



LIVE UNITED

Analysis of United Way of Summit County's 990

United Way of Summit County (UWSC) announced our **Bold Goals by 2025** to the community in April 2017:

- **Bold Goal 1** – 65% of Akron Public Schools (APS) third-graders reading at or above grade level
- **Bold Goal 2** – 90% of APS high-schoolers graduating in 4 years, with 60% college/career ready
- **Bold Goal 3** – Financially empower 11,000 people
- **Bold Goal 4** – Reduce emergency room visits due to drug overdoses to 1,000

In accordance with these Bold Goals, we have realigned our organization from strictly a funder of external organizations to a collaborative leader and driver of change in Summit County. This new direction and the support of the community in making that change is reflected on our 990 and in this fiscal year's financial statements.

In FY20, we saw a modest increase in revenue which was more than offset by an increase in Contributions and Grants to those community partners and programs focused on our Bold Goals. During the year, we continued our strategic investments in our staff and programmatic work. We launched our Family Resource Centers in partnership with Akron Public Schools to provide wraparound services to students and their families in the Helen Arnold and Robinson CLC school communities. Additional outcomes and metrics for these and other UWSC programs are included in Schedule O of our 990.

UWSC has continued our firm commitment to managing operational expenditures while working to achieve the highest possible results. In addition to ongoing budget monitoring, our strategic goals include maximizing return on investment (ROI) to our donors. Emphasizing ROI challenges us to continually find ways to multiply the return on every donor dollar measured by evidence-based benefits to our community. During FY20, an investment of \$1 into UWSC created \$8 of impact in our community.

Page 11 of the 990 illustrates our balance sheet. Throughout our strategic transitions the last several years, we have ensured that our general financial position and related investment reserves have remained strong in line with industry best practice standards.

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, at 330-643-5527 or khenderson@uwsummit.org. After all, we are YOUR United Way.

Form 990
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **APR 1, 2019** and ending **MAR 31, 2020**

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 UNITED WAY OF SUMMIT COUNTY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 37 NORTH HIGH STREET - SUITE A City or town, state or province, country, and ZIP or foreign postal code AKRON, OH 44308 F Name and address of principal officer: JIM MULLEN SAME AS C ABOVE	D Employer identification number 34-1169257 E Telephone number 330-762-7601 G Gross receipts \$ 16,304,463. 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

	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.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	50
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	50
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	83
	6	Total number of volunteers (estimate if necessary)	6	6745
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,833.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	-3,314.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	13,740,792.
9		Program service revenue (Part VIII, line 2g)	592,629.	667,340.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	107,314.	111,004.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-159,272.	35,430.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,281,463.	14,449,570.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,209,891.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,403,429.	5,010,424.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 781,988.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,267,902.	2,899,183.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,881,222.	14,301,713.
	19	Revenue less expenses. Subtract line 18 from line 12	400,241.	147,857.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	15,869,785.	17,203,984.
	21	Total liabilities (Part X, line 26)	2,451,591.	3,802,114.
	22	Net assets or fund balances. Subtract line 21 from line 20	13,418,194.	13,401,870.

Part II Signature Block

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

Sign Here	Signature of officer JIM MULLEN, PRESIDENT Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name JENNIFER COLEMAN	Preparer's signature JENNIFER COLEMAN	Date 10/16/20	Check if self-employed <input type="checkbox"/>	PTIN P00743188
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749			
	Firm's address ▶ 388 SOUTH MAIN STREET, SUITE 420 AKRON, OH 44311-4407		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 \$ 7,206,048. including grants of \$ 6,392,106.) (Revenue \$ 696,937.) COMMUNITY IMPACT - COMMUNITY IMPACT IS THE EFFORT TO ALIGN RESOURCES AROUND COMMON STRATEGIES TO ACCOMPLISH BOLD GOALS. UNITED WAY OF SUMMIT COUNTY BRINGS TOGETHER NON-PROFIT AGENCIES, GOVERNMENT AGENCIES, TOPICAL EXPERTS, VOLUNTEERS AND FUNDERS TO PLAN AND WORK COLLABORATIVELY TOWARD ACHIEVING COMMUNITY-WIDE OBJECTIVES. AS PART OF THAT EFFORT, WE INVEST RESOURCES IN NONPROFIT AGENCIES, INTERNAL PROGRAMMING AND VOLUNTEER ACTIVITIES THAT HAVE A TRACK RECORD OF IMPROVING EDUCATION, INCOME AND HEALTH IN SUMMIT COUNTY.

NOTE THAT THE FAMILY RESOURCE CENTER AND THE COLLEGE & CAREER ACADEMY ARE BOTH NEW PROGRAMS TO UWSC.

NOTE THAT THE BRIDGES PROGRAM HAS BEEN COMBINED WITH OTHER PROGRAMMING

4b (Code:) (Expenses \$ 1,363,637. including grants of \$) (Revenue \$) HOUSING SERVICES - OUR HOUSING SERVICES DEPARTMENT SERVES AS THE COMMUNITY'S FRONT DOOR AND CENTRAL INTAKE FOR HUD-FUNDED SHELTERS AND PERMANENT SUPPORTIVE HOUSING PROGRAMS IN SUMMIT COUNTY AS WELL AS THE LOCAL CONTINUUM OF CARE FOR ADDRESSING HOMELESSNESS IN THE COMMUNITY. OUR HOUSING SERVICES PROGRAM ADMINISTERS THE COMMUNITY'S HOMELESS MANAGEMENT INFORMATION SYSTEM AND OVERSEES DATA COLLECTION FOR HOMELESSNESS IN THE COMMUNITY WHILE ALSO OFFERING OUR OWN SUITE OF SERVICES TO RAPIDLY REHOUSE HOMELESS RESIDENTS OF THE COMMUNITY AND TO PREVENT HOMELESSNESS FOR THOSE THREATENED BY IT. THIS YEAR, THE PROGRAM PROVIDED 1,216 INSTANCES OF RENTAL/SECURITY DEPOSIT ASSISTANCE ACROSS 260 HOUSEHOLDS (INCLUDING 279 ADULTS AND 144 CHILDREN). 186 OF THESE HOUSEHOLDS WERE HOUSED DURING THE YEAR, INCLUDING 197 ADULTS AND 85

4c (Code:) (Expenses \$ 838,424. including grants of \$) (Revenue \$) 2-1-1 - UNITED WAY OF SUMMIT COUNTY'S 2-1-1 PROGRAM CONNECTS PEOPLE IN NEED WITH SERVICES 24 HOURS A DAY, 7 DAYS A WEEK, PROVIDING REFERRALS BY PHONE AND TEXT AND THROUGH THE 2-1-1 ONLINE RESOURCE DATABASE. 2-1-1 ALSO PLAYS A KEY ROLE IN PROVIDING SERVICE COORDINATION AMONG UNITED WAY OF SUMMIT COUNTY'S OTHER SERVICES, INITIATIVES AND PROGRAMS. THIS YEAR, THE 2-1-1 LINE PROVIDED ASSISTANCE THROUGH 69,971 CONTACTS AND 127,073 DATABASE SEARCHES. THE TOP THREE SERVICES REQUESTED WERE REGARDING FOOD AND MEALS, UTILITY ASSISTANCE AND HOUSING. DURING MID-MARCH OF 2020, DUE TO THE COVID-19 PANDEMIC OUR 2-1-1 SERVICES PROVED TO BE A CRITICAL ELEMENT TO OUR COMMUNITY'S RESPONSE AND REFERRAL SYSTEMS. WE RECEIVED OVER 8,700 CALLS DURING THE FIRST TWO WEEKS OF THE PANDEMIC, AN INCREASE OF 74% OVER NORMAL CALL VOLUME.

