00	X						0	0	0
STEPHANIE YORK 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	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former				
JIM MULLEN CEO	45 00			X				175,226	0	38,312	
KELLY HENDERSON CFO	40 00			X				104,364	0	27,640	

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

2018

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	13,742,490	12,376,146	11,926,097	10,614,484	13,740,792	62,400,009
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	13,742,490	12,376,146	11,926,097	10,614,484	13,740,792	62,400,009
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)						1,721,669
6	Public support. Subtract line 5 from line 4						60,678,340

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	13,742,490	12,376,146	11,926,097	10,614,484	13,740,792	62,400,009
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	364,497	439,353	129,726	200,123	172,614	1,306,313
9	Net income from unrelated business activities, whether or not the business is regularly carried on					700	700
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			7,122	9,158	5,985	22,265
11	Total support. Add lines 7 through 10						63,729,287
12	Gross receipts from related activities, etc (see instructions)					12	1,905,642

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**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	95.210 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	94.660 %

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box 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? 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.		
	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	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))? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	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>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 34-1169257

Name: UNITED WAY OF SUMMIT COUNTY

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of 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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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	1,544,274	1,467,745	1,395,448	1,595,029	1,604,956
b Contributions					
c Net investment earnings, gains, and losses	8,597	121,291	118,266	-79,065	59,949
d Grants or scholarships					
e Other expenditures for facilities and programs	144,698	44,762	45,969	120,516	69,876
f Administrative expenses					
g End of year balance	1,408,173	1,544,274	1,467,745	1,395,448	1,595,029

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 30 000 %
 - c** Temporarily restricted endowment ▶ 70 000 %
- 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 | Yes | |
| (ii) related organizations | | 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		588,415		588,415
b Buildings		2,473,031	53,043	2,419,988
c Leasehold improvements				
d Equipment				
e Other		789,256	416,954	372,302
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,380,705

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	4,195,558	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	4,195,558	

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	614,849
(2) INVESTMENTS HELD BY AKRON COMMUNITY FOUNDATION	1,340,921
(3) OTHER INVESTMENTS	67,252
(4) OTHER ASSETS	16,759
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	2,039,781

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)	92,414
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	92,414

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	11,646,961
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-28,130
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	16,528
e	Add lines 2a through 2d	2e	-11,602
3	Subtract line 2e from line 1	3	11,658,563
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	40,438
b	Other (Describe in Part XIII)	4b	2,582,462
c	Add lines 4a and 4b	4c	2,622,900
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	14,281,463

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	11,258,322
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	11,258,322
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	40,438
b	Other (Describe in Part XIII)	4b	2,582,462
c	Add lines 4a and 4b	4c	2,622,900
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	13,881,222

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 16,528

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DIRECTED CONTRIBUTIONS 2,144,962 INTERNAL ALLOCATION REVENUE 437,500

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DIRECTED CONTRIBUTIONS 2,144,962 INTERNAL ALLOCATION REVENUE 437,500

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		BOLD FUTURE BALL (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	269,750			269,750
	2 Less Contributions	205,375			205,375
	3 Gross income (line 1 minus line 2)	64,375			64,375
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	86,853			86,853
	7 Food and beverages	87,315			87,315
	8 Entertainment	2,758			2,758
	9 Other direct expenses	53,406			53,406
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				230,332
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-165,957

