



LIVE UNITED

Analysis of 990 as Related to Organizational Transformation

United Way of Summit County has taken a new strategic direction aimed at making lasting change in our community with a focus on some of our community's most critical challenges. The announcement of our Bold Goals this year coupled with our forthcoming investments and implementation plans will move our organization from strictly a funder of programs to a collaborative leader and driver of change in Summit County. Amid this transition, we have worked internally to more closely align to the financial reporting standards of United Way Worldwide and focus on our core mission. These changes are reflected on our 990 and in this year's financial statements.

Page 1 of the 990 reflects a decrease in both contribution revenue and total net assets. The main drivers of these decreases are a reduction in our total investments specific to the payout of a contract that had future commitment and value. In addition, we continued to intentionally decrease solicitation of major donors who would be passing through their entire gift to third party agencies. As the core mission of our United Way revolves around health & human services in Summit County, and many of these third party agencies are both non-local and not in the health & human services sector, these are not donations which we will continue to actively solicit.

Two critical elements of Page 1 are the increase in total revenue and the maintaining of total expenses. United Way has continued to manage operational expenditures while working to achieve the highest possible results. In addition to ongoing budget monitoring, our new set of strategic goals includes an increased drive to maximize our return on investment (ROI) to our donor. Our organization focus is on finding ways to multiply the return on every donor dollar measured by evidence based benefit to our community goals.

Page 13 illustrates our balance sheet. Throughout our strategic transitions this year, we have ensured that our general financial position and related investment reserves have remained strong in line with industry best practice standards.

Another change to our 990 is the addition of narratives regarding our internal programs and volunteer activities. We have added to our historical volunteer center platform by developing a comprehensive corporate engagement calendar. This new model dramatically increases the volume and quality of opportunities for our corporate partners to fulfill their corporate social responsibility goals.

We appreciate your interest in our financial activity and pride ourselves on financial transparency. If you have further questions regarding our 990 or audited financial statements, please do not hesitate to contact our CFO, Kelly Henderson, 330-643-5527 or khenderson@uwsummit.org

Form **990**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **APR 1, 2016** and ending **MAR 31, 2017**

| | | |
|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization <p align="center">UNITED WAY OF SUMMIT COUNTY</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center">90 NORTH PROSPECT STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p align="center">AKRON, OH 44304-1273</p> F Name and address of principal officer: JIM MULLEN SAME AS C ABOVE | D Employer identification number <p align="center">34-1169257</p> E Telephone number <p align="center">330-762-7601</p> G Gross receipts \$ 13,302,337. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.UWSUMMIT.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |
| L Year of formation: 1951 | | M State of legal domicile: OH |

Part I Summary

| | | | |
|------------------------------------|--|----------------------------------|---------------------|
| Part I | Summary | | |
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: WE IMPROVE LIVES BY MOBILIZING COMMUNITY RESOURCES TO ADVANCE THE COMMON GOOD. | | |
| | 2 Check this box <input type="checkbox"/> 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) | 3 | 48 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 48 |
| | 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 43 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 2250 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| Revenue | | Prior Year | Current Year |
| | 8 Contributions and grants (Part VIII, line 1h) | 12,376,146. | 11,926,097. |
| | 9 Program service revenue (Part VIII, line 2g) | 7,882. | 1,063,702. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 345,185. | 305,416. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 7,122. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 12,729,213. | 13,302,337. |
| Expenses | | | |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 10,815,036. | 9,717,763. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 2,251,988. | 2,559,971. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,045,272. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,026,231. | 1,762,565. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 14,093,255. | 14,040,299. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | -1,364,042. | -737,962. |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 16,502,427. | 15,552,292. |
| | 21 Total liabilities (Part X, line 26) | 3,847,220. | 3,485,175. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 12,655,207. | 12,067,117. |

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 <p align="center">JIM MULLEN, PRESIDENT</p> Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name KEN DOUGLAS | Preparer's signature Date |
| | Firm's name ▶ CLIFTONLARSONALLEN LLP | Check if self-employed <input type="checkbox"/> PTIN P01511382 |
| | Firm's address ▶ 4505 STEPHEN CIRCLE NW, STE. 200 CANTON, OH 44718 | Firm's EIN ▶ 41-0746749 |
| | | Phone no. (330) 497-2000 |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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? [X] Yes [] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 10,485,452. including grants of \$ 9,717,763.) (Revenue \$ 1,070,824.) COMMUNITY IMPACT - COMMUNITY IMPACT IS THE EFFORT OF MAKING EVERY DOLLAR CONTRIBUTED TO UNITED WAY OF SUMMIT COUNTY WORK EFFICIENTLY FOR THE BETTERMENT OF THE COMMUNITY.

4b (Code:) (Expenses \$ 264,421. including grants of \$) (Revenue \$) GETTING AHEAD - GETTING AHEAD CLASSES PROVIDE SKILLS AND RESOURCES TO PEOPLE WORKING TO GAIN FINANCIAL INDEPENDENCE.

4c (Code:) (Expenses \$ 228,151. including grants of \$) (Revenue \$) IMAGINATION LIBRARY - THROUGH THIS PROGRAM, SUMMIT COUNTY CHILDREN AGES BIRTH TO FIVE YEARS ARE ELIGIBLE TO RECEIVE FREE BOOKS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 444,560. including grants of \$) (Revenue \$)

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | |
| Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question ID, description, sub-questions (1a-14b), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| | 1a 48 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b 48 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 12c | | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |
| 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **KELLY HENDERSON, CFO - 330-762-7601**
90 N. PROSPECT ST, AKRON, OH 44304

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JAMES E. MERKLIN BOARD CHAIR | 6.00 | X | | | | | | 0. | 0. | 0. |
| (2) CHRISTINE AMER MAYER VICE-CHAIR | 4.00 | X | | | | | | 0. | 0. | 0. |
| (3) MARK KROHN SECRETARY | 2.00 | X | | | | | | 0. | 0. | 0. |
| (4) RICHARD J. NOECHEL TREASURER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (5) ANGELA D. WELLS TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) ANNE CLARK TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) BERNETT L. WILLIAMS TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (8) BILL LOWERY II TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (9) BRIAN J. MOORE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) BROCK STEERE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) CYNTHIA FLYNN CAPERS TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (12) DALE HIGHSMITH JR TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) DANIEL HORRIGAN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) DAVID C. JENNINGS TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (15) DAVID JAMES, SR TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) DONALD A. MOUL TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) DONNA SKODA TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) HALLE JONES CAPERS TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) HENRY L. ZELMAN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) ILENE SHAPIRO TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (21) JACQUELINE SILAS-BUTLER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) JENNIFER DALE FOX TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) JOSEPH MAY TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) LAURA CULP TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) MARC MERKLIN TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (26) MARK SCHEFFLER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 236,263. | 0. | 40,833. |
| d Total (add lines 1b and 1c) | | | | | | | | 236,263. | 0. | 40,833. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) MARTIN P. HAUSER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (28) MICHAEL MAZZEO TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (29) MICHELE CERMINARO TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (30) NICHOLAS V. BROWNING TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (31) PAUL CATANIA TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (32) PHILIP MAYNARD TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (33) PHILLIP P. MARTUCCI TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (34) RANDY S. KATZ TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (35) RICHARD J. KROCHKA TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (36) ROBERT COOPER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (37) SHON CHRISTY TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (38) STEVEN M. CHARLES TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (39) STUART C. GLAUBERMAN TRUSTEE | 4.00 | X | | | | | | 0. | 0. | 0. |
| (40) SYLVIA TRUNDLE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (41) THEODORE F. WALTER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (42) TIM STOVER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (43) TRACI J. BUCKNER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (44) VALERIE A. GEIGER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (45) W. MICHAEL SHERMAN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (46) WILLIAM CONSIDINE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

Table with 7 columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include trustees and CEO/COO with compensation figures.