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

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <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 donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		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?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

1a	188
1b	0
1c	

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

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 on Schedule O.		
	1a 50		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 50		
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, 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 on 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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
37 NORTH HIGH STREET - SUITE A, AKRON, OH 44308

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. See instructions for the order in which to list the persons above.

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) MARK KROHN BOARD CHAIR	6.00	X		X				0.	0.	0.
(2) MICHELE CERMINARO VICE CHAIR	4.00	X		X				0.	0.	0.
(3) MICHAEL MAZZEO TREASURER	2.00	X		X				0.	0.	0.
(4) BROCK STEERE SECRETARY	2.00	X		X				0.	0.	0.
(5) SANDY AUBURN, PH.D. TRUSTEE	1.00	X						0.	0.	0.
(6) KEN BABBY TRUSTEE	1.00	X						0.	0.	0.
(7) ELIZABETH BARTZ TRUSTEE	2.00	X						0.	0.	0.
(8) VISHAL BHATT TRUSTEE (DEPARTED BOARD 11/2019)	2.00	X						0.	0.	0.
(9) ALISON BREAUX TRUSTEE	1.00	X						0.	0.	0.
(10) NICHOLAS BROWNING TRUSTEE	1.00	X						0.	0.	0.
(11) TRACI BUCKNER TRUSTEE	1.00	X						0.	0.	0.
(12) TIMOTHY BURKE, JR. TRUSTEE	1.00	X						0.	0.	0.
(13) JAMES "WHITT" BUTLER TRUSTEE	1.00	X						0.	0.	0.
(14) NICK BUZZELLI TRUSTEE	1.00	X						0.	0.	0.
(15) CYNTHIA FLYNN CAPERS, PH.D. TRUSTEE	1.00	X						0.	0.	0.
(16) PAUL CATANIA TRUSTEE	2.00	X						0.	0.	0.
(17) ANNE LYNETT CLARK TRUSTEE	2.00	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) WILLIAM H. CONSIDINE TRUSTEE	1.00	X						0.	0.	0.
(19) LAURA CULP TRUSTEE	1.00	X						0.	0.	0.
(20) JENNIFER DALE FOX TRUSTEE (DEPARTED BOARD 01/2020)	1.00	X						0.	0.	0.
(21) STEVE DIMENGO TRUSTEE	1.00	X						0.	0.	0.
(22) LAURA DUDA TRUSTEE (DEPARTED BOARD 11/2019)	1.00	X						0.	0.	0.
(23) WILLIAM R. FETH TRUSTEE (DEPARTED BOARD 11/2019)	1.00	X						0.	0.	0.
(24) DUSTIN FOX TRUSTEE	1.00	X						0.	0.	0.
(25) STUART C. GLAUBERMAN TRUSTEE	1.00	X						0.	0.	0.
(26) BRIGHID HILLMUTH TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								398,892.	0.	95,497.
d Total (add lines 1b and 1c)								398,892.	0.	95,497.

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 **3**

	Yes	No
3 Did the organization list any former officer, director, 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) DANIEL M. HARRIGAN TRUSTEE	1.00	X						0.	0.	0.
(28) JESSE HURST TRUSTEE	1.00	X						0.	0.	0.
(29) DAVID W. JAMES, SR. TRUSTEE	1.00	X						0.	0.	0.
(30) DAVID JENNINGS TRUSTEE (DEPARTED BOARD 11/2019)	1.00	X						0.	0.	0.
(31) KIMBERLY F. JONES TRUSTEE	1.00	X						0.	0.	0.
(32) HALLE JONES CAPERS TRUSTEE	1.00	X						0.	0.	0.
(33) DOUGLAS M. KRAPP TRUSTEE	2.00	X						0.	0.	0.
(34) RICHARD KROCHKA TRUSTEE	1.00	X						0.	0.	0.
(35) KYLE KUTUCHIEF TRUSTEE	1.00	X						0.	0.	0.
(36) BRANT T. LEE TRUSTEE	1.00	X						0.	0.	0.
(37) GLENN LEPPA TRUSTEE	1.00	X						0.	0.	0.
(38) ANDRE LESSEARS TRUSTEE	1.00	X						0.	0.	0.
(39) WILLIAM LOWERY II TRUSTEE	4.00	X						0.	0.	0.
(40) PHILIP MAYNARD TRUSTEE	4.00	X						0.	0.	0.
(41) RUI MOREIRA TRUSTEE	1.00	X						0.	0.	0.
(42) DAVID PARKER TRUSTEE	2.00	X						0.	0.	0.
(43) DERRICK M. RANSOM TRUSTEE	2.00	X						0.	0.	0.
(44) ILENE SHAPIRO TRUSTEE	1.00	X						0.	0.	0.
(45) THOMAS L. "TIM" STOVER, M.D. TRUSTEE	2.00	X						0.	0.	0.
(46) KATIE SUTTER TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	76,265.				
	1 b	Membership dues					
	1 c	Fundraising events					
	1 d	Related organizations					
	1 e	Government grants (contributions)	2,168,772.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	11,390,759.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 387,414.				
	1 h	Total. Add lines 1a-1f	▶ 13,635,796.				
	Program Service Revenue	2 a	PROG. SERV. REVENUE-RELATED-990	900099	667,340.	667,340.	
2 b							
2 c							
2 d							
2 e							
2 f		All other program service revenue					
2 g		Total. Add lines 2a-2f	▶ 667,340.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶ 116,670.			116,670.	
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
	6 a	Gross rents	(i) Real	37,980.			
			(ii) Personal				
	6 b	Less: rental expenses	32,147.				
	6 c	Rental income or (loss)	5,833.				
		Net rental income or (loss)	▶ 5,833.		5,833.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	1,817,080.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	1,821,925.	821.			
7 c	Gain or (loss)	-4,845.	-821.				
	Net gain or (loss)	▶ -5,666.			-5,666.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
8 b	Less: direct expenses	8b					
	Net income or (loss) from fundraising events	▶					
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
9 b	Less: direct expenses	9b					
	Net income or (loss) from gaming activities	▶					
10 a	Gross sales of inventory, less returns and allowances	10a					
10 b	Less: cost of goods sold	10b					
	Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	900099	29,597.	29,597.		
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d	▶ 29,597.				
12	Total revenue. See instructions	▶ 14,449,570.	696,937.	5,833.	111,004.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,780,940.	5,780,940.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	611,166.	611,166.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	374,775.	217,646.	112,118.	45,011.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,434,545.	1,994,567.	1,027,482.	412,496.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	207,250.	120,358.	62,001.	24,891.
9 Other employee benefits	721,101.	418,770.	215,725.	86,606.
10 Payroll taxes	272,753.	158,398.	81,597.	32,758.
11 Fees for services (nonemployees):				
a Management				
b Legal	18,675.		18,675.	
c Accounting	35,923.		35,923.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	31,952.	18,556.	9,559.	3,837.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	113,047.	72,335.	20,577.	20,135.
12 Advertising and promotion	42,638.	24,762.	12,755.	5,121.
13 Office expenses	142,240.	82,604.	42,553.	17,083.
14 Information technology	112,208.	84,337.	13,091.	14,780.
15 Royalties				
16 Occupancy	319,554.	195,957.	83,072.	40,525.
17 Travel	23,908.	13,859.	5,037.	5,012.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	86,761.	50,293.	18,280.	18,188.
20 Interest	48,223.	28,005.	14,426.	5,792.
21 Payments to affiliates	94,624.	54,952.	28,307.	11,365.
22 Depreciation, depletion, and amortization	175,041.	105,228.	48,051.	21,762.
23 Insurance	37,407.	22,957.	9,702.	4,748.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INTERNAL PROGRAM COSTS	1,250,560.	1,250,560.		
b ENGAGEMENT AND EVENTS	287,371.	287,371.		
c STAFF DEVELOPMENT	41,613.	24,166.	12,449.	4,998.
d DUES AND SUBSCRIPTIONS	26,613.	15,427.	5,607.	5,579.
e All other expenses	10,825.	6,282.	3,242.	1,301.
25 Total functional expenses. Add lines 1 through 24e	14,301,713.	11,639,496.	1,880,229.	781,988.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	460,635.	1	2,424,755.
	2 Savings and temporary cash investments	55,460.	2	48,119.
	3 Pledges and grants receivable, net	5,333,921.	3	6,148,391.
	4 Accounts receivable, net	30,946.	4	39,699.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	274,062.	7	263,653.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	98,717.	9	91,945.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,999,993.		
	b Less: accumulated depreciation	10b 532,628.	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	4,195,558.	12	2,881,357.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,039,781.	15	1,838,700.
16 Total assets. Add lines 1 through 15 (must equal line 33)	15,869,785.	16	17,203,984.	
Liabilities	17 Accounts payable and accrued expenses	1,056,470.	17	997,772.
	18 Grants payable		18	
	19 Deferred revenue	1,000.	19	1,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	10,861.	21	11,211.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,290,846.	23	2,743,009.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	92,414.	25	49,122.
	26 Total liabilities. Add lines 17 through 25	2,451,591.	26	3,802,114.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,662,999.	27	10,037,589.
	28 Net assets with donor restrictions	2,755,195.	28	3,364,281.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	13,418,194.	32	13,401,870.
	33 Total liabilities and net assets/fund balances	15,869,785.	33	17,203,984.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,449,570.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,301,713.
3	Revenue less expenses. Subtract line 2 from line 1	3	147,857.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,418,194.
5	Net unrealized gains (losses) on investments	5	-164,181.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	13,401,870.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
b	X	
c	X	
3a	X	
3b	X	

