

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
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **04-01-2019**, and ending **03-31-2020**

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 \$ 16,304,463

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)	50
4 Number of independent voting members of the governing body (Part VI, line 1b)	50
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	83
6 Total number of volunteers (estimate if necessary)	6,745
7a Total unrelated business revenue from Part VIII, column (C), line 12	5,833
7b Net unrelated business taxable income from Form 990-T, line 39	-3,314

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	13,740,792	13,635,796
9 Program service revenue (Part VIII, line 2g)	592,629	667,340
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	107,314	111,004
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-159,272	35,430
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,281,463	14,449,570
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,209,891	6,392,106
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)	4,403,429	5,010,424
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 781,988		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,267,902	2,899,183
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	13,881,222	14,301,713
19 Revenue less expenses. Subtract line 18 from line 12	400,241	147,857
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	15,869,785	17,203,984
21 Total liabilities (Part X, line 26)	2,451,591	3,802,114
22 Net assets or fund balances. Subtract line 21 from line 20	13,418,194	13,401,870

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: 2020-10-16
Type or print name and title: JIM MULLEN PRESIDENT

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-10-16
Check if self-employed PTIN: P00743188
Firm's name: CLIFTONLARSONALLEN LLP Firm's EIN: 41-0746749
Firm's address: 388 SOUTH MAIN STREET SUITE 420 AKRON, OH 443114407 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 \$ 7,206,048 including grants of \$ 6,392,106) (Revenue \$ 696,937)
See Additional Data

4b (Code:) (Expenses \$ 1,363,637 including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 838,424 including grants of \$) (Revenue \$)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 2,231,387 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 11,639,496

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	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	188	
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		

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 5 main rows and 3 sub-columns (1a, 1b, and Yes/No). Rows include: 1a (50), 1b (50), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 16 rows and 3 columns (10a-16a, 10b-16b, and Yes/No). Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 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.
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	76,265					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	2,168,772					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,390,759					
	g Noncash contributions included in lines 1a - 1f:\$	1g	387,414					
	h Total. Add lines 1a-1f			13,635,796				
Program Service Revenue	2a PROG.SERV.REVENUE-RELATED-990	Business Code 900099	667,340	667,340				
	b							
	c							
	d							
	e							
	f All other program service revenue.							
	g Total. Add lines 2a-2f.		667,340					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		116,670			116,670		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	37,980				
			(ii) Personal					
			b Less: rental expenses	6b	32,147			
			c Rental income or (loss)	6c	5,833			
	d Net rental income or (loss)			5,833		5,833		
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,817,080				
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b	1,821,925	821		
			c Gain or (loss)	7c	-4,845	-821		
	d Net gain or (loss)			-5,666		-5,666		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b						
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	Business Code							
11a MISCELLANEOUS REVENUE	900099	29,597	29,597					
b								
c								
d All other revenue								
e Total. Add lines 11a-11d		29,597						
12 Total revenue. See instructions		14,449,570	696,937	5,833	111,004			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,780,940	5,780,940		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	611,166	611,166		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	374,775	217,646	112,118	45,011
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	3,434,545	1,994,567	1,027,482	412,496
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	207,250	120,358	62,001	24,891
9 Other employee benefits	721,101	418,770	215,725	86,606
10 Payroll taxes	272,753	158,398	81,597	32,758
11 Fees for services (non-employees):				
a Management				
b Legal	18,675		18,675	
c Accounting	35,923		35,923	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	31,952	18,556	9,559	3,837
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	113,047	72,335	20,577	20,135
12 Advertising and promotion	42,638	24,762	12,755	5,121
13 Office expenses	142,240	82,604	42,553	17,083
14 Information technology	112,208	84,337	13,091	14,780
15 Royalties				
16 Occupancy	319,554	195,957	83,072	40,525
17 Travel	23,908	13,859	5,037	5,012
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	86,761	50,293	18,280	18,188
20 Interest	48,223	28,005	14,426	5,792
21 Payments to affiliates	94,624	54,952	28,307	11,365
22 Depreciation, depletion, and amortization	175,041	105,228	48,051	21,762
23 Insurance	37,407	22,957	9,702	4,748
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	1,250,560	1,250,560		
b ENGAGEMENT AND EVENTS	287,371	287,371		
c STAFF DEVELOPMENT	41,613	24,166	12,449	4,998
d DUES AND SUBSCRIPTIONS	26,613	15,427	5,607	5,579
e All other expenses	10,825	6,282	3,242	1,301
25 Total functional expenses. Add lines 1 through 24e	14,301,713	11,639,496	1,880,229	781,988
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	460,635	1	2,424,755
	2 Savings and temporary cash investments	55,460	2	48,119
	3 Pledges and grants receivable, net	5,333,921	3	6,148,391
	4 Accounts receivable, net	30,946	4	39,699
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	274,062	7	263,653
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	98,717	9	91,945
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,999,993		
	b Less: accumulated depreciation	532,628		
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	4,195,558	12	2,881,357
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,039,781	15	1,838,700
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,869,785	16	17,203,984	
Liabilities	17 Accounts payable and accrued expenses	1,056,470	17	997,772
	18 Grants payable		18	
	19 Deferred revenue	1,000	19	1,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	10,861	21	11,211
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,290,846	23	2,743,009
	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	92,414	25	49,122
	26 Total liabilities. Add lines 17 through 25	2,451,591	26	3,802,114
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,662,999	27	10,037,589
	28 Net assets with donor restrictions	2,755,195	28	3,364,281
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	13,418,194	32	13,401,870	
33 Total liabilities and net assets/fund balances	15,869,785	33	17,203,984	