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|--|--|--------------------------------|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a 221,211. | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e 554,747. | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 11,150,139. | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 409,834. | | | | | |
| | h Total. Add lines 1a-1f | ▶ | 11,926,097. | | | | |
| | Program Service Revenue | 2 a PROG. SERV. REVENUE-RELATED-990 | Business Code 900099 | 1,063,702. | 1,063,702. | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | ▶ | 1,063,702. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | ▶ | 129,726. | | | 129,726. | |
| | 4 Income from investment of tax-exempt bond proceeds | ▶ | | | | | |
| | 5 Royalties | ▶ | | | | | |
| | 6 a Gross rents | (i) Real | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) | ▶ | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 175,690. | | | | | |
| | | b Less: cost or other basis and sales expenses | 0. | | | | |
| | | c Gain or (loss) | 175,690. | | | | |
| | d Net gain or (loss) | ▶ | 175,690. | | | 175,690. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | b Less: direct expenses | b | | | | |
| | | c Net income or (loss) from fundraising events | ▶ | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | ▶ | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | ▶ | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a MISC. REVENUE-RELATED-990 | 900099 | 7,122. | 7,122. | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | ▶ | 7,122. | | | | |
| 12 Total revenue. See instructions. | ▶ | 13,302,337. | 1,070,824. | 0. | 305,416. | | |

Part IX Statement of Functional Expenses

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

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

| 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 | 9,717,763. | 9,717,763. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 288,884. | 101,167. | 113,795. | 73,922. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,590,708. | 557,063. | 626,603. | 407,042. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 181,346. | 63,507. | 71,435. | 46,404. |
| 9 Other employee benefits | 359,355. | 125,845. | 141,555. | 91,955. |
| 10 Payroll taxes | 139,678. | 48,915. | 55,021. | 35,742. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 9,050. | | 9,050. | |
| c Accounting | 30,266. | | 30,266. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 40,243. | 14,096. | 15,849. | 10,298. |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 144,562. | 98,759. | 27,766. | 18,037. |
| 12 Advertising and promotion | 193,856. | 4,909. | 186,493. | 2,454. |
| 13 Office expenses | 159,712. | 58,177. | 61,551. | 39,984. |
| 14 Information technology | 130,482. | 103,690. | 759. | 26,033. |
| 15 Royalties | | | | |
| 16 Occupancy | 127,959. | 44,811. | 50,405. | 32,743. |
| 17 Travel | 18,763. | 10,063. | 5,274. | 3,426. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 69,742. | 37,402. | 19,605. | 12,735. |
| 20 Interest | | | | |
| 21 Payments to affiliates | 175,500. | 61,460. | 69,132. | 44,908. |
| 22 Depreciation, depletion, and amortization | 95,590. | 33,476. | 37,654. | 24,460. |
| 23 Insurance | 16,240. | 5,687. | 6,397. | 4,156. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a INTERNAL PROGRAM COSTS | 272,012. | 272,012. | | |
| b ENGAGEMENT & EVENTS | 142,501. | | | 142,501. |
| c DUES & SUBSCRIPTIONS | 78,564. | 42,133. | 22,085. | 14,346. |
| d STAFF DEVELOPMENT | 45,679. | 17,501. | 17,082. | 11,096. |
| e All other expenses | 11,844. | 4,148. | 4,666. | 3,030. |
| 25 Total functional expenses. Add lines 1 through 24e | 14,040,299. | 11,422,584. | 1,572,443. | 1,045,272. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|---------------------|
| Assets | 1 Cash - non-interest-bearing | 200. | 1 | 2,050,553. |
| | 2 Savings and temporary cash investments | 5,124,218. | 2 | 876,011. |
| | 3 Pledges and grants receivable, net | 6,560,140. | 3 | 5,177,930. |
| | 4 Accounts receivable, net | | 4 | 243,487. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 38,389. | 9 | 42,802. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,667,781. | | |
| | b Less: accumulated depreciation | 10b 1,064,968. | 633,279. | 10c 602,813. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 2,163,375. | 12 | 4,487,911. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 1,982,826. | 15 | 2,070,785. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 16,502,427. | 16 | 15,552,292. | |
| Liabilities | 17 Accounts payable and accrued expenses | 3,223,825. | 17 | 3,145,446. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 522,676. | 21 | 243,305. |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 100,719. | 25 | 96,424. |
| | 26 Total liabilities. Add lines 17 through 25 | 3,847,220. | 26 | 3,485,175. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 10,239,634. | 27 | 9,555,118. |
| | 28 Temporarily restricted net assets | 1,285,478. | 28 | 1,366,243. |
| | 29 Permanently restricted net assets | 1,130,095. | 29 | 1,145,756. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 12,655,207. | 33 | 12,067,117. |
| 34 Total liabilities and net assets/fund balances | 16,502,427. | 34 | 15,552,292. | |

Part XI Reconciliation of Net 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 | 13,302,337. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 14,040,299. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -737,962. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 12,655,207. |
| 5 | Net unrealized gains (losses) on investments | 5 | 149,872. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 12,067,117. |

Part XII Financial Statements and Reporting

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

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

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 13808522. | 13114825. | 13742490. | 12376146. | 11926097. | 64968080. |
| 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 | 13808522. | 13114825. | 13742490. | 12376146. | 11926097. | 64968080. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 64968080. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 13808522. | 13114825. | 13742490. | 12376146. | 11926097. | 64968080. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 306,376. | 247,355. | 364,497. | 439,353. | 129,726. | 1487307. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 6,662. | 285. | | | 7,122. | 14,069. |
| 11 Total support. Add lines 7 through 10 | | | | | | 66469456. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 40,703. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 97.74 % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | 97.74 % |
| 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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. | | |
| 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? 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. | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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). | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|--|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) below. | | Yes | No |
| 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? 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. | | | |
| 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? 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. | | | |
| 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? Provide details in Part VI. | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 3b | | | |

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | 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 2016 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

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

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

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization UNITED WAY OF SUMMIT COUNTY **Employer identification number** 34-1169257

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

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

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

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

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 1,395,448. | 1,595,029. | 1,604,956. | 1,489,755. | 1,440,960. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 118,266. | -79,065. | 59,949. | 180,559. | 110,730. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 45,969. | 120,516. | 69,876. | 65,358. | 61,935. |
| f Administrative expenses | | | | | |
| g End of year balance | 1,467,745. | 1,395,448. | 1,595,029. | 1,604,956. | 1,489,755. |

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

- a Board designated or quasi-endowment 69.54 %
- b Permanent endowment 30.46 %
- c Temporarily restricted endowment .00 %

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:

- (i) unrelated organizations
- (ii) related organizations

| | Yes | No |
|--------|-------------------------------------|-------------------------------------|
| 3a(i) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3a(ii) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b | <input type="checkbox"/> | <input type="checkbox"/> |

b If "Yes" on line 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 | | 69,922. | | 69,922. |
| b Buildings | | 1,020,793. | 639,883. | 380,910. |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 577,066. | 425,085. | 151,981. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 602,813. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|-------------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) BOARD HELD INVESTMENTS | 4,487,911. | END-OF-YEAR MARKET VALUE |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 4,487,911. | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

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

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 8,449,638. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 8,449,638. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 40,243. |
| b | Other (Describe in Part XIII.) | 4b | 5,550,418. |
| c | Add lines 4a and 4b | 4c | 5,590,661. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 14,040,299. |

Part XIII Supplemental Information.

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

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. ADDITIONALLY, AN EQUAL AND OFFSETTING LIABILITY IS MAINTAINED TO REMOVE THE VALUE OF THESE ASSETS FROM THE NET ASSETS OF THE ORGANIZATION.