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization UNITED WAY OF SUMMIT COUNTY	Employer identification number 34-1169257
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12376146.	11926097.	10614484.	13740792.	13635796.	62293315.
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	12376146.	11926097.	10614484.	13740792.	13635796.	62293315.
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)						2104378.
6 Public support. Subtract line 5 from line 4.						60188937.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	12376146.	11926097.	10614484.	13740792.	13635796.	62293315.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	439,353.	129,726.	200,123.	172,614.	116,670.	1058486.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				700.	5,833.	6,533.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		7,122.	9,158.	5,985.	29,597.	51,862.
11 Total support. Add lines 7 through 10						63410196.
12 Gross receipts from related activities, etc. (see instructions)					12	2,559,162.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	94.92	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	95.21	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

UNITED WAY OF SUMMIT COUNTY

Employer identification number

34-1169257

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization UNITED WAY OF SUMMIT COUNTY	Employer identification number 34-1169257
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 639,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 638,165.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF SUMMIT COUNTY	Employer identification number 34-1169257
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization UNITED WAY OF SUMMIT COUNTY	Employer identification number 34-1169257
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - 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	1,408,173.	1,544,274.	1,467,745.	1,395,448.	1,595,029.
b Contributions					
c Net investment earnings, gains, and losses	-114,922.	8,597.	121,291.	118,266.	-79,065.
d Grants or scholarships					
e Other expenditures for facilities and programs	47,760.	144,698.	44,762.	45,969.	120,516.
f Administrative expenses					
g End of year balance	1,245,491.	1,408,173.	1,544,274.	1,467,745.	1,395,448.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .00 %
 - b Permanent endowment 33.74 %
 - c Term endowment 66.26 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		588,415.		588,415.
b Buildings		2,820,158.	150,011.	2,670,147.
c Leasehold improvements				
d Equipment				
e Other		591,420.	382,617.	208,803.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3,467,365.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BOARD HELD INVESTMENTS	2,881,357.	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.)	2,881,357.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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	558,780.
(2) INVESTMENTS HELD BY AKRON COMMUNITY FOUNDATION	1,172,348.
(3) OTHER INVESTMENTS	107,572.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,838,700.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POSTRETIREMENT BENEFITS (NOT	
(3) PENSIONS)	49,122.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	49,122.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	11,808,143.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-112,957.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-56,069.	
e	Add lines 2a through 2d	2e		-169,026.
3	Subtract line 2e from line 1		3	11,977,169.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	31,952.	
b	Other (Describe in Part XIII.)	4b	2,440,449.	
c	Add lines 4a and 4b	4c		2,472,401.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	14,449,570.

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

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

1	Total expenses and losses per audited financial statements		1	11,829,312.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	11,829,312.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	31,952.	
b	Other (Describe in Part XIII.)	4b	2,440,449.	
c	Add lines 4a and 4b	4c		2,472,401.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	14,301,713.

Part XIII Supplemental Information.

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

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 -56,069.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DIRECTED CONTRIBUTIONS 1,992,598.

INTERNAL ALLOCATION REVENUE 480,000.

RENTAL EXPENSES -32,149.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 2,440,449.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DIRECTED CONTRIBUTIONS 1,992,598.

INTERNAL ALLOCATION REVENUE 480,000.