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF SUMMIT COUNTY

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...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 81
3 Enter total number of other organizations listed in the line 1 table.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) CLIENT PAYMENTS - HOME AGAIN	260	581,870			
(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 44303	34-1395246	501(C)(3)	88,046				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
AKRON AREA YMCA 50 SOUTH MAIN STREET AKRON, OH 44308	34-0714727	501(C)(3)	425,045				DONOR DESIGNATIONS AND 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 CHILDREN'S MUSEUM 216 SOUTH MAIN STREET AKRON, OH 44308	46-3118462	501(C)(3)	7,448				DONOR DESIGNATIONS
AKRON COMMUNITY FOUNDATION 345 WEST CEDAR STREET AKRON, OH 443072407	34-1087615	501(C)(3)	5,459				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 SERVICE CENTER & URBAN LEAGUE 440 VERNON ODOM BOULEVARD AKRON, OH 44307	34-0714522	501(C)(3)	194,705				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
AKRON INNER CITY SOCCER CLUB 865 ROSLYN AVENUE AKRON, OH 44320	34-1875816	501(C)(3)	20,173				DONOR DESIGNATIONS AND 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 PREGNANCY SERVICES 105 EAST MARKET STREET AKRON, OH 44308	34-1439564	501(C)(3)	5,294				DONOR DESIGNATIONS
AKRON PUBLIC SCHOOLS 70 NORTH BROADWAY STREET AKRON, OH 443081911	27-2808059	501(C)(3)	100,161				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)	28,145				DONOR DESIGNATIONS
AMERICAN RED CROSS OF SUMMIT PORTAGE & MEDINA COUNTIES #35384 PO BOX 73857 CHICAGO, IL 606737857	34-0714526	501(C)(3)	18,556				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
ARCHBISHOP HOBAN HIGH SCHOOL ONE HOLY CROSS BOULEVARD AKRON, OH 443061500	34-0770684	501(C)(3)	20,713				DONOR DESIGNATIONS
ASIAN SERVICES IN ACTION INC AKRON 730 CARROLL STREET AKRON, OH 44304	34-1798850	501(C)(3)	140,872				DONOR DESIGNATIONS AND 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
BATTERED WOMEN'S SHELTER AND RAPE CRISIS CENTER OF SUMMIT & MEDINA COUNTIES 974 EAST MARKET STREET AKRON, OH 44305	34-1249342	501(C)(3)	132,693				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
BOY SCOUTS OF AMERICA GREAT TRAIL COUNCIL 4500 HUDSON DRIVE STOW, OH 44224	34-0737790	501(C)(3)	15,498				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)	124,111				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 443072569	27-4254089	501(C)(3)	208,833				DONOR DESIGNATIONS AND 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
CASAGAL PROGRAM OF SUMMIT COUNTY 650 DAN STREET AKRON, OH 44310	34-1856268	501(C)(3)	11,086				DONOR DESIGNATIONS
CATHOLIC CHARITIES COMMUNITY SERVICES OF SUMMIT COUNTY 812 BIRUTA STREET AKRON, OH 443071104	34-0714562	501(C)(3)	158,868				DONOR DESIGNATIONS AND 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
CATHOLIC COMMUNITY FOUNDATION CLEVELAND ROOTED IN FAITH FORWARD IN HOPE 1404 EAST NINTH STREET CLEVELAND, OH 441141722	34-1908579	501(C)(3)	10,000				DONOR DESIGNATIONS
CHILD GUIDANCE & FAMILY SOLUTIONS 18 NORTH FORGE STREET AKRON, OH 443041317	34-0726083	501(C)(3)	252,542				DONOR DESIGNATIONS AND 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
CHILDREN'S HOSPITAL OF AKRON ONE PERKINS SQUARE AKRON, OH 443081062	23-7114013	501(C)(3)	79,322				DONOR DESIGNATIONS
CHRIST COMMUNITY CHAPEL HUDSON CAMPUS 750 WEST STREETSBORO STREET HUDSON, OH 442362057	34-1339610	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
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK (CVNP) 1403 WEST HINES HILL ROAD PENINSULA, OH 44264	34-1917257	501(C)(3)	52,263				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
CONXUS NEO FKA SUMMIT WORKFORCE 277 E MILL STREET AKRON, OH 44308	34-2019627	501(C)(3)	100,000				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
COUNTY OF SUMMIT ADM BOARD 1867 WEST MARKET STREET AKRON, OH 44313	34-6002767	501(C)(3)	35,043				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
EMERGE COUNSELING SERVICES EMERGE MINISTRIES INC 900 MULL AVENUE AKRON, OH 44313	34-1213335	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
FAMILY & COMMUNITY SERVICES INC 705 OAKWOOD STREET RAVENNA, OH 44266	34-1902451	501(C)(3)	31,174				DONOR DESIGNATIONS
FAMILY PROMISE OF SUMMIT COUNTY PO BOX 1266 AKRON, OH 443091266	75-3101718	501(C)(3)	31,025				DONOR DESIGNATIONS AND 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
FRIENDS OF 913 THE SUMMIT FM WAPS-FM RADIO 913 & KIDJAM 65 STEINER AVENUE AKRON, OH 44301	26-4312124	501(C)(3)	22,665				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
FURNACE STREET MISSION INC & SAFETY FORCES CHAPLAINCY CENTER 150 FURNACE STREET AKRON, OH 443041208	34-6001192	501(C)(3)	6,082				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
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 440561256	34-0726094	501(C)(3)	57,149				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311	34-0714398	501(C)(3)	15,181				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)	12,190				DONOR DESIGNATIONS
HEART TO HEART COMMUNICATIONS INC 37 NORTH HIGH STREET AKRON, OH 443081973	34-1630357	501(C)(3)	73,591				DONOR DESIGNATIONS AND 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
INTERNATIONAL SOAP BOX DERBY INC 1000 GEORGE WASHINGTON BOULEVARD AKRON, OH 44312	34-1141558	501(C)(3)	16,819				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
JDRF INTERNATIONAL NORTHEAST OHIO CHAPTER 6100 ROCKSIDE WOODS BOULEVARD INDEPENDENCE, OH 44131	23-1907729	501(C)(3)	6,187				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
JEWISH COMMUNITY BOARD OF AKRON 750 WHITE POND DRIVE AKRON, OH 443201128	34-1884695	501(C)(3)	22,000				DONOR DESIGNATIONS
JEWISH FAMILY SERVICE OF AKRON 3659 SOUTH GREEN ROAD BEACHWOOD, OH 44122	34-0714444	501(C)(3)	26,446				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
JOHN CARROLL UNIVERSITY ONE JOHN CARROLL BOULEVARD UNIVERSITY HEIGHTS, OH 441184520	34-0714681	501(C)(3)	10,000				DONOR DESIGNATIONS