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.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPLIT INTEREST AGREEMENT CHANGE IN FAIR VALUE 15,661.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DIRECTED CONTRIBUTIONS 5,550,418.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DIRECTED CONTRIBUTIONS 5,550,418.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization **UNITED WAY OF SUMMIT COUNTY** Employer identification number **34-1169257**

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|--|
| ACCESS, INC. 230 WEST MARKET STREET AKRON, OH 44312 | 34-1395246 | 501(C)(3) | 87,142. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| AFRICAN SKY, INC. 409 CARLYON ROAD MUNROE FALLS, OH 44262 | 20-1761327 | 501(C)(3) | 8,782. | 0. | | | DONOR DESIGNATIONS |
| AKRON AREA YMCA 50 SOUTH MAIN STREET AKRON, OH 44308 | 34-0714727 | 501(C)(3) | 295,524. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308 | 34-0813426 | 501(C)(3) | 20,307. | 0. | | | DONOR DESIGNATIONS |
| AKRON CHILDREN'S MUSEUM 200 SOUTH MAIN STREET AKRON, OH 44308 | 46-3118462 | 501(C)(3) | 5,345. | 0. | | | DONOR DESIGNATIONS |
| AKRON CIVIC THEATRE - COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT - 182 SOUTH MAIN STREET - AKRON, OH 44308-1316 | 34-1015948 | 501(C)(3) | 9,907. | 0. | | | DONOR DESIGNATIONS |

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

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

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

Schedule I (Form 990) (2016)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| AKRON COMMUNITY FOUNDATION 345 WEST CEDAR STREET AKRON, OH 44307-2407 | 34-1087615 | 501(C)(3) | 72,403. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| AKRON GENERAL DEVELOPMENT FOUNDATION - ONE AKRON GENERAL AVENUE - AKRON, OH 44307-2433 | 34-1127047 | 501(C)(3) | 38,615. | 0. | | | DONOR DESIGNATIONS |
| AKRON INNER CITY SOCCER CLUB 865 ROSLYN AVENUE AKRON, OH 44320 | 34-1875816 | 501(C)(3) | 10,122. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| AKRON MARATHON CHARITABLE CORPORATION, AKRON MARATHON RACE SERIES - 453 SOUTH HIGH STREET - AKRON, OH 44311 | 42-1531773 | 501(C)(3) | 10,504. | 0. | | | DONOR DESIGNATIONS |
| AKRON PREGNANCY SERVICES 105 EAST MARKET STREET AKRON, OH 44308 | 34-1439564 | 501(C)(3) | 8,292. | 0. | | | DONOR DESIGNATIONS |
| AKRON PUBLIC SCHOOLS 70 NORTH BROADWAY STREET AKRON, OH 44308-1911 | | 501(C)(3) | 10,051. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| AKRON URBAN LEAGUE 440 VERNON ODOM BOULEVARD AKRON, OH 44307 | 34-0714520 | 501(C)(3) | 157,198. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| AKRON ZOOLOGICAL PARK 500 EDGEWOOD AVENUE AKRON, OH 44307 | 34-6003866 | 501(C)(3) | 12,465. | 0. | | | DONOR DESIGNATIONS |
| AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234 | 34-1369388 | 501(C)(3) | 81,680. | 0. | | | DONOR DESIGNATIONS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ALEX'S LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BOULEVARD BALA CYNWYD, PA 19004 | 56-2496146 | 501(C)(3) | 5,000. | 0. | | | DONOR DESIGNATIONS |
| AMERICAN ENDOWMENT FOUNDATION AEF P.O. BOX 911 HUDSON, OH 44236-5911 | 34-1747398 | 501(C)(3) | 23,000. | 0. | | | DONOR DESIGNATIONS |
| AMERICAN HEART ASSOCIATION GREAT RIVERS AFFILIATE - 3505 EMBASSY PARKWAY - AKRON, OH 44333 | 13-5613797 | 501(C)(3) | 14,134. | 0. | | | DONOR DESIGNATIONS |
| AMERICAN RED CROSS OF SUMMIT, PORTAGE & MEDINA COUNTIES #35384 - FEDERATED PLEDGE PROCESSING - CHICAGO, IL 60673-7857 | 34-0714526 | 501(C)(3) | 1,098,721. | 0. | | | DONOR DESIGNATIONS |
| ARCHBISHOP HOBAN HIGH SCHOOL 1 HOLY CROSS BOULEVARD AKRON, OH 44306-1500 | 34-0770684 | 501(C)(3) | 49,321. | 0. | | | DONOR DESIGNATIONS |
| ASIAN SERVICES IN ACTION, INC. AKRON - 730 CARROLL STREET - AKRON, OH 44304 | 34-1798850 | 501(C)(3) | 38,861. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| BALLET EXCEL OHIO FKA CUYAHOGA VALLEY YOUTH BALLET - P.O. BOX 3131 - CUYAHOGA FALLS, OH 44223 | 34-1318396 | 501(C)(3) | 10,520. | 0. | | | DONOR DESIGNATIONS |
| BATTERED WOMEN'S SHELTER OF SUMMIT & MEDINA COUNTIES - 974 EAST MARKET STREET - AKRON, OH 44305 | 34-1249342 | 501(C)(3) | 159,583. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| BIG BROTHERS BIG SISTERS OF SUMMIT, MEDINA & STARK COUNTIES - 50 SOUTH MAIN STREET - AKRON, OH 44308 | 34-1104356 | 501(C)(3) | 76,943. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| BOY SCOUTS OF AMERICA GREAT TRAIL COUNCIL - P.O. BOX 68 - AKRON, OH 44309-0068 | 34-0737790 | 501(C)(3) | 99,906. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| BOYS & GIRLS CLUB OF DUMPLIN VALLEY - P.O. BOX 669 - WHITE PINE, TN 37890 | 26-1475216 | 501(C)(3) | 5,000. | 0. | | | DONOR DESIGNATIONS |
| BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306-3606 | 34-1351557 | 501(C)(3) | 153,701. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 44307-2569 | 27-4254089 | 501(C)(3) | 106,123. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| BVU: THE CENTER FOR NONPROFIT EXCELLENCE - 1300 EAST NINTH STREET - CLEVELAND, OH 44114 | 34-1724581 | 501(C)(3) | 6,779. | 0. | | | DONOR DESIGNATIONS |
| CAN DO MULTIPLE SCLEROSIS P.O. BOX 5860 AVON, CO 81620 | 74-2337853 | 501(C)(3) | 5,000. | 0. | | | DONOR DESIGNATIONS |
| CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106-7017 | 34-1018992 | 501(C)(3) | 5,422. | 0. | | | DONOR DESIGNATIONS |
| CATHOLIC CHARITIES COMMUNITY SERVICES OF CUYAHOGA/GEAGUA COUNTY - 7911 DETROIT AVENUE - CLEVELAND, OH 44102 | 34-1318541 | 501(C)(3) | 9,092. | 0. | | | DONOR DESIGNATIONS |
| CATHOLIC CHARITIES COMMUNITY SERVICES OF SUMMIT COUNTY - 812 BIRUTA STREET - AKRON, OH 44307-1104 | 34-0714562 | 501(C)(3) | 80,815. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CATHOLIC CHARITIES HEALTH & HUMAN SERVICES, DIOCESE OF CLEVELAND - 7911 DETROIT AVENUE - CLEVELAND, OH 44102 | 34-0718368 | 501(C)(3) | 7,609. | 0. | | | DONOR DESIGNATIONS |
| CATHOLIC COMMUNITY FOUNDATION/CLEVELAND ROOTED IN FAITH, FORWARD IN HOPE - 1404 EAST NINTH STREET - CLEVELAND, OH | 34-1908579 | 501(C)(3) | 25,898. | 0. | | | DONOR DESIGNATIONS |
| CHARTER OAK UNITED METHODIST CHURCH - 449 FRYE FARM ROAD - GREENSBURG, PA 15601 | 25-1202027 | 501(C)(3) | 6,350. | 0. | | | DONOR DESIGNATIONS |