RENTAL EXPENSES -32,149.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 2,440,449.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**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
AKRON AREA YMCA 50 SOUTH MAIN STREET AKRON, OH 44308	34-0714727	501(C)(3)	404,230.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET, SUITE 300 AKRON, OH 44308-1745	34-1843220	501(C)(3)	266,407.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
CHILD GUIDANCE & FAMILY SOLUTIONS 18 NORTH FORGE STREET AKRON, OH 44304-1317	34-0726083	501(C)(3)	253,430.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
CATHOLIC CHARITIES COMMUNITY SERVICES OF SUMMIT COUNTY - 812 BIRUTA STREET - AKRON, OH 44307-1104	34-0714562	501(C)(3)	221,380.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 44307-2569	27-4254089	501(C)(3)	212,298.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE - 440 VERNON ODOM BOULEVARD - AKRON, OH 44307	34-0714522	501(C)(3)	185,665.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **74.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

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
SUMMA HEALTH P.O. BOX 2090 AKRON, OH 44309-2090	34-1219001	501(C)(3)	183,305.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
NATIONAL INVENTORS HALL OF FAME, INVENTURE PLACE, INC. - 3701 HIGHLAND PARK - NORTH CANTON, OH 44720	34-1580038	501(C)(3)	170,866.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
ASIAN SERVICES IN ACTION, INC. AKRON - 730 CARROLL STREET - AKRON, OH 44304	34-1798850	501(C)(3)	140,824.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
BATTERED WOMEN'S SHELTER AND RAPE CRISIS CENTER OF SUMMIT & MEDINA COUNTIES - 974 EAST MARKET STREET - AKRON, OH 44305	34-1249342	501(C)(3)	128,554.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
CONXUS NEO FKA SUMMIT WORKFORCE 277 E. MILL STREET AKRON, OH 44308	34-2019627	501(C)(3)	125,000.	0.			GRANT ALLOCATIONS
BOYS & GIRLS CLUBS OF NORTHEAST OHIO SUMMIT COUNTY - 889 JONATHAN AVENUE - AKRON, OH 44306-3606	34-1856214	501(C)(3)	110,836.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
THE PACKARD INSTITUTE 461 WEST MARKET STREET AKRON, OH 44303	20-8830510	501(C)(3)	100,000.	0.			GRANT ALLOCATIONS
URBAN VISION 749 BLAINE AVENUE AKRON, OH 44310-3035	34-1720630	501(C)(3)	95,403.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
HEART TO HEART COMMUNICATIONS, INC. - 37 NORTH HIGH STREET, SUITE B - AKRON, OH 44308-1973	34-1630357	501(C)(3)	88,004.	0.			DONOR DESIGNATIONS AND 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
PROJECT GRAD AKRON 10 NORTH MAIN STREET, SUITE 503 AKRON, OH 44308-1958	16-1639511	501(C)(3)	78,671.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
JOBS FOR OHIO GRADUATES 1333 HOME AVENUE AKRON, OH 44310	31-1204720	501(C)(3)	75,000.	0.			GRANT ALLOCATIONS
THE SALVATION ARMY SUMMIT COUNTY 190 SOUTH MAPLE STREET AKRON, OH 44302	13-5562351	501(C)(3)	67,295.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
STUDENTS WITH A GOAL (SWAG) P.O. BOX 4531 AKRON, OH 44310	81-2016003	501(C)(3)	66,250.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
LEADERSHIP AKRON 37 NORTH HIGH STREET, SUITE C AKRON, OH 44308	31-1655877	501(C)(3)	66,021.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-1256	34-0726094	501(C)(3)	61,082.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
LINKS COMMUNITY & FAMILY SERVICES 756 UPSON STREET AKRON, OH 44305	35-2353659	501(C)(3)	55,000.	0.			GRANT ALLOCATIONS
SOUTH STREET MINISTRIES, INC. 130 WEST SOUTH STREET AKRON, OH 44311-1964	26-2660679	501(C)(3)	54,239.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
SHAW JEWISH COMMUNITY CENTER OF AKRON - 750 WHITE POND DRIVE - AKRON, OH 44320-1128	34-0174521	501(C)(3)	53,375.	0.			DONOR DESIGNATIONS AND 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
CHILDREN'S HOSPITAL OF AKRON DEVELOPMENT OFFICE, ONE PERKINS SQU AKRON, OH 44308-1062	23-7114013	501(C)(3)	53,337.	0.			DONOR DESIGNATIONS
VICTIM ASSISTANCE PROGRAM, INC. 137 SOUTH MAIN STREET, SUITE 300 AKRON, OH 44308	38-3142753	501(C)(3)	52,817.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
SUMMIT COUNTY PUBLIC HEALTH FAIRWAY CENTER, 1867 WEST MARKET ST AKRON, OH 44313	34-6002767	501(C)(3)	50,592.	0.			GRANT ALLOCATIONS
AKRON PUBLIC SCHOOLS 70 NORTH BROADWAY STREET AKRON, OH 44308-1911	27-2808059	501(C)(3)	50,000.	0.			DONOR DESIGNATIONS
SUMMIT COUNTY COMMUNITY PARTENSHIP - 1100 GRAHAM ROAD CIRCLE - CUYAHOGA FALLS, OH 44224	34-1818660	501(C)(3)	50,000.	0.			GRANT ALLOCATIONS
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK (CCVNP) - 1403 WEST HINES HILL ROAD - PENINSULA, OH 44264	34-1917257	501(C)(3)	49,960.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
LEGACY III, INC. 87 SOUTH ARLINGTON STREET AKRON, OH 44306	34-1824527	501(C)(3)	46,701.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
FAMILY & COMMUNITY SERVICES, INC. 705 OAKWOOD STREET, SUITE 221 RAVENNA, OH 44266-2196	34-1902451	501(C)(3)	43,982.	0.			DONOR DESIGNATIONS
UNITED WAY OF LINCOLN & LANCASTER COUNTY LINCOLN NE - 206 SOUTH 13TH STREET, SUTIE 100 - LINCOLN, NE 68508-2004	47-0376624	501(C)(3)	43,437.	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
SUMMIT COUNTY FATHERHOOD INITIATIVE - COUNTY OF SUMMIT DJFS, 1040 EAST TALLMADGE AVENUE - AKRON, OH 44310	34-6002767	501(C)(3)	40,150.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
COUNTY OF SUMMIT ADM BOARD 1867 WEST MARKET STREET, SUITE B2 AKRON, OH 44313	34-6002767	501(C)(3)	35,019.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