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC 487 COMMERCE STREET TALLMADGE, OH 44278	34-0940986	501(C)(3)	10,058				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
LEADERSHIP AKRON 54 EAST MILL STREET AKRON, OH 44308	31-1655877	501(C)(3)	53,693				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
LEGACY III INC 87 SOUTH ARLINGTON STREET AKRON, OH 44306	34-1824527	501(C)(3)	47,576				DONOR DESIGNATIONS AND 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
LINKS COMMUNITY & FAMILY SERVICES 756 UPSON STREET AKRON, OH 44305	35-2353659	501(C)(3)	55,000				GRANT ALLOCATIONS
NATIONAL INVENTORS HALL OF FAME 199 SOUTH BROADWAY STREET AKRON, OH 44308	34-1580038	501(C)(3)	170,000				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)	9,406				DONOR DESIGNATIONS
NORFOLK AREA UNITED WAY INC NORFOLK NE PO BOX 1041 NORFOLK, NE 687021041	47-0492054	501(C)(3)	18,727				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)	6,224				DONOR DESIGNATIONS
PLANNED PARENTHOOD OF GREATER OHIO NORTHEAST OHIO OFFICE 444 WEST EXCHANGE STREET AKRON, OH 44302	34-1015976	501(C)(3)	15,442				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
PREGNANCY SOLUTIONS & SERVICES 3515 MANCHESTER ROAD AKRON, OH 44319	34-1830073	501(C)(3)	6,211				DONOR DESIGNATIONS
PROJECT GRAD AKRON 10 NORTH MAIN STREET SUITE 503 AKRON, OH 443081958	16-1639511	501(C)(3)	83,176				DONOR DESIGNATIONS AND 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
RONALD MCDONALD HOUSE OF AKRON INC 141 WEST STATE STREET AKRON, OH 44302	34-1860682	501(C)(3)	9,769				DONOR DESIGNATIONS
SAINT JUDE'S CHILDRENS RESEARCH HOSPITAL 501 SAINT JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	11,856				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
SHAW JEWISH COMMUNITY CENTER OF AKRON 750 WHITE POND DRIVE AKRON, OH 443201128	34-0174521	501(C)(3)	31,996				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
SOUTH STREET MINISTRIES INC 130 WEST SOUTH STREET AKRON, OH 443111964	26-2660679	501(C)(3)	53,916				DONOR DESIGNATIONS AND 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
STEWART'S CARING PLACE 2955 WEST MARKET STREET AKRON, OH 44333	20-0181338	501(C)(3)	30,892				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
STUDENTS WITH A GOAL (SWAG) PO BOX 4531 AKRON, OH 44310	81-2016003	501(C)(3)	65,071				DONOR DESIGNATIONS AND 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
SUMMA HEALTH PO BOX 2090 AKRON, OH 443092090	34-1219001	501(C)(3)	187,463				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
SUMMIT COUNTY COMMUNITY PARTERSHIP 1100 GRAHAM ROAD CIRCLE CUYAHOGA FALLS, OH 44224	34-1818660	501(C)(3)	50,000				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 FATHERHOOD INITIATIVE 1040 EAST TALLMADGE AVENUE AKRON, OH 44310	34-6002767	501(C)(3)	40,480				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
SUMMIT COUNTY PUBLIC HEALTH 1867 WEST MARKET STREET AKRON, OH 44313	34-6002767	501(C)(3)	50,592				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)	241,529				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
SUMMIT FOR KIDS 1180 S MAIN STREET AKRON, OH 443011256	34-6002767	501(C)(3)	15,000				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 GOODWILL INDUSTRIES OF AKRON OHIO INC 570 EAST WATERLOO ROAD AKRON, OH 44319	34-0252230	501(C)(3)	14,549				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
THE LEBRON JAMES FAMILY FOUNDATION 3800 EMBASSY PARKWAY AKRON, OH 44333	02-0716277	501(C)(3)	26,287				DONOR DESIGNATIONS AND 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 PACKARD INSTITUTE 461 WEST MARKET STREET AKRON, OH 44303	20-8830510	501(C)(3)	100,000				GRANT ALLOCATIONS
THE RAPE CRISIS CENTER OF MEDINA AND SUMMIT COUNTIES 974 EAST MARKET STREET AKRON, OH 44305	34-1836495	501(C)(3)	5,652				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	13-5562351	501(C)(3)	72,630				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
THE UNITED WAY OF UNION COUNTY INC MARYSVILLE OH 648 CLYMER ROAD MARYSVILLE, OH 430401661	31-0682004	501(C)(3)	5,630				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 UNIVERSITY OF AKRON FOUNDATION DEPARTMENT OF DEVELOPMENT AKRON, OH 443252603	34-6575496	501(C)(3)	21,582				DONOR DESIGNATIONS
TRI-COUNTY JOBS FOR OHIO'S GRADUATES 55 EAST CUYAHOGA FALLS AVENUE AKRON, OH 44310	31-1204720	501(C)(3)	75,000				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
TRULY REACHING YOU MINISTRIES INC (TRY) PO BOX 814 AKRON, OH 443090814	75-3223368	501(C)(3)	25,000				GRANT ALLOCATIONS
UNITED DISABILITY SERVICES INC 701 SOUTH MAIN STREET AKRON, OH 443111019	34-1374195	501(C)(3)	8,415				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 INDIANA INDIANAPOLIS IN PO BOX 88409 INDIANAPOLIS, IN 462080409	35-1007590	501(C)(3)	5,438				DONOR DESIGNATIONS
UNITED WAY OF CENTRAL OHIO COLUMBUS OH 360 SOUTH THIRD STREET COLUMBUS, OH 432155412	31-4393712	501(C)(3)	9,985				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 CLEVELAND OH 1331 EUCLID AVENUE CLEVELAND, OH 441151854	34-6516654	501(C)(3)	22,395				DONOR DESIGNATIONS
UNITED WAY OF GREATER STARK COUNTY CANTON OH 401 MARKET AVENUE NORTH CANTON, OH 44702	13-4254191	501(C)(3)	31,679				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 LINCOLN & LANCASTER COUNTY LINCOLN NE 206 SOUTH 13TH STREET LINCOLN, NE 685082004	47-0376624	501(C)(3)	34,678				DONOR DESIGNATIONS
UNITED WAY OF MEDINA COUNTY MEDINA OH 728 EAST SMITH ROAD MEDINA, OH 44256	34-6516654	501(C)(3)	8,469				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 WOOSTER OH P O BOX 548 WOOSTER, OH 446910548	34-0946973	501(C)(3)	6,264				DONOR DESIGNATIONS
URBAN VISION 749 BLAINE AVENUE AKRON, OH 443103035	34-1720630	501(C)(3)	95,243				DONOR DESIGNATIONS AND 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
VICTIM ASSISTANCE PROGRAM INC 137 SOUTH MAIN STREET AKRON, OH 44308	38-3142753	501(C)(3)	54,047				DONOR DESIGNATIONS AND GRANT ALLOCATIONS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNITED WAY OF SUMMIT COUNTY