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	14,449,570
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,301,713
3	Revenue less expenses. Subtract line 2 from line 1	3	147,857
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,418,194
5	Net unrealized gains (losses) on investments	5	-164,181
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	13,401,870

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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:</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>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.</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 34-1169257

Name: UNITED WAY OF SUMMIT COUNTY

Form 990 (2019)

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 THE FAMILY RESOURCE CENTER AND THE COLLEGE & CAREER ACADEMY ARE BOTH NEW PROGRAMS TO UWSC. NOTE THAT THE BRIDGES PROGRAM HAS BEEN COMBINED WITH OTHER PROGRAMMING UNDER OUR DIVERSITY, EQUITY & INCLUSION (DE&I) SECTION OF SCHEDULE O.

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 FOR 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. AS A RESULT OF THE COVID-19 PANDEMIC, QUALIFYING CRITERIA WAS EXPANDED TO MEET THE NEEDS OF THE COMMUNITY. IN THE EARLY WEEKS OF THE PANDEMIC, OUR HOUSING SERVICES TEAM SCHEDULED 173 INTAKES AND ASSISTED 71 HOUSEHOLDS, A VOLUME THAT IS APPROXIMATELY FIVE TIMES THE NORMAL PACE FOR A SIMILAR TIME PERIOD PRIOR TO THE CRISIS.

Form 990, Part III, Line 4c:

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 AND 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 69,971 CONTACTS AND 127,073 DATABASE SEARCHES. THE TOP THREE SERVICES REQUESTED WERE REGARDING FOOD AND MEALS, UTILITY ASSISTANCE AND HOUSING. DURING MID-MARCH OF 2020, DUE TO THE COVID-19 PANDEMIC OUR 2-1-1 SERVICES PROVED TO BE A CRITICAL ELEMENT TO OUR COMMUNITY'S RESPONSE AND REFERRAL SYSTEMS. WE RECEIVED OVER 8,700 CALLS DURING THE FIRST TWO WEEKS OF THE PANDEMIC, AN INCREASE OF 74% OVER NORMAL CALL VOLUME. ADDITIONALLY, REQUESTS FOR FOOD ASSISTANCE TRIPLED IN VOLUME IN THE FIRST MONTH OF THE PANDEMIC FROM 2,600 TO 7,100.

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 \$ 70,385 including grants of \$) (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 AND MARKETING TOOLS AND DATA. UWSC MANAGED AND LED FIVE BANK ON INSTITUTIONS AND FIVE BANK ON INTEGRATION PARTNERS THIS YEAR.

(Code:) (Expenses \$ 441,099 including grants of \$) (Revenue \$)

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 869 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 \$ 120,762 including grants of \$) (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, 78 UNITED WAY OF SUMMIT COUNTY VITA VOLUNTEERS COMPLETED TAX RETURNS FOR 1,307 CLIENTS, BRINGING IN \$2,588,512 IN FEDERAL AND STATE REFUNDS FOR SUMMIT COUNTY RESIDENTS. IN MID-MARCH OF 2020, DUE TO THE COVID-19 PANDEMIC, WE HAD TO RESCHEDULE MANY OF OUR CLIENTS DUE TO THE STAY AT HOME MANDATE OF THE STATE. MANY OF THESE CLIENTS WERE SCHEDULED IN OUR FY21 TO BE SERVED IN A VIRTUAL SETTING.

(Code:) (Expenses \$ 350,534 including grants of \$) (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 174,850 BOOKS TO ENROLLED CHILDREN ACROSS SUMMIT COUNTY. AS OF MARCH 2020, THE PROGRAM HAD OVER 14,900 CHILDREN IN SUMMIT COUNTY ENROLLED. 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. IN NOVEMBER OF 2018, THE UWSC POLICY COMMITTEE ADDED THE POLICY PRIORITY, "EXPLORE THE EXPANSION OF IMAGINATION LIBRARY STATEWIDE." WE WERE VERY PLEASED WHEN THE NEW GOVERNOR ADDED FUNDING INTO HIS BUDGET FOR A SIMILAR PROGRAM, THE OHIO GOVERNOR'S IMAGINATION LIBRARY (OGIL). THROUGH PARTNERSHIP WITH THE OGIL, UNITED WAY OF SUMMIT & MEDINA RECEIVES 50% OF FUNDING FOR ITS IMAGINATION LIBRARY PROGRAM THROUGH THE OHIO BOOKS FROM BIRTH FOUNDATION, AS OF SEPTEMBER 2019. THIS HAS OPENED DOORS FOR US AS AN ORGANIZATION AND HAS ALLOWED US TO CONTINUE TO GROW A PROGRAM THAT HELPS GET MORE BOOKS IN THE HANDS OF CHILDREN IN OUR COMMUNITIES.