UNITED WAY OF GREATER STARK COUNTY CANTON OH - 401 MARKET AVENUE NORTH, SUITE 300 - CANTON, OH 44702	13-4254191	501(C)(3)	33,397.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER CLEVELAND CLEVELAND OH - 1331 EUCLID AVENUE - CLEVELAND, OH 44115-1854	34-6516654	501(C)(3)	32,585.	0.			DONOR DESIGNATIONS
FAMILY PROMISE OF SUMMIT COUNTY P.O. BOX 1266 AKRON, OH 44309-1266	75-3101718	501(C)(3)	30,801.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
STEWART'S CARING PLACE 2955 WEST MARKET STREET, SUITE R AKRON, OH 44333	20-0181338	501(C)(3)	29,406.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
TRULY REACHING YOU MINISTRIES, INC. (TRY) - P.O. BOX 814 - AKRON, OH 44309-0814	75-3223368	501(C)(3)	25,000.	0.			GRANT ALLOCATIONS
NORFOLK AREA UNITED WAY, INC. NORFOLK NE - P.O. BOX 1041 - NORFOLK, NE 68702-1041	47-0492054	501(C)(3)	22,756.	0.			DONOR DESIGNATIONS
UNITED WAY OF BEAVER COUNTY MONACA PA - 3582 BRODHEAD ROAD, SUITE 205 - MONACA, PA 15061-2523	25-1086798	501(C)(3)	22,636.	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 GREATER TOLEDO TOLEDO OH - 424 JACKSON STREET - TOLEDO, OH 43604-1410	34-4427947	501(C)(3)	22,593.	0.			DONOR DESIGNATIONS
FRIENDS OF 91.3 THE SUMMIT FM WAPS-FM RADIO 91.3 & KIDJAM! - AKRON BOARD OF EDUCATION, 65 STEINER AVE - AKRON, OH 44301	26-4312124	501(C)(3)	21,819.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	20,570.	0.			DONOR DESIGNATIONS
AKRON INNER CITY SOCCER CLUB 865 ROSLYN AVENUE AKRON, OH 44320	34-1875816	501(C)(3)	20,078.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
INTERNATIONAL SOAP BOX DERBY, INC. 1000 GEORGE WASHINGTON BOULEVARD AKRON, OH 44312	34-1141558	501(C)(3)	15,939.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311	34-0714398	501(C)(3)	15,302.	0.			DONOR DESIGNATIONS
OPEN M 941 PRINCETON STREET AKRON, OH 44311	34-1046107	501(C)(3)	15,088.	0.			DONOR DESIGNATIONS
UNITED WAY OF LAKE COUNTY, INC. MENTOR OH - 9285 PROGRESS PARKWAY - MENTOR, OH 44060-1854	34-1105038	501(C)(3)	13,412.	0.			DONOR DESIGNATIONS
THE GOODWILL INDUSTRIES OF AKRON, OHIO, INC. - 570 EAST WATERLOO ROAD - AKRON, OH 44319	34-0252230	501(C)(3)	13,274.	0.			DONOR DESIGNATIONS AND 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 - 4500 HUDSON DRIVE - STOW, OH 44224	34-0737790	501(C)(3)	12,896.	0.			DONOR DESIGNATIONS
UNITED WAY OF CENTRAL OHIO COLUMBUS OH - 360 SOUTH THIRD STREET - COLUMBUS, OH 43215-5412	31-4393712	501(C)(3)	12,500.	0.			DONOR DESIGNATIONS
PLANNED PARENTHOOD OF GREATER OHIO, NORTHEAST OHIO OFFICE - 444 WEST EXCHANGE STREET - AKRON, OH 44302	34-1015976	501(C)(3)	12,280.	0.			DONOR DESIGNATIONS
SHELTER CARE, INC. 32 SOUTH AVENUE TALLMADGE, OH 44278	34-1172458	501(C)(3)	12,061.	0.			DONOR DESIGNATIONS
AMERICAN RED CROSS OF SUMMIT, PORTAGE & MEDINA COUNTIES #35384 - FEDERATED PLEDGE PROCESSING, P.O. BOX 73857 - CHICAGO, IL 60673-7857	34-0714526	501(C)(3)	10,911.	0.			DONOR DESIGNATIONS
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC. - 4353 EXECUTIVE CIRCLE NW - CANTON, OH 44718-2999	34-0940986	501(C)(3)	10,636.	0.			DONOR DESIGNATIONS
CASA/GAL PROGRAM OF SUMMIT COUNTY 650 DAN STREET AKRON, OH 44310	34-1856268	501(C)(3)	10,593.	0.			DONOR DESIGNATIONS
HAVEN OF REST MINISTRIES, INC. P.O. BOX 547 AKRON, OH 44309-0547	34-0750345	501(C)(3)	10,006.	0.			DONOR DESIGNATIONS
JEWISH COMMUNITY BOARD OF AKRON 750 WHITE POND DRIVE AKRON, OH 44320-1128	34-1884695	501(C)(3)	9,505.	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
CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91010	95-3435919	501(C)(3)	9,113.	0.			DONOR DESIGNATIONS
UNITED WAY OF MEDINA COUNTY MEDINA OH - 728 EAST SMITH ROAD, SUITE D - MEDINA, OH 44256	34-1169257	501(C)(3)	8,792.	0.			DONOR DESIGNATIONS
RONALD MCDONALD HOUSE OF AKRON, INC. - 141 WEST STATE STREET - AKRON, OH 44302	34-1860682	501(C)(3)	8,751.	0.			DONOR DESIGNATIONS
UNITED WAY OF WASHINGTON COUNTY WASHINGTON PA - 590 WASHINGTON RD, SUITE 200 - WASHINGTON, PA 15301	25-6070133	501(C)(3)	7,800.	0.			DONOR DESIGNATIONS
UNITED WAY SERVICES OF GEAUGA COUNTY CHARDON OH - 209 CENTER STREET, UNIT H - CHARDON, OH 44024-1189	20-5575556	501(C)(3)	7,413.	0.			DONOR DESIGNATIONS
UNITED DISABILITY SERVICES, INC. 701 SOUTH MAIN STREET AKRON, OH 44311-1019	34-1374195	501(C)(3)	7,054.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER HOUSTON HOUSTON TX - 50 WAUGH DRIVE - HOUSTON, TX 77007	74-1167964	501(C)(3)	6,889.	0.			DONOR DESIGNATIONS
THE UNITED WAY OF UNION COUNTY, INC. MARYSVILLE OH - 648 CLYMER ROAD, SUITE 313 - MARYSVILLE, OH 43040-1661	31-0682004	501(C)(3)	6,841.	0.			DONOR DESIGNATIONS
PREGNANCY SOLUTIONS & SERVICES 3515 MANCHESTER ROAD AKRON, OH 44319	34-1830073	501(C)(3)	6,207.	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 PORTAGE COUNTY, INC. RAVENNA OH - P. O. BOX 845 - RAVENNA, OH 44266-0845	34-1024769	501(C)(3)	6,078.	0.			DONOR DESIGNATIONS
UNITED WAY OF ASHTABULA COUNTY ASHTABULA OH - 2801 C COURT - ASHTABULA, OH 44004-4571	34-0846640	501(C)(3)	5,601.	0.			DONOR DESIGNATIONS
LUTHERAN METROPOLITAN MINISTRY THE RICHARD SEBRING CENTER, 4515 SUPERIOR AVENUE - CLEVELAND, OH 44103	34-1043756	501(C)(3)	5,350.	0.			DONOR DESIGNATIONS
THE APPLE TREE DAY CARE 3766 CLIFTON AVENUE CINCINNATI, OH 45220-1299	31-0713650	501(C)(3)	5,157.	0.			DONOR DESIGNATIONS
ACCESS, INC. 230 WEST MARKET STREET AKRON, OH 44303	34-1395246	501(C)(3)	85,858.	0.			DONOR DESIGNATIONS