| CHILD GUIDANCE & FAMILY SOLUTIONS 18 NORTH FORGE STREET AKRON, OH 44304-1317 | 34-0726083 | 501(C)(3) | 215,711. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| CHILDREN'S HOSPITAL OF AKRON FOUNDATION - DEVELOPMENT OFFICE - AKRON, OH 44308-1062 | 23-7114013 | 501(C)(3) | 142,158. | 0. | | | DONOR DESIGNATIONS |
| CHRIST COMMUNITY CHAPEL, HUDSON CAMPUS - 750 WEST STREETSBORO STREET - HUDSON, OH 44236-2057 | 34-1339610 | 501(C)(3) | 15,614. | 0. | | | DONOR DESIGNATIONS |
| COLLEGE SCHOLARS, INC. 333 NORTH PORTAGE PATH AKRON, OH 44303-1250 | 34-1897856 | 501(C)(3) | 16,000. | 0. | | | DONOR DESIGNATIONS |
| COMMUNITY LEGAL AID SERVICES, INC. 50 SOUTH MAIN STREET AKRON, OH 44308 | 34-0753560 | 501(C)(3) | 53,735. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| COMMUNITY SUPPORT SERVICES, INC. 150 CROSS STREET AKRON, OH 44311 | 23-7029146 | 501(C)(3) | 9,631. | 0. | | | DONOR DESIGNATIONS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK - CVNP - 1403 WEST HINES HILL ROAD - PENINSULA, OH 44264 | 34-1917257 | 501(C)(3) | 16,711. | 0. | | | DONOR DESIGNATIONS |
| CONXUS FKA SUMMIT WORKFORCE 277 E. MILL STREET AKRON, OH 44308 | 34-2019627 | 501(C)(3) | 50,000. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| CORE FURNITURE BANK - COMMUNITY OUTREACH RESOURCES EXCHANGE - 2900 STATE ROAD - CUYAHOGA FALLS, OH 44223 | 26-3336894 | 501(C)(3) | 8,797. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| COUNTRYSIDE CONSERVANCY 2179 EVERETT ROAD PENINSULA, OH 44264 | 34-1896395 | 501(C)(3) | 40,246. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| CROSSPOINT UNITED METHODIST CHURCH 9687 PORTAGE STREET NW MASSILLON, OH 44646 | 20-2244042 | 501(C)(3) | 5,384. | 0. | | | DONOR DESIGNATIONS |
| EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION - 550 SOUTH ARLINGTON STREET - AKRON, OH 44306-1740 | 34-1365690 | 501(C)(3) | 63,217. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| EDUCATE THE CONGO FKA INTERNATIONAL CHRISTIAN UNIVERSITY FOUNDATION, INC. - P.O. BOX 116 - MUNROE FALLS, OH 44262 | 23-2875364 | 501(C)(3) | 5,000. | 0. | | | DONOR DESIGNATIONS |
| EMBRACING FUTURES, INC. 50 SOUTH MAIN STREET AKRON, OH 44308 | 34-6543299 | 501(C)(3) | 18,791. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| EMERGE COUNSELING SERVICES, EMERGE MINISTRIES, INC. - 900 MULL AVENUE - AKRON, OH 44313 | 34-1213335 | 501(C)(3) | 21,500. | 0. | | | DONOR DESIGNATIONS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| EXALTING CHRIST MINISTRIES 13315 MANCHESTER AVENUE GRANDVIEW, MO 64030-3592 | 34-1889771 | 501(C)(3) | 10,000. | 0. | | | DONOR DESIGNATIONS |
| FAITH UNITED METHODIST CHURCH 300 NINTH STREET NW NORTH CANTON, OH 44720 | 34-1084659 | 501(C)(3) | 5,025. | 0. | | | DONOR DESIGNATIONS |
| FAMILY & COMMUNITY SERVICES, INC. 705 OAKWOOD STREET RAVENNA, OH 44266 | 34-1902451 | 501(C)(3) | 51,394. | 0. | | | DONOR DESIGNATIONS |
| FAMILY PROMISE OF SUMMIT COUNTY P.O. BOX 1266 AKRON, OH 44309-1266 | 75-3101718 | 501(C)(3) | 19,627. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| FIRESTONE AKRON SWIM TEAM - FAST 470 CASTLE BOULEVARD AKRON, OH 44313-6432 | 34-1892460 | 501(C)(3) | 5,165. | 0. | | | DONOR DESIGNATIONS |
| FIRST CHRISTIAN CHURCH OF MEDINA OHIO - 4797 SHARON COPLEY ROAD - MEDINA, OH 44256-7404 | 34-1058611 | 501(C)(3) | 6,250. | 0. | | | DONOR DESIGNATIONS |
| FIRST CONGREGATIONAL CHURCH OF TALLMADGE INC. - 85 HERITAGE DRIVE - TALLMADGE, OH 44278 | 34-0811459 | 501(C)(3) | 5,175. | 0. | | | DONOR DESIGNATIONS |
| FURNACE STREET MISSION, INC. & SAFETY FORCES CHAPLAINCY CENTER - 150 FURNACE STREET - AKRON, OH 44304-1208 | 34-6001192 | 501(C)(3) | 16,221. | 0. | | | DONOR DESIGNATIONS |
| GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-1256 | 34-0726094 | 501(C)(3) | 50,433. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| GOOD NEIGHBORS, INC. 1453 GOODYEAR BOULEVARD AKRON, OH 44305 | 34-6560957 | 501(C)(3) | 6,756. | 0. | | | DONOR DESIGNATIONS |
| GPD GROUP EMPLOYEES' FOUNDATION, INC. - 520 SOUTH MAIN STREET - AKRON, OH 44311 | 46-3799183 | 501(C)(3) | 14,620. | 0. | | | DONOR DESIGNATIONS |
| GRACE CHURCH OF GREATER AKRON 211 NORTH CLEVELAND-MASSILLON ROAD AKRON, OH 44333 | 23-7153982 | 501(C)(3) | 18,452. | 0. | | | DONOR DESIGNATIONS |
| GREATER AKRON MUSICAL ASSOCIATION, INC., AKRON SYMPHONY ORCHESTRA - 92 NORTH MAIN STREET - AKRON, OH 44308 | 34-6003828 | 501(C)(3) | 14,786. | 0. | | | DONOR DESIGNATIONS |
| GREEN WELFARE ASSOCIATION 6233 REDBIRD TERRACE CLINTON, OH 44216 | 51-0164456 | 501(C)(3) | 6,538. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311 | 34-0714398 | 501(C)(3) | 364,342. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| HABITAT FOR HUMANITY OF SUMMIT COUNTY - 2301 ROMIG ROAD - AKRON, OH 44320 | 34-1518873 | 501(C)(3) | 5,961. | 0. | | | DONOR DESIGNATIONS |
| HATTIE LARLHAM 7996 DARROW ROAD TWINSBURG, OH 44087 | 34-1696794 | 501(C)(3) | 10,694. | 0. | | | DONOR DESIGNATIONS |
| HAVEN OF REST MINISTRIES, INC. P.O. BOX 547 AKRON, OH 44309-0547 | 34-0750345 | 501(C)(3) | 29,642. | 0. | | | DONOR DESIGNATIONS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| HEART TO HEART COMMUNICATIONS 40 UNIVERSITY AVENUE AKRON, OH 44308-1613 | 34-1630357 | 501(C)(3) | 6,465. | 0. | | | DONOR DESIGNATIONS |
| HERITAGE UNITED METHODIST CHURCH 107 SOUTH MARKET STREET LIGONIER, PA 15658 | 25-1182221 | 501(C)(3) | 12,000. | 0. | | | DONOR DESIGNATIONS |
| HOSPICE OF THE WESTERN RESERVE, INC. - 17876 SAINT CLAIR AVENUE - CLEVELAND, OH 44110 | 34-1256377 | 501(C)(3) | 6,285. | 0. | | | DONOR DESIGNATIONS |
| HUDSON COMMUNITY FOUNDATION 49 EAST MAIN STREET HUDSON, OH 44236-5944 | 34-1935499 | 501(C)(3) | 8,526. | 0. | | | DONOR DESIGNATIONS |
| HUMANE SOCIETY OF SUMMIT COUNTY 7996 DARROW ROAD TWINSBURG, OH 44087 | 23-7060744 | 501(C)(3) | 27,945. | 0. | | | DONOR DESIGNATIONS |
| IBH ADDICTION RECOVERY CENTER 3445 SOUTH MAIN STREET AKRON, OH 44319 | 23-7090131 | 501(C)(3) | 7,536. | 0. | | | DONOR DESIGNATIONS |
| IDEASTREAM DBA WVIZ / PBS 90.3 WCPN, NPR - IDEASTREAM - IDEA CENTER - CLEVELAND, OH 44115-1835 | 34-1943865 | 501(C)(3) | 9,048. | 0. | | | DONOR DESIGNATIONS |
| INDIAN FRIENDS OF ATLANTA, INC. 5490 MCGINNIS FERRY ROAD ALPHARETTA, GA 30005 | 47-4194683 | 501(C)(3) | 13,000. | 0. | | | DONOR DESIGNATIONS |
| INFO LINE, INC. 703 SOUTH MAIN STREET AKRON, OH 44311 | 34-1170391 | 501(C)(3) | 259,685. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |