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 \$ 264,162 including grants of \$) (Revenue \$)

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 246 STUDENTS THROUGHOUT AKRON PUBLIC AND BARBERTON CITY SCHOOLS.

(Code:) (Expenses \$ 130,592 including grants of \$) (Revenue \$)

DIVERSITY, EQUITY & INCLUSION (DE&I) - UWSC FIRMLY BELIEVES THAT WE CANNOT BUILD A BETTER FUTURE FOR OUR COMMUNITY UNLESS WE BUILD IT TOGETHER. OUR DE&I PROGRAMMING INCLUDES BRIDGES SUMMIT COUNTY AND POVERTY SIMULATIONS. BRIDGES 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. DURING THIS FISCAL YEAR, 1,411 PEOPLE ATTENDED 36 BRIDGES WORKSHOPS TO LEARN HOW TO SUPPORT THESE POPULATIONS IN OUR COMMUNITY. IN FY20, WE OFFERED OUR FIRST POVERTY SIMULATION TO THE SUMMIT COUNTY COMMUNITY, A 3-HOUR, HANDS-ON LEARNING EXPERIENCE WHERE OVER 80 PARTICIPANTS WORKED THROUGH A SITUATION THAT SIMULATED SEVERAL WEEKS IN THE LIFE OF INDIVIDUALS AT VARYING POSITIONS ON THE POVERTY SPECTRUM. THE POVERTY SIMULATION ALLOWS LOCAL PARTICIPANTS TO BECOME MORE SENSITIZED TO THE REALITIES OF POVERTY AND TO BUILD AN AWARENESS AND UNDERSTANDING THAT MANY PEOPLE WHO FACE POVERTY ALSO HOLD EMPLOYMENT AND OFTENTIMES STRUGGLE WITH THE MANY TASKS OF WORKING THROUGH HARDSHIPS, FINANCIAL INSTABILITIES, AND CRISES OF VARYING SEVERITY. THIS WORK IS CRUCIAL, AS 24.1% OR ONE OUT OF EVERY 4.2 AKRON RESIDENTS REPORTED INCOME LEVELS BELOW THE POVERTY LINE IN THE PAST YEAR. IN SUMMIT COUNTY, 48% OF RESIDENTS ARE EITHER LIVING IN POVERTY OR CONSIDERED WORKING POOR, MEANING THAT EVEN WITH STEADY JOBS THEIR INCOMES ARE NOT ENOUGH TO AFFORD A MINIMAL HOUSEHOLD BUDGET.

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 \$ 81,750 including grants of \$) (Revenue \$)

FAMILY RESOURCE CENTERS (FRC) - THE FRCS PROVIDE AND SUPPORT COORDINATED PROGRAMS/SERVICES FOR STUDENTS AND FAMILIES THAT REDUCE BARRIERS TO LEARNING WHILE PROMOTING FAMILY ENGAGEMENT, READING PROFICIENCY, AND EARLY GRADES ATTENDANCE. WE LAUNCHED OUR FRC AT ROBINSON COMMUNITY LEARNING CENTER IN FALL OF 2019. DURING THIS FIRST YEAR, WE SUCCESSFULLY HOSTED 14 FAMILY EVENTS THAT CONSISTED OF FAMILY ENGAGEMENT NIGHTS, GROCERY GIVEAWAYS, PARENT MEETINGS, AND TOYS FOR TOTS SIGN-UPS. WE IMPLEMENTED THESE EVENTS BY STRATEGICALLY PLANNING AND INVITING COMMUNITY PARTNERS TO ENGAGE PARENTS AND CAREGIVERS AND INFORM THEM OF COMMUNITY RESOURCES AVAILABLE TO THEM. THE FRC TEAM PARTNERED WITH COMMUNITY PARTNERS TO PROVIDE ALL 252 ROBINSON STUDENTS WITH A WINTER COAT, THANKSGIVING BASKETS FOR 20 FAMILIES, AND HOLIDAY BASKETS TO AN ADDITIONAL 25 FAMILIES. THESE FAMILIES WERE SELECTED FROM THE LIST OF FAMILIES WHO WERE EITHER WITHOUT A STABLE HOME OR LIVING WITH ANOTHER FAMILY. DURING FY20, WE WERE ALSO IN THE EARLY PHASES OF LAUNCHING A SECOND FRC AT HELEN ARNOLD CLC. AMONG OTHER THINGS, WE HELD AN EVENT WHICH PROVIDED PREVENTATIVE BIOMETRICS SCREENINGS TO PROGRAM PARTICIPANTS IN ADDITION TO OFFERING FITNESS CLASSES AND HEALTH EDUCATION PRESENTATIONS IN COLLABORATION WITH CLEVELAND CLINIC AKRON GENERAL. THE HELEN ARNOLD FRC ALSO SERVED AS A SITE WHERE INDIVIDUALS COULD SEEK VOLUNTEER INCOME TAX ASSISTANCE (VITA) SERVICES DURING TAX SEASON.