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
CLIENT PAYMENTS - HOME AGAIN	287	611,166.	0.		

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

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	(i)	186,224.	0.	0.	9,829.	28,366.	224,419.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

UNITED WAY PAYS COUNTRY CLUB DUES ON BEHALF OF JIM MULLEN.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	26	249,243.	STOCK MARKET
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUPPLIES, BAC)	X	448,000	138,171.	COST
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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) 2019

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

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:

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

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

UNDER OUR DIVERSITY, EQUITY & INCLUSION (DE&I) SECTION OF SCHEDULE O.

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

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

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

ADDITIONALLY, REQUESTS FOR FOOD ASSISTANCE TRIPLED IN VOLUME IN THE
FIRST MONTH OF THE PANDEMIC FROM 2,600 TO 7,100.

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

BANK ON - BANK ON RUBBER CITY LEVERAGES MUNICIPAL ENGAGEMENT TO
IMPROVE THE FINANCIAL STABILITY OF HOUSEHOLDS WITH LOW AND MODERATE
INCOMES BY EMBEDDING FINANCIAL EMPOWERMENT STRATEGIES INTO LOCAL
GOVERNMENT INFRASTRUCTURE. UWSC IS PART OF THIS NATIONAL MOVEMENT
LIAISING WITH NATIONAL BANKING, REGULATORY AND NONPROFIT ORGANIZATION

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization UNITED WAY OF SUMMIT COUNTY	Employer identification number 34-1169257
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PARTNERS TO EXPAND BANKING ACCESS AND CONNECT IT TO MUNICIPAL ENTITIES AND SERVICES. BANK ON FOCUSES ON UNBANKED FAMILIES THAT HAVE NEITHER A CHECKING NOR SAVINGS ACCOUNT. THROUGH THE ESTABLISHED BANK ON COALITION, UWSC FOCUSES ON ASSET MAPPING, GROWING MEMBERSHIP, DEVELOPING PRODUCTS AND MARKETING TOOLS AND DATA. UWSC MANAGED AND LED FIVE BANK ON INSTITUTIONS AND FIVE BANK ON INTEGRATION PARTNERS THIS YEAR.

EXPENSES \$ 70,385. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FINANCIAL EMPOWERMENT CENTERS - THE AKRON FINANCIAL EMPOWERMENT CENTER (FEC) IS A PROGRAM OF THE CITY OF AKRON IN PARTNERSHIP WITH UNITED WAY. THE AKRON FINANCIAL EMPOWERMENT CENTER PROVIDES PROFESSIONAL, ONE-ON-ONE FINANCIAL COUNSELING AS A FREE PUBLIC SERVICE TO ENABLE RESIDENTS TO ADDRESS THEIR FINANCIAL CHALLENGES AND NEEDS AS WELL AS PLAN FOR THEIR FUTURES. FEC CLIENTS RECEIVE FREE, ONE-ON-ONE PROFESSIONAL COUNSELING ASSISTANCE WITH MONEY MANAGEMENT, BUDGETING, REDUCING DEBT, ESTABLISHING AND IMPROVING CREDIT, CONNECTING TO SAFE AND AFFORDABLE BANKING SERVICES, BUILDING SAVINGS AND REFERRALS TO OTHER SERVICES AND ORGANIZATIONS. PROFESSIONALLY TRAINED COUNSELORS SUPPORT THEIR CLIENTS IN NAVIGATING COMPLEX FINANCIAL CHALLENGES AND CHOICES, HELPING THEM IDENTIFY AND MEET PRESENT CHALLENGES AND FUTURE AMBITIONS. THIS YEAR, THE FEC SERVED 869 FINANCIAL COACHING CLIENTS FROM ACROSS SUMMIT COUNTY.

EXPENSES \$ 441,099. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

VOLUNTARY INCOME TAX ASSISTANCE - THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM LEVERAGES COMMUNITY VOLUNTEERS TO OFFER FREE TAX HELP TO SUMMIT COUNTY RESIDENTS WHO GENERALLY MAKE \$60,000 OR LESS, INCLUDING

Name of the organization UNITED WAY OF SUMMIT COUNTY	Employer identification number 34-1169257
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PERSONS WITH DISABILITIES AND LIMITED ENGLISH-SPEAKING TAXPAYERS WHO NEED ASSISTANCE IN PREPARING THEIR OWN TAX RETURNS. IRS-CERTIFIED VOLUNTEERS PROVIDE FREE BASIC INCOME TAX RETURN PREPARATION WITH ELECTRONIC FILING TO QUALIFIED INDIVIDUALS. THIS YEAR, 78 UNITED WAY OF SUMMIT COUNTY VITA VOLUNTEERS COMPLETED TAX RETURNS FOR 1,307 CLIENTS, BRINGING IN \$2,588,512 IN FEDERAL AND STATE REFUNDS FOR SUMMIT COUNTY RESIDENTS. IN MID-MARCH OF 2020, DUE TO THE COVID-19 PANDEMIC, WE HAD TO RESCHEDULE MANY OF OUR CLIENTS DUE TO THE STAY AT HOME MANDATE OF THE STATE. MANY OF THESE CLIENTS WERE SCHEDULED IN OUR FY21 TO BE SERVED IN A VIRTUAL SETTING.

EXPENSES \$ 120,762. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

IMAGINATION LIBRARY - THROUGH THIS PROGRAM, SUMMIT COUNTY CHILDREN AGES BIRTH TO FIVE YEARS ARE ELIGIBLE TO RECEIVE A BRAND NEW, AGE APPROPRIATE BOOK EACH MONTH. TO ENROLL, A CHILD NEED ONLY BE YOUNGER THAN FIVE AND BE LIVING IN SUMMIT COUNTY. DURING THE MOST RECENT FISCAL YEAR, UWSC'S IMAGINATION LIBRARY MAILED 174,850 BOOKS TO ENROLLED CHILDREN ACROSS SUMMIT COUNTY. AS OF MARCH 2020, THE PROGRAM HAD OVER 14,900 CHILDREN IN SUMMIT COUNTY ENROLLED. WITH OVER 60 REFERRAL PARTNERS ACROSS THE COUNTY, THE IMAGINATION LIBRARY PROGRAM IS POSITIONED TO GET THE MESSAGE ABOUT FREE BOOKS OUT TO THE FAMILIES AND CHILDREN WHO MOST NEED ITS SUPPORT. IN NOVEMBER OF 2018, THE UWSC POLICY COMMITTEE ADDED THE POLICY PRIORITY, "EXPLORE THE EXPANSION OF IMAGINATION LIBRARY STATEWIDE." WE WERE VERY PLEASED WHEN THE NEW GOVERNOR ADDED FUNDING INTO HIS BUDGET FOR A SIMILAR PROGRAM, THE OHIO GOVERNOR'S IMAGINATION LIBRARY (OGIL). THROUGH PARTNERSHIP WITH THE OGIL, UNITED WAY OF SUMMIT & MEDINA RECEIVES 50% OF FUNDING FOR ITS IMAGINATION LIBRARY PROGRAM THROUGH THE OHIO BOOKS FROM BIRTH

Name of the organization UNITED WAY OF SUMMIT COUNTY	Employer identification number 34-1169257
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FOUNDATION, AS OF SEPTEMBER 2019. THIS HAS OPENED DOORS FOR US AS AN ORGANIZATION AND HAS ALLOWED US TO CONTINUE TO GROW A PROGRAM THAT HELPS GET MORE BOOKS IN THE HANDS OF CHILDREN IN OUR COMMUNITIES. EXPENSES \$ 350,534. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