Schedule I (Form 990)

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

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| INTERFAITH CAREGIVERS PROGRAM OF SUMMIT COUNTY, FAITH IN ACTION - 50 NORTH PROSPECT STREET - AKRON, OH 44304 | 34-1452616 | 501(C)(3) | 16,900. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| INTERNATIONAL INSTITUTE OF AKRON, INC. - 207 EAST TALLMADGE AVENUE - AKRON, OH 44310-3298 | 34-0733161 | 501(C)(3) | 46,040. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| JEWISH COMMUNITY BOARD OF AKRON 750 WHITE POND DRIVE AKRON, OH 44320-1128 | 34-1884695 | 501(C)(3) | 52,080. | 0. | | | DONOR DESIGNATIONS |
| JEWISH FAMILY SERVICE OF AKRON 750 WHITE POND DRIVE AKRON, OH 44320-1128 | 34-0714444 | 501(C)(3) | 82,968. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| JOHN CARROLL UNIVERSITY DEVELOPMENT OFFICE UNIVERSITY HEIGHTS, OH 44118-4520 | 34-0714681 | 501(C)(3) | 25,116. | 0. | | | DONOR DESIGNATIONS |
| JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC. - P.O. BOX 26006 - AKRON, OH 44319 | 34-0940986 | 501(C)(3) | 10,341. | 0. | | | DONOR DESIGNATIONS |
| JUVENILE DIABETES RESEARCH FOUNDATION, NORTHEASTERN OHIO, JDRF INTERNATIONAL - JDRF - INDEPENDENCE, OH 44131 | 23-1907729 | 501(C)(3) | 8,831. | 0. | | | DONOR DESIGNATIONS |
| KENT STATE UNIVERSITY FOUNDATION P.O. BOX 5190 KENT, OH 44242-0001 | 34-6576307 | 501(C)(3) | 19,878. | 0. | | | DONOR DESIGNATIONS |
| LAW & LEADERSHIP INSTITUTE, LLC AKRON OHIO OFFICE - 150 UNIVERSITY AVENUE - AKRON, OH 44325 | 26-4709314 | 501(C)(3) | 15,423. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |

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

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| LEADERSHIP AKRON 54 EAST MILL STREET AKRON, OH 44308 | 31-1655877 | 501(C)(3) | 54,053. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| LEBRON JAMES FAMILY FOUNDATION 3800 EMBASSY PKWY AKRON, OH 44333 | 02-0716277 | 501(C)(3) | 20,000. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| LEGACY III, INC. 733 WEST MARKET STREET AKRON, OH 44303 | 34-1824527 | 501(C)(3) | 36,437. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| LET'S GROW AKRON, INC. 467 HARVEY AVENUE AKRON, OH 44314 | 34-1632443 | 501(C)(3) | 40,255. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| LOVE AKRON 39 EAST MARKET STREET AKRON, OH 44308-2035 | 20-8035010 | 501(C)(3) | 5,796. | 0. | | | DONOR DESIGNATIONS |
| MARIETTA COMMUNITY FOUNDATION 100 PUTNAM STREET MARIETTA, OH 45750 | 74-3054287 | 501(C)(3) | 11,000. | 0. | | | DONOR DESIGNATIONS |
| MATURE SERVICES, INC. 2279 ROMIG ROAD AKRON, OH 44320 | 51-0148544 | 501(C)(3) | 82,442. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY OHIO BUCKEYE CHAPTER - 6155 ROCKSIDE ROAD - INDEPENDENCE, OH 44131 | 34-0801307 | 501(C)(3) | 21,657. | 0. | | | DONOR DESIGNATIONS |
| NEIGHBORHOOD NETWORK OF UNIVERSITY PARK - 90 NORTH PROSPECT STREET - AKRON, OH 44304 | 34-1169257 | 501(C)(3) | 27,000. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| NORFOLK AREA UNITED WAY, INC. P.O. BOX 1041 NORFOLK, NE 68702-1041 | 47-0492054 | 501(C)(3) | 24,160. | 0. | | | DONOR DESIGNATIONS |
| NORTHEAST OHIO MEDICAL UNIVERSITY FOUNDATION - 4209 STATE ROUTE 44 - ROOTSTOWN, OH 44272-0095 | 34-1264220 | 501(C)(3) | 28,393. | 0. | | | DONOR DESIGNATIONS |
| NORTHERN OHIO HEMOPHILIA FOUNDATION INC. - 5000 ROCKSIDE ROAD - INDEPENDENCE, OH 44131 | 34-1018501 | 501(C)(3) | 26,591. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| OLD TRAIL SCHOOL P.O. BOX 827 BATH, OH 44210-0827 | 34-0737805 | 501(C)(3) | 18,920. | 0. | | | DONOR DESIGNATIONS |
| OPEN M 941 PRINCETON STREET AKRON, OH 44311 | 34-1046107 | 501(C)(3) | 41,626. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| PALM DESERT COMMUNITY PRESBYTERIAN CHURCH - 47321 HIGHWAY 74 - PALM DESERT, CA 92260 | 95-2287741 | 501(C)(3) | 16,000. | 0. | | | DONOR DESIGNATIONS |
| PLANNED PARENTHOOD OF GREATER OHIO, NORTHEAST OHIO OFFICE - 444 WEST EXCHANGE STREET - AKRON, OH 44302 | 34-1015976 | 501(C)(3) | 110,438. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| PROJECT GRAD AKRON OHIO 400 WEST MARKET STREET AKRON, OH 44303-2060 | 16-1639511 | 501(C)(3) | 19,391. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 44326 | 34-1491695 | 501(C)(3) | 65,439. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |

Schedule I (Form 990)

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

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RAHAB MINISTRIES, INC. P.O. BOX 13866 AKRON, OH 44334 | 01-0643691 | 501(C)(3) | 6,195. | 0. | | | DONOR DESIGNATIONS |
| RONALD MCDONALD HOUSE OF AKRON, INC. - 141 WEST STATE STREET - AKRON, OH 44302 | 34-1860682 | 501(C)(3) | 10,071. | 0. | | | DONOR DESIGNATIONS |
| SAINT HILARY PARISH FOUNDATION, DIOCESE OF CLEVELAND - 2750 WEST MARKET STREET - FAIRLAWN, OH 44333 | 34-1212411 | 501(C)(3) | 20,631. | 0. | | | DONOR DESIGNATIONS |
| SAINT JUDE'S CHILDRENS RESEARCH HOSPITAL - 501 SAINT JUDE PLACE - MEMPHIS, TN 38105 | 62-0646012 | 501(C)(3) | 12,671. | 0. | | | DONOR DESIGNATIONS |
| SAINT MARY CATHOLIC CHURCH, DIOCESE OF CLEVELAND - 340 NORTH MAIN STREET - HUDSON, OH 44236 | 34-0714516 | 501(C)(3) | 9,317. | 0. | | | DONOR DESIGNATIONS |
| SAINT MICHAEL THE ARCHANGEL CATHOLIC CHURCH, DIOCESE OF YOUNGSTOWN - 3430 SAINT MICHAEL BOULEVARD NW - CANTON, OH 44718 | 34-0782263 | 501(C)(3) | 7,627. | 0. | | | DONOR DESIGNATIONS |
| SAINT NICHOLAS ORTHODOX CHURCH 755 SOUTH CLEVELAND AVENUE MOGADORE, OH 44260-1584 | 34-1007393 | 501(C)(3) | 7,167. | 0. | | | DONOR DESIGNATIONS |
| SAINT SEBASTIAN CATHOLIC CHURCH & FOUNDATION - 476 MULL AVENUE - AKRON, OH 44320-1213 | 23-7115850 | 501(C)(3) | 11,780. | 0. | | | DONOR DESIGNATIONS |
| SAINT VINCENT SAINT MARY HIGH SCHOOL - 15 NORTH MAPLE STREET - AKRON, OH 44303-2326 | 34-1686290 | 501(C)(3) | 16,079. | 0. | | | DONOR DESIGNATIONS |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SARAH'S HOUSE, INC. 414 PINE STREET AKRON, OH 44307-2446 | 27-1948149 | 501(C)(3) | 5,940. | 0. | | | DONOR DESIGNATIONS |
| SHAW JEWISH COMMUNITY CENTER OF AKRON - 750 WHITE POND DRIVE - AKRON, OH 44320-1128 | 34-0174521 | 501(C)(3) | 60,012. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| SOMERSET HILLS LUTHERAN CHURCH 350 LAKE ROAD BASKING RIDGE, NJ 07920-2121 | 22-1724932 | 501(C)(3) | 10,000. | 0. | | | DONOR DESIGNATIONS |
| SOUTH STREET MINISTRIES, INC. 130 WEST SOUTH STREET AKRON, OH 44311-1964 | 26-2660679 | 501(C)(3) | 11,522. | 0. | | | DONOR DESIGNATIONS |
| SPRING GARDEN WALDORF SCHOOL 1791 SOUTH JACOBY ROAD COPLEY, OH 44321-2233 | 34-1512962 | 501(C)(3) | 12,072. | 0. | | | DONOR DESIGNATIONS |
| STAN HYWET HALL & GARDENS 714 NORTH PORTAGE PATH AKRON, OH 44303-1399 | 34-0819149 | 501(C)(3) | 20,262. | 0. | | | DONOR DESIGNATIONS |
| STEWART'S CARING PLACE 2955 WEST MARKET STREET AKRON, OH 44333 | 20-0181338 | 501(C)(3) | 41,834. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| STOW ALLIANCE FELLOWSHIP OF THE CHRISTIAN & MISSIONARY ALLIANCE - 4460 STOW ROAD - CUYAHOGA FALLS, OH 44224-1877 | 34-1126688 | 501(C)(3) | 5,900. | 0. | | | DONOR DESIGNATIONS |
| SUMMA FOUNDATION P.O. BOX 2090 AKRON, OH 44309-2090 | 34-1219001 | 501(C)(3) | 29,475. | 0. | | | DONOR DESIGNATIONS |