(Code:) (Expenses \$ 610,242 including grants of \$) (Revenue \$)

COMMUNITY ENGAGEMENT - UNITED WAY OF SUMMIT COUNTY PROMOTES CORPORATE AND COMMUNITY VOLUNTEERISM THROUGH A ROBUST CALENDAR OF YEAR-ROUND ENGAGEMENT EVENTS. MORE THAN 3,200 VOLUNTEERS ANSWERED THE CALL. IN JUNE, WE HOSTED OUR ANNUAL DAY OF ACTION WHERE 1,040 VOLUNTEERS PROVIDED SERVICE AT 51 SITES THROUGHOUT SUMMIT COUNTY. OUR STUFF THE BUS EVENT EXPANDED FROM SERVING 23 ELEMENTARY SCHOOLS TO 28 THIS YEAR, PROVIDING STUDENTS WITH 367,935 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 412 VOLUNTEERS TO COLLECT, SORT AND DELIVER HEALTHY SNACK TO THE STUDENTS IN 14 ELEMENTARY SCHOOLS, GUARDING AGAINST FOOD INSECURITY DURING THE HOLIDAY BREAK. THE PAGE IT FORWARD BOOK DRIVE COLLECTED 18,775 BOOKS, SORTED AND DISTRIBUTED BY 198 VOLUNTEERS TO EVERY CHILD IN 15 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 \$ 96,159 including grants of \$) (Revenue \$)

COLLEGE & CAREER ACADEMY OF AKRON - UWSC WORKS IN PARTNERSHIP WITH AKRON PUBLIC SCHOOLS' COLLEGE AND CAREER ACADEMIES, SECURING PARTNERSHIPS WITH LOCAL BUSINESSES, GOVERNMENT, AND OTHER COMMUNITY ORGANIZATIONS TO PROVIDE RELEVANT, EXPERIENTIAL LEARNING AND RESOURCES FOR STUDENTS. ALL CORE ACADEMIC COURSES ARE TAUGHT THROUGH THE LENS OF THEIR INTEREST AREA, THEREBY DEVELOPING ESSENTIAL COMMUNICATION, COLLABORATION, CREATIVITY, CRITICAL THINKING, AND RELEVANT TECHNICAL SKILLS. TOGETHER, OUR GOAL IS TO GRADUATE ACADEMICALLY PREPARED, WELL-ROUNDED STUDENTS WITH A SKILL SET THAT MEETS THE TALENT NEEDS OF OUR COMMUNITY'S EMPLOYERS. DURING THE YEAR, OVER 280 BUSINESS AND COMMUNITY PARTNERS AND 4,028 STUDENTS HAVE BEEN ENGAGED IN THIS PROGRAMMING. THE MOST RECENT DATA AVAILABLE SHOWS THAT STUDENTS EARNED 1,440 CERTIFICATES IN THEIR CHOSEN CAREER PATHWAYS DURING THE 2018-2019 SCHOOL YEAR COMPARED TO ONLY 86 CERTIFICATES EARNED IN THE 2017-2018 SCHOOL YEAR. ADDITIONALLY, APS IS ALSO SEEING DECREASES IN BOTH OUT-OF-SCHOOL AND IN-SCHOOL SUSPENSIONS AND AN OVERALL INCREASE IN SCHOOL ATTENDANCE RATES.

(Code:) (Expenses \$ 65,702 including grants of \$) (Revenue \$)

VISTA - SINCE ITS FOUNDING MORE THAN 50 YEARS AGO, THE AMERICORPS VISTA (VOLUNTEERS IN SERVICE TO AMERICA) PROGRAM HAS ENGAGED THOUSANDS OF SKILLED, PASSIONATE INDIVIDUALS IN THE FIGHT TO END POVERTY IN AMERICA. THROUGHOUT A YEAR-LONG, FULL-TIME COMMITMENT, VISTA MEMBERS FOCUS THEIR EFFORTS ON BUILDING THE CAPACITIES OF ORGANIZATIONS THAT FIGHT ILLITERACY, IMPROVE HEALTH SERVICES, FOSTER ECONOMIC DEVELOPMENT, AND OTHERWISE ASSIST LOW-INCOME COMMUNITIES. UNITED WAY OF SUMMIT COUNTY CHANNELS THE PASSION AND TALENTS OF THESE DEDICATED VOLUNTEERS INTO CONCERTED, LASTING COMMUNITY IMPACT. VISTAS ADVANCE UNITED WAY'S MISSION TO IMPROVE EDUCATION, INCOME AND HEALTH IN SUMMIT COUNTY BY PROVIDING CRITICAL SUPPORT TO UNITED WAY PROGRAMS AND INITIATIVES. THIS FISCAL YEAR, 12 UNITED WAY-SPONSORED VISTAS HAVE CONTRIBUTED THOUSANDS OF HOURS OF SERVICE TO THE SUMMIT COUNTY COMMUNITY.