IC.A.R.E. MENTORING - IC.A.R.E. MENTORING PROVIDES SUMMIT COUNTY STUDENTS IN GRADES K-12 WITH NURTURING AND SUPPORTIVE ROLE MODELS. IC.A.R.E. WORKS WITHIN THE SCHOOL SYSTEM, COORDINATING WITH ADMINISTRATORS TO ENSURE THAT STUDENTS CAN SPEND TIME WITH THEIR MENTORS WITHOUT TAKING TIME AWAY FROM THEIR ACADEMIC WORK. UWSC KNOWS THAT STUDENTS NEED CARING, CONSISTENT ADULT ROLE MODELS IN THEIR LIVES, SO THE PROGRAM PRIORITIZES RELATIONSHIPS. THROUGH IC.A.R.E., MENTORS ARE TRAINED AND SUPPORTED AS THEY SPEND ONE HOUR EACH WEEK WITH A STUDENT, FOR AT LEAST ONE SCHOOL YEAR. MOST MENTORS CHOOSE TO CONTINUE MENTORING STUDENTS AFTER THE FIRST YEAR. DURING THIS FISCAL YEAR, IC.A.R.E. VOLUNTEERS MENTORED 246 STUDENTS THROUGHOUT AKRON PUBLIC AND BARBERTON CITY SCHOOLS. EXPENSES \$ 264,162. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

DIVERSITY, EQUITY & INCLUSION (DE&I) - UWSC FIRMLY BELIEVES THAT WE CANNOT BUILD A BETTER FUTURE FOR OUR COMMUNITY UNLESS WE BUILD IT TOGETHER. OUR DE&I PROGRAMMING INCLUDES BRIDGES SUMMIT COUNTY AND POVERTY SIMULATIONS. BRIDGES PROVIDES A FRAMEWORK TO HELP EMPLOYERS, COMMUNITY ORGANIZATIONS, SOCIAL SERVICE AGENCIES, AND INDIVIDUALS LEARN HOW TO EFFECTIVELY REACH AND SUPPORT ADULTS AND FAMILIES WHO ARE STRIVING TO GO FROM FINANCIAL DEPENDENCE TO INDEPENDENCE. DURING THIS FISCAL YEAR, 1,411 PEOPLE ATTENDED 36 BRIDGES WORKSHOPS TO LEARN HOW TO SUPPORT THESE POPULATIONS IN OUR COMMUNITY. IN FY20, WE OFFERED OUR

Name of the organization UNITED WAY OF SUMMIT COUNTY	Employer identification number 34-1169257
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FIRST POVERTY SIMULATION TO THE SUMMIT COUNTY COMMUNITY, A 3-HOUR, HANDS-ON LEARNING EXPERIENCE WHERE OVER 80 PARTICIPANTS WORKED THROUGH A SITUATION THAT SIMULATED SEVERAL WEEKS IN THE LIFE OF INDIVIDUALS AT VARYING POSITIONS ON THE POVERTY SPECTRUM. THE POVERTY SIMULATION ALLOWS LOCAL PARTICIPANTS TO BECOME MORE SENSITIZED TO THE REALITIES OF POVERTY AND TO BUILD AN AWARENESS AND UNDERSTANDING THAT MANY PEOPLE WHO FACE POVERTY ALSO HOLD EMPLOYMENT AND OFTENTIMES STRUGGLE WITH THE MANY TASKS OF WORKING THROUGH HARDSHIPS, FINANCIAL INSTABILITIES, AND CRISES OF VARYING SEVERITY. THIS WORK IS CRUCIAL, AS 24.1% OR ONE OUT OF EVERY 4.2 AKRON RESIDENTS REPORTED INCOME LEVELS BELOW THE POVERTY LINE IN THE PAST YEAR. IN SUMMIT COUNTY, 48% OF RESIDENTS ARE EITHER LIVING IN POVERTY OR CONSIDERED WORKING POOR, MEANING THAT EVEN WITH STEADY JOBS THEIR INCOMES ARE NOT ENOUGH TO AFFORD A MINIMAL HOUSEHOLD BUDGET.

EXPENSES \$ 130,592. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FAMILY RESOURCE CENTERS (FRC) - THE FRCS PROVIDE AND SUPPORT COORDINATED PROGRAMS/SERVICES FOR STUDENTS AND FAMILIES THAT REDUCE BARRIERS TO LEARNING WHILE PROMOTING FAMILY ENGAGEMENT, READING PROFICIENCY, AND EARLY GRADES ATTENDANCE. WE LAUNCHED OUR FRC AT ROBINSON COMMUNITY LEARNING CENTER IN FALL OF 2019. DURING THIS FIRST YEAR, WE SUCCESSFULLY HOSTED 14 FAMILY EVENTS THAT CONSISTED OF FAMILY ENGAGEMENT NIGHTS, GROCERY GIVEAWAYS, PARENT MEETINGS, AND TOYS FOR TOTS SIGN-UPS. WE IMPLEMENTED THESE EVENTS BY STRATEGICALLY PLANNING AND INVITING COMMUNITY PARTNERS TO ENGAGE PARENTS AND CAREGIVERS AND INFORM THEM OF COMMUNITY RESOURCES AVAILABLE TO THEM. THE FRC TEAM PARTNERED WITH COMMUNITY PARTNERS TO PROVIDE ALL 252 ROBINSON STUDENTS WITH A WINTER COAT, THANKSGIVING BASKETS FOR 20 FAMILIES, AND HOLIDAY

Name of the organization UNITED WAY OF SUMMIT COUNTY	Employer identification number 34-1169257
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BASKETS TO AN ADDITIONAL 25 FAMILIES. THESE FAMILIES WERE SELECTED FROM THE LIST OF FAMILIES WHO WERE EITHER WITHOUT A STABLE HOME OR LIVING WITH ANOTHER FAMILY. DURING FY20, WE WERE ALSO IN THE EARLY PHASES OF LAUNCHING A SECOND FRC AT HELEN ARNOLD CLC. AMONG OTHER THINGS, WE HELD AN EVENT WHICH PROVIDED PREVENTATIVE BIOMETRICS SCREENINGS TO PROGRAM PARTICIPANTS IN ADDITION TO OFFERING FITNESS CLASSES AND HEALTH EDUCATION PRESENTATIONS IN COLLABORATION WITH CLEVELAND CLINIC AKRON GENERAL. THE HELEN ARNOLD FRC ALSO SERVED AS A SITE WHERE INDIVIDUALS COULD SEEK VOLUNTEER INCOME TAX ASSISTANCE (VITA) SERVICES DURING TAX SEASON.

EXPENSES \$ 81,750. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

COMMUNITY ENGAGEMENT - UNITED WAY OF SUMMIT COUNTY PROMOTES CORPORATE AND COMMUNITY VOLUNTEERISM THROUGH A ROBUST CALENDAR OF YEAR-ROUND ENGAGEMENT EVENTS. MORE THAN 3,200 VOLUNTEERS ANSWERED THE CALL. IN JUNE, WE HOSTED OUR ANNUAL DAY OF ACTION WHERE 1,040 VOLUNTEERS PROVIDED SERVICE AT 51 SITES THROUGHOUT SUMMIT COUNTY. OUR STUFF THE BUS EVENT EXPANDED FROM SERVING 23 ELEMENTARY SCHOOLS TO 28 THIS YEAR, PROVIDING STUDENTS WITH 367,935 SCHOOL SUPPLIES TO ENSURE THEIR SUCCESS IN THE CLASSROOM. READ TO ME DAYS IN NOVEMBER AND MARCH ENGAGED OVER 400 VOLUNTEERS IN READING THEIR FAVORITE BOOKS TO CLASSROOMS IN OUR MOST AT-RISK SCHOOL DISTRICTS. OUR HOLIDAY SNACK PACK DRIVE RALLIED 412 VOLUNTEERS TO COLLECT, SORT AND DELIVER HEALTHY SNACK TO THE STUDENTS IN 14 ELEMENTARY SCHOOLS, GUARDING AGAINST FOOD INSECURITY DURING THE HOLIDAY BREAK. THE PAGE IT FORWARD BOOK DRIVE COLLECTED 18,775 BOOKS, SORTED AND DISTRIBUTED BY 198 VOLUNTEERS TO EVERY CHILD IN 15 AKRON PUBLIC SCHOOLS. WE ARE FURTHER EXPANDING OUR ENGAGEMENT EVENTS CALENDAR FOR THE UPCOMING YEAR, IN SUPPORT OF THE BOLD GOALS.