Schedule I (Form 990)

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

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SUMMIT COUNTY FATHERHOOD INITIATIVE - 1477 COPLEY ROAD - AKRON, OH 44320 | 23-2745763 | 501(C)(3) | 47,456. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| SUMMIT COUNTY PUBLIC HEALTH FAIRWAY CENTER AKRON, OH 44313 | 34-6002767 | 501(C)(3) | 29,700. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| SUMMIT COUNTY REENTRY NETWORK OFFICE OF REENTRY AKRON, OH 44308 | 34-1334919 | 501(C)(3) | 70,322. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET AKRON, OH 44308-1745 | 34-1843220 | 501(C)(3) | 108,027. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| TANA FOUNDATION - TELUGU ASSOCIATION OF NORTH AMERICA, INC. - 23433 ARGYLE STREET - NOVI, MI 48374 | 36-3060732 | 501(C)(3) | 17,500. | 0. | | | DONOR DESIGNATIONS |
| TEMPLE ISRAEL, AKRON HEBREW CONGREGATION - 91 SPRINGSIDE DRIVE - AKRON, OH 44333 | 34-0719171 | 501(C)(3) | 16,185. | 0. | | | DONOR DESIGNATIONS |
| THE AKRON ROTARY CAMP FOR SPECIAL CHILDREN, INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319 | 34-6557819 | 501(C)(3) | 9,810. | 0. | | | DONOR DESIGNATIONS |
| THE APPLE TREE DAY CARE 3766 CLIFTON AVENUE CINCINNATI, OH 45220-1299 | 31-0713650 | 501(C)(3) | 6,993. | 0. | | | DONOR DESIGNATIONS |
| THE ARC OF OHIO, SUMMIT AND PORTAGE COUNTIES - 3869 DARROW ROAD - STOW, OH 44224 | 31-0642964 | 501(C)(3) | 46,716. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |

Schedule I (Form 990)