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			
MARK KROHN BOARD CHAIR	6.00	X		X				0	0	0
MICHELE CERMINARO 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 PHD TRUSTEE	1.00	X						0	0	0
KEN BABBY TRUSTEE	1.00	X						0	0	0
ELIZABETH BARTZ TRUSTEE	2.00	X						0	0	0
VISHAL BHATT TRUSTEE (DEPARTED BOARD 11/2019)	2.00	X						0	0	0
ALISON BREAUX TRUSTEE	1.00	X						0	0	0
NICHOLAS BROWNING TRUSTEE	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TRACI BUCKNER TRUSTEE	1.00	X						0	0	0
TIMOTHY BURKE JR TRUSTEE	1.00	X						0	0	0
JAMES WHITT BUTLER TRUSTEE	1.00	X						0	0	0
NICK BUZZELLI TRUSTEE	1.00	X						0	0	0
CYNTHIA FLYNN CAPERS PHD TRUSTEE	1.00	X						0	0	0
PAUL CATANIA TRUSTEE	2.00	X						0	0	0
ANNE LYNETT CLARK TRUSTEE	2.00	X						0	0	0
WILLIAM H CONSIDINE TRUSTEE	1.00	X						0	0	0
LAURA CULP TRUSTEE	1.00	X						0	0	0
JENNIFER DALE FOX TRUSTEE (DEPARTED BOARD 01/2020)	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			
STEVE DIMENGO TRUSTEE	1.00	X						0	0	0
LAURA DUDA TRUSTEE (DEPARTED BOARD 11/2019)	1.00	X						0	0	0
WILLIAM R FETH TRUSTEE (DEPARTED BOARD 11/2019)	1.00	X						0	0	0
DUSTIN FOX TRUSTEE	1.00	X						0	0	0
STUART C GLAUBERMAN TRUSTEE	1.00	X						0	0	0
BRIGID HILLMUTH TRUSTEE	1.00	X						0	0	0
DANIEL M HERRIGAN TRUSTEE	1.00	X						0	0	0
JESSE HURST TRUSTEE	1.00	X						0	0	0
DAVID W JAMES SR TRUSTEE	1.00	X						0	0	0
DAVID JENNINGS TRUSTEE (DEPARTED BOARD 11/2019)	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			
KIMBERLY F JONES TRUSTEE	1.00	X						0	0	0
HALLE JONES CAPERS TRUSTEE	1.00	X						0	0	0
DOUGLAS M KRAPP TRUSTEE	2.00	X						0	0	0
RICHARD KROCHKA TRUSTEE	1.00	X						0	0	0
KYLE KUTUCHIEF TRUSTEE	1.00	X						0	0	0
BRANT T LEE TRUSTEE	1.00	X						0	0	0
GLENN LEPPA TRUSTEE	1.00	X						0	0	0
ANDRE LESSEARS TRUSTEE	1.00	X						0	0	0
WILLIAM LOWERY II TRUSTEE	4.00	X						0	0	0
PHILIP MAYNARD TRUSTEE	4.00	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			
RUI MOREIRA TRUSTEE	1.00	X						0	0	0
DAVID PARKER TRUSTEE	2.00	X						0	0	0
DERRICK M RANSOM TRUSTEE	2.00	X						0	0	0
ILENE SHAPIRO TRUSTEE	1.00	X						0	0	0
THOMAS L TIM STOVER MD TRUSTEE	2.00	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
NIZAR TRIGUI TRUSTEE	1.00	X						0	0	0
ANGIE WELLS 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			
R MARK WERNIG TRUSTEE	1.00	X						0	0	0
PAMELA S WILLIAMS TRUSTEE	1.00	X						0	0	0
BRADLEY WRIGHT TRUSTEE	4.00	X						0	0	0
EBONY YEBOAH AMANKWAH TRUSTEE	1.00	X						0	0	0
STEPHANIE H YORK TRUSTEE	2.00	X						0	0	0
CHRISTINE AMER MAYER EX-OFFICIO	4.00			X				0	0	0
KELLY HENDERSON CFO	40.00			X				110,896	0	24,686
JIM MULLEN CEO	45.00			X				186,224	0	38,195
SETH KUJAT VP, COMMUNITY IMPACT	40.00					X		101,772	0	32,616

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 instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SUMMIT COUNTY

Employer identification number
34-1169257

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	12,376,146	11,926,097	10,614,484	13,740,792	13,635,796	62,293,315
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	12,376,146	11,926,097	10,614,484	13,740,792	13,635,796	62,293,315
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) . . .						2,104,378
6 Public support. Subtract line 5 from line 4.						60,188,937