Name of the organization UNITED WAY OF SUMMIT COUNTY	Employer identification number 34-1169257
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EXPENSES \$ 610,242. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

EXPENSES \$ 96,159. 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

Name of the organization UNITED WAY OF SUMMIT COUNTY	Employer identification number 34-1169257
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COUNTY CHANNELS THE PASSION AND TALENTS OF THESE DEDICATED VOLUNTEERS INTO CONCERTED, LASTING COMMUNITY IMPACT. VISTAS ADVANCE UNITED WAY'S MISSION TO IMPROVE EDUCATION, INCOME AND HEALTH IN SUMMIT COUNTY BY PROVIDING CRITICAL SUPPORT TO UNITED WAY PROGRAMS AND INITIATIVES. THIS FISCAL YEAR, 12 UNITED WAY-SPONSORED VISTAS HAVE CONTRIBUTED THOUSANDS OF HOURS OF SERVICE TO THE SUMMIT COUNTY COMMUNITY. EXPENSES \$ 65,702. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. HARD COPIES ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION CHANGED NEITHER ITS SELECTION PROCESS NOR ITS OVERSIGHT PROCESS SINCE THE LAST FORM 990 WAS FILED.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2019 or other tax year beginning APR 1, 2019, and ending MAR 31, 2020

2019

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) UNITED WAY OF SUMMIT COUNTY Number, street, and room or suite no. If a P.O. box, see instructions. 37 NORTH HIGH STREET - SUITE A City or town, state or province, country, and ZIP or foreign postal code AKRON, OH 44308	<p>D Employer identification number (Employees' trust, see instructions.) 34-1169257</p> <p>E Unrelated business activity code (See instructions.) 531120</p>
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C Book value of all assets at end of year **667,340.**

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **RENTAL OF PROPERTY**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **KELLY HENDERSON, CFO** Telephone number ▶ **330-762-7601**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7	18,139.	21,453.
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13	18,139.	21,453.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Depreciation (attach Form 4562)	20	12,771.
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	12,771.
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule)	27	
28 Total deductions. Add lines 14 through 27	28	0.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-3,314.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31	-3,314.

Part III Total Unrelated Business Taxable Income	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 32 - 3,314.
33	Amounts paid for disallowed fringes 33
34	Charitable contributions (see instructions for limitation rules) 34 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 35 - 3,314.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 36
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 37 - 3,314.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 38 1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 39 - 3,314.

Part IV Tax Computation	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 40 0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) 41
42	Proxy tax. See instructions 42
43	Alternative minimum tax (trusts only) 43
44	Tax on Noncompliant Facility Income. See instructions 44
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 45 0.

Part V Tax and Payments	
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a
b	Other credits (see instructions) 46b
c	General business credit. Attach Form 3800 46c
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 46d
e	Total credits. Add lines 46a through 46d 46e
47	Subtract line 46e from line 45 47 0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 48
49	Total tax. Add lines 47 and 48 (see instructions) 49 0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 50 0.
51a	Payments: A 2018 overpayment credited to 2019 51a
b	2019 estimated tax payments 51b
c	Tax deposited with Form 8868 51c
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d
e	Backup withholding (see instructions) 51e
f	Credit for small employer health insurance premiums (attach Form 8941) 51f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶ 51g
52	Total payments. Add lines 51a through 51g 52
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> 53
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 54
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 55
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶ Refunded ▶ 56

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶	Yes No X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	X
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$	

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date		PRESIDENT	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JENNIFER COLEMAN	JENNIFER COLEMAN	10/16/20		P00743188
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749			
Firm's address ▶ 388 SOUTH MAIN STREET, SUITE 420 AKRON, OH 44311-4407				Phone no. (330) 497-2000	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule) STATEMENT 3	(b) Other deductions (attach schedule) STATEMENT 4	
(1) 37 NORTH HIGH STREET	37,980.	12,771.	32,147.	
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 1,229,167.	2,573,890.	47.76%	18,139.	21,453.
(2)		%		
(3)		%		
(4)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).	
		18,139.	21,453.	
Total dividends-received deductions included in column 8				0.

Form 990-T (2019)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 1
 AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
37 NORTH HIGH STREET	1	
BEGINNING FIRST MONTH		1,250,000.
BEGINNING SECOND MONTH		1,250,000.
BEGINNING THIRD MONTH		1,250,000.
BEGINNING FOURTH MONTH		1,250,000.
BEGINNING FIFTH MONTH		1,250,000.
BEGINNING SIXTH MONTH		1,250,000.
BEGINNING SEVENTH MONTH		1,250,000.
BEGINNING EIGHTH MONTH		1,250,000.
BEGINNING NINTH MONTH		1,250,000.
BEGINNING TENTH MONTH		1,250,000.
BEGINNING ELEVENTH MONTH		1,125,000.
BEGINNING TWELFTH MONTH		1,125,000.
TOTAL OF ALL MONTHS		14,750,000.
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		1,229,167.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 2
 AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
37 NORTH HIGH STREET	1	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		2,527,046.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		2,620,734.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		2,573,890.

TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		12,771.	
- SUBTOTAL -	1		12,771.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			12,771.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
UTILITIES		5,824.	
CLEANING & MAINTENANCE		4,822.	
INFORMATION TECHNOLOGY		11,344.	
INSURANCE		2,124.	
REAL ESTATE TAXES		1,879.	
DEPRECIATION		6,154.	
- SUBTOTAL -	1		32,147.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			32,147.

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

E- 1

2019

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. **179**

Name(s) shown on return UNITED WAY OF SUMMIT COUNTY	Business or activity to which this form relates 37 NORTH HIGH STREET	Identifying number 34-1169257
---	--	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,020,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,550,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2019	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property		255,424.	15 YRS.	HY	150DB	12,771.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	12,771.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF SUMMIT COUNTY	Taxpayer identification number (TIN) 34-1169257
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 37 NORTH HIGH STREET - SUITE A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AKRON, OH 44308	

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 ▶ **37 NORTH HIGH STREET - SUITE A - AKRON, OH 44308**
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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **FEBRUARY 16, 2021**, 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, 2019**, and ending **MAR 31, 2020**.

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.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)

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

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

Department of the Treasury
Internal Revenue Service

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

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Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF SUMMIT COUNTY	Taxpayer identification number (TIN) 34-1169257
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 37 NORTH HIGH STREET - SUITE A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AKRON, OH 44308	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

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
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