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

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| THE CHAPEL, INC. 135 FIR HILL AKRON, OH 44304-1561 | 34-0828420 | 501(C)(3) | 9,533. | 0. | | | DONOR DESIGNATIONS |
| THE CLEVELAND ANIMAL PROTECTIVE LEAGUE - 1729 WILLEY AVENUE - CLEVELAND, OH 44113 | 34-0714644 | 501(C)(3) | 5,255. | 0. | | | DONOR DESIGNATIONS |
| THE COLLINGS FOUNDATION P.O. BOX 248 STOW, MA 01775 | 04-2658294 | 501(C)(3) | 7,000. | 0. | | | DONOR DESIGNATIONS |
| THE LIPPMAN SCHOOL 750 WHITE POND DRIVE AKRON, OH 44320-1128 | 34-0968632 | 501(C)(3) | 80,886. | 0. | | | DONOR DESIGNATIONS |
| THE SALVATION ARMY SUMMIT COUNTY 190 SOUTH MAPLE STREET AKRON, OH 44302 | 34-0714378 | 501(C)(3) | 105,738. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| THE UNIVERSITY OF AKRON FOUNDATION DEPARTMENT OF DEVELOPMENT AKRON, OH 44325-2603 | 34-6575496 | 501(C)(3) | 91,007. | 0. | | | DONOR DESIGNATIONS |
| THE WELL AKRON COMMUNITY DEVELOPMENT CORPORATION - 647 EAST MARKET STREET - AKRON, OH 44304 | 81-2680851 | 501(C)(3) | 5,000. | 0. | | | DONOR DESIGNATIONS |
| THE YMCA OF GREATER CLEVELAND 1801 SUPERIOR AVENUE CLEVELAND, OH 44115 | 34-1919876 | 501(C)(3) | 5,010. | 0. | | | DONOR DESIGNATIONS |
| TRANS WORLD RADIO P.O. BOX 8700 CARY, NC 27512-8700 | 22-1690564 | 501(C)(3) | 18,000. | 0. | | | DONOR DESIGNATIONS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| TRULY REACHING YOU MINISTRIES, INC. (TRY) - P.O. BOX 814 - AKRON, OH 44309-0814 | 75-3223368 | 501(C)(3) | 20,452. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| TUESDAY MUSICAL ASSOCIATION, E. J. THOMAS HALL, U OF A - 1041 WEST MARKET STREET - AKRON, OH 44313 | 34-0786212 | 501(C)(3) | 5,000. | 0. | | | DONOR DESIGNATIONS |
| UNITED DISABILITY SERVICES, INC. 701 SOUTH MAIN STREET AKRON, OH 44311-1019 | 34-1374195 | 501(C)(3) | 112,957. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| UNITED WAY ALLIANCE OF MID-OHIO VALLEY - 935 MARKET STREET - PARKERSBURG, WV 26101 | 55-0403123 | 501(C)(3) | 5,895. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY FOR SOUTHEASTERN MICHIGAN - 660 WOODWARD - DETROIT, MI 48226-1899 | 20-3099071 | 501(C)(3) | 19,582. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF ASHTABULA COUNTY 2801 C COURT ASHTABULA, OH 44004-4571 | 34-0846640 | 501(C)(3) | 13,928. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF BAY COUNTY 909 WASHINGTON AVENUE BAY CITY, MI 48708 | 38-1360524 | 501(C)(3) | 5,222. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF BEAVER COUNTY 3582 BRODHEAD ROAD MONACA, PA 15061-2523 | 25-1086798 | 501(C)(3) | 31,275. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF BERKS COUNTY 501 WASHINGTON STREET READING, PA 19603-0702 | 23-1655375 | 501(C)(3) | 80,082. | 0. | | | DONOR DESIGNATIONS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNITED WAY OF BLAIR COUNTY 5414 SIXTH AVENUE ALTOONA, PA 16602-1203 | 23-1352003 | 501(C)(3) | 5,409. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF BUTLER COUNTY 184 PITTSBURGH ROAD BUTLER, PA 16001 | 25-1005187 | 501(C)(3) | 9,892. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF CENTRAL OHIO 360 SOUTH THIRD STREET COLUMBUS, OH 43215-5412 | 31-4393712 | 501(C)(3) | 16,018. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF CLARK, CHAMPAIGN & MADISON COUNTIES, INC. - P.O. BOX 59 - SPRINGFIELD, OH 45501 | 31-0549095 | 501(C)(3) | 5,124. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF COLLIER COUNTY, INC. 9015 STRADA STELL COURT NAPLES, FL 34109 | 59-1026096 | 501(C)(3) | 6,000. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF ERIE COUNTY 420 WEST SIXTH STREET ERIE, PA 16507-1216 | 25-1053091 | 501(C)(3) | 13,513. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF FREDERICK COUNTY, INC. - 22 SOUTH MARKET STREET - FREDERICK, MD 21705-0307 | 52-0607973 | 501(C)(3) | 5,075. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF GENESEE COUNTY 111 EAST COURT STREET FLINT, MI 48502 | 38-1359516 | 501(C)(3) | 16,358. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115-1854 | 34-6516654 | 501(C)(3) | 126,713. | 0. | | | DONOR DESIGNATIONS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNITED WAY OF GREATER LORAIN COUNTY, INC. - 1875 NORTH RIDGE ROAD EAST - LORAIN, OH 44055-3371 | 34-1011104 | 501(C)(3) | 14,871. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF GREATER STARK COUNTY 401 MARKET AVENUE NORTH CANTON, OH 44702 | 13-4254191 | 501(C)(3) | 106,862. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF GREATER TOLEDO 424 JACKSON STREET TOLEDO, OH 43604-1410 | 34-4427947 | 501(C)(3) | 34,917. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF HARRISON COUNTY, INC. - 301 WEST MAIN STREET - CLARKSBURG, WV 26301 | 55-0421431 | 501(C)(3) | 9,514. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF LANCASTER COUNTY 630 JANET AVENUE LANCASTER, PA 17601-4589 | 23-1352093 | 501(C)(3) | 7,172. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF LAWRENCE COUNTY 223 NORTH MERCER STREET NEW CASTLE, PA 16101-2226 | 25-0987221 | 501(C)(3) | 14,575. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF LINCOLN & LANCASTER COUNTY - 206 SOUTH 13TH STREET - LINCOLN, NE 68508-2004 | 47-0376624 | 501(C)(3) | 40,559. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF MARION COUNTY 112 ADAMS STREET FAIRMONT, WV 26554 | 55-0368459 | 501(C)(3) | 26,471. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF MEDINA COUNTY 728 EAST SMITH ROAD MEDINA, OH 44256 | 34-6516654 | 501(C)(3) | 54,420. | 0. | | | DONOR DESIGNATIONS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVE. CHICAGO, IL 60604 | 30-0200478 | 501(C)(3) | 7,718. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF MONONGALIA & PRESTON COS. - 278 SPRUCE STREET - MORGANTOWN, WV 26505-7500 | 55-0462065 | 501(C)(3) | 25,286. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF NORTHERN NEW JERSEY P.O. BOX 6835 BRIDGEWATER, NJ 08807 | 22-1487247 | 501(C)(3) | 8,281. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF PORTAGE COUNTY, INC. P. O. BOX 845 RAVENNA, OH 44266-0845 | 34-1024769 | 501(C)(3) | 34,618. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF RICHLAND COUNTY 35 NORTH PARK STREET MANSFIELD, OH 44902-1722 | 34-0714455 | 501(C)(3) | 6,072. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF SANDUSKY COUNTY, INC. - 826 WEST STATE STREET - FREMONT, OH 43420 | 34-4479790 | 501(C)(3) | 7,579. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF SOUTHERN COLUMBIANA COUNTY - P.O. BOX 646 - EAST LIVERPOOL, OH 43920 | 23-7110727 | 501(C)(3) | 5,567. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF SOUTHWESTERN PENNSYLVANIA - 1250 PENN AVENUE - PITTSBURGH, PA 15230-0735 | 25-1043578 | 501(C)(3) | 24,760. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF THE GREATER LEHIGH VALLEY - 1110 AMERICAN PARKWAY NE - ALLENTOWN, PA 18109 | 23-2657933 | 501(C)(3) | 6,106. | 0. | | | DONOR DESIGNATIONS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNITED WAY OF THE LAUREL HIGHLANDS, INC. - 422 MAIN STREET - JOHNSTOWN, PA 15901-1824 | 25-0965383 | 501(C)(3) | 9,267. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF TRUMBULL COUNTY 3601 YOUNGSTOWN ROAD SE WARREN, OH 44484-2832 | 34-1083629 | 501(C)(3) | 10,408. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF WASHINGTON COUNTY MD, INC. - 33 WEST FRANKLIN STREET - HAGERSTOWN, MD 21740-4863 | 52-0691704 | 501(C)(3) | 10,679. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF WAYNE AND HOLMES COUNTIES - P. O. BOX 548 - WOOSTER, OH 44691-0548 | 34-0946973 | 501(C)(3) | 9,266. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF WESTMORELAND COUNTY 1011 OLD SALEM ROAD GREENSBURG, PA 15601-1017 | 25-6069120 | 501(C)(3) | 52,164. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF YORK COUNTY 800 EAST KING STREET YORK, PA 17405-1663 | 23-1352588 | 501(C)(3) | 16,831. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF YOUNGSTOWN & THE MAHONING VALLEY - 255 WATT STREET - YOUNGSTOWN, OH 44505-3049 | 34-0714598 | 501(C)(3) | 27,595. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY SERVICES OF GEAUGA COUNTY - 209 CENTER STREET - CHARDON, OH 44024-1189 | 20-5575556 | 501(C)(3) | 16,470. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY SERVICES OF NORTHERN COLUMBIANA COUNTY SALEM OH - 713 EAST STATE STREET - SALEM, OH 44460-2911 | 34-0796452 | 501(C)(3) | 5,836. | 0. | | | DONOR DESIGNATIONS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| VALOR HOME 1121 EXETER ROAD AKRON, OH 44306 | 34-1902451 | 501(C)(3) | 5,815. | 0. | | | DONOR DESIGNATIONS |
| VICTIM ASSISTANCE PROGRAM, INC. 150 FURNACE STREET AKRON, OH 44304-1208 | 38-3142753 | 501(C)(3) | 15,226. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| WESTERN RESERVE ACADEMY 115 COLLEGE STREET HUDSON, OH 44236-2926 | 34-0714390 | 501(C)(3) | 205,130. | 0. | | | DONOR DESIGNATIONS |
| WESTMORELAND COUNTY COMMUNITY COLLEGE EDUCATION FOUNDATION - WCCC - 145 PAVILION LANE - YOUNGWOOD, PA 15697-1814 | 25-1511934 | 501(C)(3) | 6,039. | 0. | | | DONOR DESIGNATIONS |
| WESTMORELAND COUNTY FOOD BANK, INC. - 100 DEVONSHIRE DRIVE - DELMONT, PA 15626-1607 | 25-1422682 | 501(C)(3) | 10,025. | 0. | | | DONOR DESIGNATIONS |
| WOODRIDGE RECREATION ASSOCIATION P.O. BOX 44 PENINSULA, OH 44264 | 34-1239410 | 501(C)(3) | 6,240. | 0. | | | DONOR DESIGNATIONS & GRANT ALLOCATIONS |
| WOUNDED WARRIOR PROJECT, INC. NATIONAL OFFICE - 4899 BELFORT ROAD - JACKSONVILLE, FL 32256-6033 | 20-2370934 | 501(C)(3) | 7,324. | 0. | | | DONOR DESIGNATIONS |
| ZION LUTHERAN CHURCH OF NORTH CANTON - 349 LINDY LANE AVENUE NW - NORTH CANTON, OH 44720-2765 | 34-6533471 | 501(C)(3) | 8,300. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF LAKE COUNTY, INC. 9285 PROGRESS PARKWAY MENTOR, OH 44060-1854 | 34-1105038 | 501(C)(3) | 40,492. | 0. | | | DONOR DESIGNATIONS |

Schedule I (Form 990)

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

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

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

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

Part IV Supplemental Information

USED THE FUNDS APPROPRIATELY. IN ADDITION DETAILED INTERVIEWS WERE HELD WITH ALL FUNDED AGENCY EXECUTIVES TO DISCUSS DETAILS OF FUNDED PROGRAMS AS WELL AS OVERALL FINANCIAL STABILITY OF THE AGENCY.

FINANCIALLY CHALLENGED AGENCIES, AGENCIES GOING THROUGH CONSOLIDATIONS, SIGNIFICANT LEADERSHIP CHANGES, AND SIMILAR SITUATIONS ALL RECEIVE ADDITIONAL INFORMAL SCRUTINY AS WE LOOK FOR ANY FLAGS THAT WOULD SIGNAL AN INABILITY TO USE UNITED WAY FUNDS NOT ONLY APPROPRIATELY FROM THE LEGAL SENSE, BUT EFFECTIVELY AND EFFICIENTLY AS WAS ORIGINALLY INTENDED. THIS ENTAILS KEEPING UP WITH AGENCY NEWS, COMMUNITY NEWS, AND HAVING INFORMAL CONTACTS THROUGHOUT THE COMMUNITY.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

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.