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	12,376,146	11,926,097	10,614,484	13,740,792	13,635,796	62,293,315
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	439,353	129,726	200,123	172,614	116,670	1,058,486
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .				700	5,833	6,533
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	29,597	51,862
11 Total support. Add lines 7 through 10						63,410,196

12 Gross receipts from related activities, etc. (see instructions) **12** 2,559,162

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 2019 (line 6, column (f) divided by line 11, column (f))	14	94.920 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	95.210 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
UNITED WAY OF SUMMIT COUNTY

Employer identification number
34-1169257

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	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	1,408,173	1,544,274	1,467,745	1,395,448	1,595,029
b Contributions					
c Net investment earnings, gains, and losses	-114,922	8,597	121,291	118,266	-79,065
d Grants or scholarships					
e Other expenditures for facilities and programs	47,760	144,698	44,762	45,969	120,516
f Administrative expenses					
g End of year balance	1,245,491	1,408,173	1,544,274	1,467,745	1,395,448

- 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 ▶ 33.740 %
 - c** Temporarily restricted endowment ▶ 66.260 %
- 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 | No |
| (ii) related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		588,415		588,415
b Buildings		2,820,158	150,011	2,670,147
c Leasehold improvements				
d Equipment				
e Other		591,420	382,617	208,803
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,467,365

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	2,881,357	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	2,881,357	

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	558,780
(2) INVESTMENTS HELD BY AKRON COMMUNITY FOUNDATION	1,172,348
(3) OTHER INVESTMENTS	107,572
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,838,700

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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	49,122

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	11,808,143
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-112,957
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-56,069
e	Add lines 2a through 2d	2e	-169,026
3	Subtract line 2e from line 1	3	11,977,169
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	31,952
b	Other (Describe in Part XIII.)	4b	2,440,449
c	Add lines 4a and 4b	4c	2,472,401
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,449,570

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	11,829,312
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	11,829,312
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	31,952
b	Other (Describe in Part XIII.)	4b	2,440,449
c	Add lines 4a and 4b	4c	2,472,401
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	14,301,713

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 -56,069.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONOR DIRECTED CONTRIBUTIONS 1,992,598. INTERNAL ALLOCATION REVENUE 480,000. RENTAL EXPENSES -32,149.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DIRECTED CONTRIBUTIONS 1,992,598. INTERNAL ALLOCATION REVENUE 480,000. RENTAL EXPENSES -32,149.

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**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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.

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 74
 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	287	611,166			
(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.