Employer identification number
34-1169257

Part I Questions Regarding Compensation

		Yes	No		
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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) </td> </tr> </table>	<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)			
<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)				
<p>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</p>	1b	Yes			
<p>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?</p>	2	Yes			
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <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 </td> </tr> </table>	<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			
<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				
<p>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</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>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</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

OMB No 1545-0047

2018

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	28	362,892	STOCK MARKET
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 ▶ (<u>IMPUTED INTEREST</u>)	X	1	179,688	BOOK VALUE
26 Other ▶ (<u>SUPPLIES, BACKPACKS, FOOD, BOOKS</u>)	X	620,570	133,174	COST
27 Other ▶ (<u>INFO LINE PROPERTY & EQUIPMENT</u>)	X	1	12,331	BOOK VALUE
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?

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

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

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

b If "Yes," describe in Part II

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

	Yes	No
30a		No
31	Yes	
32a		No
33		

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

OMB No 1545-0047

2018**Open to Public
Inspection**

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization
UNITED WAY OF SUMMIT COUNTY

Employer identification number

34-1169257

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	THE HOUSING SERVICES AND THE 2-1-1 PROGRAMS WERE NEW DURING 2018

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 SIMILAR SIZE COMMUNITIES HAVE ESTABLISHED AS RANGES FOR THESE POSITIONS, LOCAL ECONOMIC FACTORS, COMPARABLE LOCAL NON-PROFIT CEO SALARIES, YEARS OF EXPERIENCE, AND OF COURSE PERFORMANCE 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 AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE HARD COPIES ARE ALSO AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION CHANGED NEITHER ITS SELECTION PROCESS NOR ITS OVERSIGHT PROCESS SINCE THE LAST FORM 990 WAS FILED