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

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 Questions Regarding Compensation

| | Yes | No |
|--|-------------|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b X | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 X | |
| 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 | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | X |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
| If "Yes" on line 5a or 5b, describe in Part III. | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
| If "Yes" on line 6a or 6b, describe in Part III. | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | X |
| 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 | X |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) 2016

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-----------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) JIM MULLEN CEO | (i) | 140,569. | 0. | 0. | 5,152. | 24,053. | 169,774. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

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

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **UNITED WAY OF SUMMIT COUNTY** Employer identification number **34-1169257**

| Part I | Types of Property | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--------|---|----------------------------|---|--|---|
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | X | 59 | 409,834. | MARKET QUOTE |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | |
| 14 | Qualified conservation contribution - Other | | | | |
| 15 | Real estate - Residential | | | | |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▶ (_____) | | | | |
| 26 | Other ▶ (_____) | | | | |
| 27 | Other ▶ (_____) | | | | |
| 28 | Other ▶ (_____) | | | | |

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

| | 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? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

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.

Multiple horizontal lines for supplemental information input.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

UNITED WAY OF SUMMIT COUNTY

Employer identification number

34-1169257

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

GETTING AHEAD - GETTING AHEAD CLASSES PROVIDE SKILLS AND RESOURCES TO
PEOPLE WORKING TO GAIN FINANCIAL INDEPENDENCE. ON AVERAGE, THOSE WHO

COMPLETE THE 16-WEEK COURSE, WHICH MEETS TWICE A WEEK, HAVE LOWER
UNEMPLOYMENT RATES AND GO ON TO EARN SIGNIFICANTLY HIGHER INCOMES.

DURING THIS FISCAL YEAR, 185 INDIVIDUALS HAVE COMPLETED THE COURSE AND
GRADUATED FROM THE PROGRAM.

IC.A.R.E. MENTORING - IC.A.R.E. MENTORING PROGRAM PROVIDES SUMMIT
COUNTY STUDENTS IN GRADES K-12 WITH NURTURING AND SUPPORTIVE ROLE

MODELS. UNLIKE OTHER MENTORING PROGRAMS, WHICH GENERALLY INVOLVE
ACTIVITIES OUTSIDE OF SCHOOL HOURS, IC.A.R.E. WORKS WITHIN THE SCHOOL
SYSTEM, COORDINATING WITH ADMINISTRATORS TO ENSURE THAT STUDENTS CAN

SPEND TIME WITH THEIR MENTORS WITHOUT TAKING TIME AWAY FROM THEIR
ACADEMIC WORK. IC.A.R.E. MENTORING IS ABOUT RELATIONSHIPS. STUDENTS
NEED A CARING, CONSISTENT ADULT ROLE MODEL IN THEIR LIVES. THROUGH

IC.A.R.E., MENTORS ARE TRAINED AND SUPPORTED AS THEY SPEND ONE HOUR
EACH WEEK WITH A STUDENT, FOR AT LEAST ONE SCHOOL YEAR. MOST MENTORS
CHOOSE TO CONTINUE MENTORING STUDENTS AFTER THE FIRST YEAR. DURING

THIS FISCAL YEAR, 479 STUDENTS WERE MENTORED THROUGH THIS PROGRAM.

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

IC.A.R.E. MENTORING - IC.A.R.E. MENTORING PROGRAM PROVIDES SUMMIT
COUNTY STUDENTS IN GRADES K-12 WITH NURTURING AND SUPPORTIVE ROLE

MODELS. UNLIKE OTHER MENTORING PROGRAMS, WHICH GENERALLY INVOLVE
ACTIVITIES OUTSIDE OF SCHOOL HOURS, IC.A.R.E. WORKS WITHIN THE SCHOOL

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

| | |
|---|--|
| Name of the organization UNITED WAY OF SUMMIT COUNTY | Employer identification number 34-1169257 |
|---|--|

SYSTEM, COORDINATING WITH ADMINISTRATORS TO ENSURE THAT STUDENTS CAN SPEND TIME WITH THEIR MENTORS WITHOUT TAKING TIME AWAY FROM THEIR ACADEMIC WORK. IC.A.R.E. MENTORING IS ABOUT RELATIONSHIPS. STUDENTS NEED A CARING, CONSISTENT ADULT ROLE MODEL IN THEIR LIVES. THROUGH IC.A.R.E., MENTORS ARE TRAINED AND SUPPORTED AS THEY SPEND ONE HOUR EACH WEEK WITH A STUDENT, FOR AT LEAST ONE SCHOOL YEAR. MOST MENTORS CHOOSE TO CONTINUE MENTORING STUDENTS AFTER THE FIRST YEAR. DURING THIS FISCAL YEAR, 479 STUDENTS WERE MENTORED THROUGH THIS PROGRAM. EXPENSES \$ 179,781. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

BRIDGES SUMMIT COUNTY - BRIDGES SUMMIT COUNTY IS AN INITIATIVE THAT PROVIDES A FRAMEWORK TO HELP EMPLOYERS, COMMUNITY ORGANIZATIONS, SOCIAL SERVICE AGENCIES AND INDIVIDUALS LEARN HOW TO EFFECTIVELY REACH AND SUPPORT ADULTS AND FAMILIES WHO ARE STRIVING TO GO FROM FINANCIAL DEPENDENCE TO INDEPENDENCE. OUR GOAL IS FOR SUMMIT COUNTY TO BECOME A PLACE WHERE ALL SECTORS COME TOGETHER TO STABILIZE OUR COMMUNITY. THIS REQUIRES INDIVIDUALS, BUSINESSES, COURTS, SOCIAL SERVICE AGENCIES, FAITH-BASED, EDUCATIONAL, AND HEALTH CARE ORGANIZATIONS TO IMPLEMENT BRIDGES SUMMIT COUNTY IN THEIR OWN SETTINGS. THIS WORK IS ALREADY TAKING SHAPE ACROSS OUR COMMUNITY. DURING THIS FISCAL YEAR, 951 PEOPLE ATTENDED BRIDGES WORKSHOPS TO LEARN HOW TO SUPPORT THESE POPULATIONS IN OUR COMMUNITY. EXPENSES \$ 143,142. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

COMMUNITY ENGAGEMENT - UNITED WAY OF SUMMIT COUNTY PROMOTES CORPORATE AND COMMUNITY VOLUNTEERISM THROUGH A NEWLY EXPANDED CALENDAR OF ENGAGEMENT EVENTS. IN JUNE, THE ANNUAL DAY OF ACTION TOOK PLACE AT OVER 41 SITES THROUGHOUT SUMMIT COUNTY WHERE 851 VOLUNTEERS PROVIDED OVER

| | |
|---|--|
| Name of the organization UNITED WAY OF SUMMIT COUNTY | Employer identification number 34-1169257 |
|---|--|

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

EXPENSES \$ 105,259. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

| | |
|---|--|
| Name of the organization UNITED WAY OF SUMMIT COUNTY | Employer identification number 34-1169257 |
|---|--|

FISCAL YEAR, 14 UNITED WAY-SPONSORED VISTAS HAVE CONTRIBUTED THOUSANDS OF HOURS OF SERVICE TO THE SUMMIT COUNTY COMMUNITY.

EXPENSES \$ 16,378. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

TRUSTEE JAMES MERKLIN AND TRUSTEE MARC MERKLIN HAVE A FAMILY RELATIONSHIP.

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.

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.

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.

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

THE POLICY IS POSTED ON THE WEBSITE AND REVIEWED ANNUALLY WITH THE STAFF.

| | |
|---|--|
| Name of the organization UNITED WAY OF SUMMIT COUNTY | Employer identification number 34-1169257 |
|---|--|

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.

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

THE FINANCIAL STATEMENTS, ANNUAL REPORT, FORM 990 AND ALL DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. HARD COPIES ARE ALSO AVAILABLE UPON REQUEST.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | Enter filer's identifying number |
|--|---|---|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. UNITED WAY OF SUMMIT COUNTY | Employer identification number (EIN) or <div style="text-align: center; font-size: large;">34-1169257</div> |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 90 NORTH PROSPECT STREET | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. AKRON, OH 44304-1273 | |

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

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

KELLY HENDERSON, CFO

• The books are in the care of ▶ **90 N. PROSPECT ST - AKRON, OH 44304**
 Telephone No. ▶ **330-762-7601** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **FEBRUARY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
 ▶ tax year beginning **APR 1, 2016**, and ending **MAR 31, 2017**.

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

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

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

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**