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
AKRON AREA YMCA 50 SOUTH MAIN STREET AKRON, OH 44308	34-0714727	501(C)(3)	404,230				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET SUITE 300 AKRON, OH 443081745	34-1843220	501(C)(3)	266,407				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
CHILD GUIDANCE & FAMILY SOLUTIONS 18 NORTH FORGE STREET AKRON, OH 443041317	34-0726083	501(C)(3)	253,430				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
CATHOLIC CHARITIES COMMUNITY SERVICES OF SUMMIT COUNTY 812 BIRUTA STREET AKRON, OH 443071104	34-0714562	501(C)(3)	221,380				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
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 443072569	27-4254089	501(C)(3)	212,298				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE 440 VERNON ODOM BOULEVARD AKRON, OH 44307	34-0714522	501(C)(3)	185,665				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)	183,305				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
NATIONAL INVENTORS HALL OF FAME INVENTURE PLACE INC 3701 HIGHLAND PARK NORTH CANTON, OH 44720	34-1580038	501(C)(3)	170,866				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
ASIAN SERVICES IN ACTION INC AKRON 730 CARROLL STREET AKRON, OH 44304	34-1798850	501(C)(3)	140,824				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
BATTERED WOMEN'S SHELTER AND RAPE CRISIS CENTER OF SUMMIT & MEDINA COUNTIES 974 EAST MARKET STREET AKRON, OH 44305	34-1249342	501(C)(3)	128,554				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
CONXUS NEO FKA SUMMIT WORKFORCE 277 E MILL STREET AKRON, OH 44308	34-2019627	501(C)(3)	125,000				GRANT ALLOCATIONS
BOYS & GIRLS CLUBS OF NORTHEAST OHIO SUMMIT COUNTY 889 JONATHAN AVENUE AKRON, OH 443063606	34-1856214	501(C)(3)	110,836				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
URBAN VISION 749 BLAINE AVENUE AKRON, OH 443103035	34-1720630	501(C)(3)	95,403				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
HEART TO HEART COMMUNICATIONS INC 37 NORTH HIGH STREET SUITE B AKRON, OH 443081973	34-1630357	501(C)(3)	88,004				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
PROJECT GRAD AKRON 10 NORTH MAIN STREET SUITE 503 AKRON, OH 443081958	16-1639511	501(C)(3)	78,671				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
JOBS FOR OHIO GRADUATES 1333 HOME AVENUE AKRON, OH 44310	31-1204720	501(C)(3)	75,000				GRANT ALLOCATIONS
THE SALVATION ARMY SUMMIT COUNTY 190 SOUTH MAPLE STREET AKRON, OH 44302	13-5562351	501(C)(3)	67,295				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
STUDENTS WITH A GOAL (SWAG) PO BOX 4531 AKRON, OH 44310	81-2016003	501(C)(3)	66,250				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
LEADERSHIP AKRON 37 NORTH HIGH STREET SUITE C AKRON, OH 44308	31-1655877	501(C)(3)	66,021				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
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 440561256	34-0726094	501(C)(3)	61,082				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
LINKS COMMUNITY & FAMILY SERVICES 756 UPSON STREET AKRON, OH 44305	35-2353659	501(C)(3)	55,000				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
SOUTH STREET MINISTRIES INC 130 WEST SOUTH STREET AKRON, OH 443111964	26-2660679	501(C)(3)	54,239				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
SHAW JEWISH COMMUNITY CENTER OF AKRON 750 WHITE POND DRIVE AKRON, OH 443201128	34-0174521	501(C)(3)	53,375				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 DEVELOPMENT OFFICE ONE PERKINS SQUARE AKRON, OH 443081062	23-7114013	501(C)(3)	53,337				DONOR DESIGNATIONS
VICTIM ASSISTANCE PROGRAM INC 137 SOUTH MAIN STREET SUITE 300 AKRON, OH 44308	38-3142753	501(C)(3)	52,817				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
SUMMIT COUNTY PUBLIC HEALTH FAIRWAY CENTER 1867 WEST MARKET STREET AKRON, OH 44313	34-6002767	501(C)(3)	50,592				GRANT ALLOCATIONS
AKRON PUBLIC SCHOOLS 70 NORTH BROADWAY STREET AKRON, OH 443081911	27-2808059	501(C)(3)	50,000				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
SUMMIT COUNTY COMMUNITY PARTERSHIP 1100 GRAHAM ROAD CIRCLE CUYAHOGA FALLS, OH 44224	34-1818660	501(C)(3)	50,000				GRANT ALLOCATIONS
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK (CCVNP) 1403 WEST HINES HILL ROAD PENINSULA, OH 44264	34-1917257	501(C)(3)	49,960				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
LEGACY III INC 87 SOUTH ARLINGTON STREET AKRON, OH 44306	34-1824527	501(C)(3)	46,701				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
FAMILY & COMMUNITY SERVICES INC 705 OAKWOOD STREET SUITE 221 RAVENNA, OH 442662196	34-1902451	501(C)(3)	43,982				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 SUTIE 100 LINCOLN, NE 685082004	47-0376624	501(C)(3)	43,437				DONOR DESIGNATIONS
SUMMIT COUNTY FATHERHOOD INITIATIVE COUNTY OF SUMMIT DJFS 1040 EAST TALLMADGE AVENUE AKRON, OH 44310	34-6002767	501(C)(3)	40,150				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
COUNTY OF SUMMIT ADM BOARD 1867 WEST MARKET STREET SUITE B2 AKRON, OH 44313	34-6002767	501(C)(3)	35,019				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
UNITED WAY OF GREATER STARK COUNTY CANTON OH 401 MARKET AVENUE NORTH SUITE 300 CANTON, OH 44702	13-4254191	501(C)(3)	33,397				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)	32,585				DONOR DESIGNATIONS
FAMILY PROMISE OF SUMMIT COUNTY PO BOX 1266 AKRON, OH 443091266	75-3101718	501(C)(3)	30,801				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 SUITE R AKRON, OH 44333	20-0181338	501(C)(3)	29,406				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
TRULY REACHING YOU MINISTRIES INC (TRY) PO BOX 814 AKRON, OH 443090814	75-3223368	501(C)(3)	25,000				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
NORFOLK AREA UNITED WAY INC NORFOLK NE PO BOX 1041 NORFOLK, NE 687021041	47-0492054	501(C)(3)	22,756				DONOR DESIGNATIONS
UNITED WAY OF BEAVER COUNTY MONACA PA 3582 BROADHEAD ROAD SUITE 205 MONACA, PA 150612523	25-1086798	501(C)(3)	22,636				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 TOLEDO TOLEDO OH 424 JACKSON STREET TOLEDO, OH 436041410	34-4427947	501(C)(3)	22,593				DONOR DESIGNATIONS
FRIENDS OF 913 THE SUMMIT FM WAPS-FM RADIO 913 & KIDJAM AKRON BOARD OF EDUCATION 65 STEINER AVE AKRON, OH 44301	26-4312124	501(C)(3)	21,819				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-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 443072234	34-1369388	501(C)(3)	20,570				DONOR DESIGNATIONS
AKRON INNER CITY SOCCER CLUB 865 ROSLYN AVENUE AKRON, OH 44320	34-1875816	501(C)(3)	20,078				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)	15,939				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311	34-0714398	501(C)(3)	15,302				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)	15,088				DONOR DESIGNATIONS
UNITED WAY OF LAKE COUNTY INC MENTOR OH 9285 PROGRESS PARKWAY MENTOR, OH 440601854	34-1105038	501(C)(3)	13,412				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 GOODWILL INDUSTRIES OF AKRON OHIO INC 570 EAST WATERLOO ROAD AKRON, OH 44319	34-0252230	501(C)(3)	13,274				DONOR DESIGNATIONS AND GRANT ALLOCATIONS
BOY SCOUTS OF AMERICA GREAT TRAIL COUNCIL 4500 HUDSON DRIVE STOW, OH 44224	34-0737790	501(C)(3)	12,896				DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL OHIO COLUMBUS OH 360 SOUTH THIRD STREET COLUMBUS, OH 432155412	31-4393712	501(C)(3)	12,500				DONOR DESIGNATIONS
PLANNED PARENTHOOD OF GREATER OHIO NORTHEAST OHIO OFFICE 444 WEST EXCHANGE STREET AKRON, OH 44302	34-1015976	501(C)(3)	12,280				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
SHELTER CARE INC 32 SOUTH AVENUE TALLMADGE, OH 44278	34-1172458	501(C)(3)	12,061				DONOR DESIGNATIONS
AMERICAN RED CROSS OF SUMMIT PORTAGE & MEDINA COUNTIES #35384 FEDERATED PLEDGE PROCESSING PO BOX 73857 CHICAGO, IL 606737857	34-0714526	501(C)(3)	10,911				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
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC 4353 EXECUTIVE CIRCLE NW CANTON, OH 447182999	34-0940986	501(C)(3)	10,636				DONOR DESIGNATIONS
CASAGAL PROGRAM OF SUMMIT COUNTY 650 DAN STREET AKRON, OH 44310	34-1856268	501(C)(3)	10,593				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)	10,006				DONOR DESIGNATIONS
JEWISH COMMUNITY BOARD OF AKRON 750 WHITE POND DRIVE AKRON, OH 443201128	34-1884695	501(C)(3)	9,505				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
CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91010	95-3435919	501(C)(3)	9,113				DONOR DESIGNATIONS
UNITED WAY OF MEDINA COUNTY MEDINA OH 728 EAST SMITH ROAD SUITE D MEDINA, OH 44256	34-1169257	501(C)(3)	8,792				DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE OF AKRON INC 141 WEST STATE STREET AKRON, OH 44302	34-1860682	501(C)(3)	8,751				DONOR DESIGNATIONS
UNITED WAY OF WASHINGTON COUNTY WASHINGTON PA 590 WASHINGTON RD SUITE 200 WASHINGTON, PA 15301	25-6070133	501(C)(3)	7,800				DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY SERVICES OF GEAUGA COUNTY CHARDON OH 209 CENTER STREET UNIT H CHARDON, OH 440241189	20-5575556	501(C)(3)	7,413				DONOR DESIGNATIONS
UNITED DISABILITY SERVICES INC 701 SOUTH MAIN STREET AKRON, OH 443111019	34-1374195	501(C)(3)	7,054				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 HOUSTON HOUSTON TX 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501(C)(3)	6,889				DONOR DESIGNATIONS
THE UNITED WAY OF UNION COUNTY INC MARYSVILLE OH 648 CLYMER ROAD SUITE 313 MARYSVILLE, OH 430401661	31-0682004	501(C)(3)	6,841				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)	6,207				DONOR DESIGNATIONS
UNITED WAY OF PORTAGE COUNTY INC RAVENNA OH P O BOX 845 RAVENNA, OH 442660845	34-1024769	501(C)(3)	6,078				DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF ASHTABULA COUNTY ASHTABULA OH 2801 C COURT ASHTABULA, OH 440044571	34-0846640	501(C)(3)	5,601				DONOR DESIGNATIONS
LUTHERAN METROPOLITAN MINISTRY THE RICHARD SEBRING CENTER 4515 SUPERIOR AVENUE CLEVELAND, OH 44103	34-1043756	501(C)(3)	5,350				DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE APPLE TREE DAY CARE 3766 CLIFTON AVENUE CINCINNATI, OH 452201299	31-0713650	501(C)(3)	5,157				DONOR DESIGNATIONS
ACCESS INC 230 WEST MARKET STREET AKRON, OH 44303	34-1395246	501(C)(3)	85,858				DONOR DESIGNATIONS

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization UNITED WAY OF SUMMIT COUNTY	Employer identification number 34-1169257
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Part I Questions Regarding Compensation

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

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)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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.**

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 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	26	249,243	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 ▶ (SUPPLIES, BACKPACKS, FOOD, BOOKS)	X	448,000	138,171	COST
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

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 BRIDGES PROGRAM FROM PRIOR YEARS IS NOW COMBINED WITH OTHER PROGRAMMING UNDER OUR DIVERSITY, EQUITY & INCLUSION (DE&I) SECTION OF SCHEDULE O. THE FAMILY RESOURCE CENTERS IS A NEW PROGRAM. THE COLLEGE & CAREER ACADEMY OF AKRON IS A NEW PROGRAM.

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.