



# LIVE UNITED

## Analysis of 990 as Related to Organizational Transformation

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 FY18, we saw the positive impact of intentionally decreasing solicitations of major donors who pass through their entire gift to third party agencies. While our overall total revenue was down by \$2.2M, we had a corresponding drop in designations of nearly \$3M. This allowed UWSC to invest more of the funds raised in our community and drive it toward those partners and programs focused on our Bold Goals. In addition, UWSC was able to increase planned investments in community partners for FY19 by \$1M.

Despite an overall drop in total revenue, UWSC made strategic investments in our staff in FY18 to help launch our new Bold Goal 3 initiatives including the joint effort with the City of Akron to open a Financial Empowerment Center in Kenmore, our Voluntary Income Tax Assistance program, and Bank On Rubber City. We also saw steady growth in our community engagement events like Day of Action, Stuff the Bus, and Holiday Snack Packs. 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. Our organizational focus is on finding ways to multiply the return on every donor dollar measured by evidence-based benefit to our community goals. During FY18, an investment of \$1 into UWSC created \$8 of impact in our community.

Page 11 illustrates our balance sheet. Throughout our strategic transitions this year, we have ensured that our general financial position and related investment reserves have remained strong in line with industry best practice standards.

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](mailto:khenderson@uwsummit.org)

Form **990**

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning **APR 1, 2017** and ending **MAR 31, 2018**

<b>B</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	<b>C</b> Name of organization <b>UNITED WAY OF SUMMIT COUNTY</b>		<b>D</b> Employer identification number <b>34-1169257</b>	
	Doing business as		<b>E</b> Telephone number <b>330-762-7601</b>	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>11,056,440.</b>	
	<b>37 NORTH HIGH STREET - SUITE A</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code <b>AKRON, OH 44308</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>F</b> Name and address of principal officer: <b>JIM MULLEN</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)		
<b>I</b> 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		<b>H(c)</b> Group exemption number <b>▶</b>		
<b>J</b> Website: <b>WWW.UWSUMMIT.ORG</b>		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>▶</b>		
<b>L</b> Year of formation: <b>1951</b>		<b>M</b> State of legal domicile: <b>OH</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE IMPROVE LIVES BY MOBILIZING COMMUNITY RESOURCES TO ADVANCE THE COMMON GOOD.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>44</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>44</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>50</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>5543</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>11,926,097.</b>	<b>10,614,484.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,063,702.</b>	<b>227,609.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>305,416.</b>	<b>205,189.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>7,122.</b>	<b>9,158.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13,302,337.</b>	<b>11,056,440.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>9,717,763.</b>	<b>5,573,913.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>2,559,971.</b>	<b>2,954,221.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>▶ 627,940.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,762,565.</b>	<b>1,735,124.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>14,040,299.</b>	<b>10,263,258.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-737,962.</b>	<b>793,182.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>15,552,292.</b>	<b>14,255,870.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,485,175.</b>	<b>1,226,315.</b>
		<b>12,067,117.</b>	<b>13,029,555.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date	
	<b>JIM MULLEN, PRESIDENT</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LISA HILLING</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN <b>P01624111</b>
	Firm's name <b>▶ CLIFTONLARSONALLEN LLP</b>	Firm's EIN <b>▶ 41-0746749</b>	Phone no. (330) 497-2000	
	Firm's address <b>▶ 4505 STEPHEN CIRCLE NW, STE. 200 CANTON, OH 44718</b>			

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? [X] Yes [ ] No

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

4a (Code: ) (Expenses \$ 6,339,214. including grants of \$ 5,573,913. ) (Revenue \$ 236,767. ) COMMUNITY IMPACT - COMMUNITY IMPACT IS THE EFFORT OF MAKING EVERY DOLLAR CONTRIBUTED TO UNITED WAY OF SUMMIT COUNTY WORK EFFICIENTLY FOR THE BETTERMENT OF THE COMMUNITY.

4b (Code: ) (Expenses \$ 454,367. 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 AND, OVER THE PAST YEAR, MORE THAN 3,100 VOLUNTEERS ANSWERED THE CALL.

4c (Code: ) (Expenses \$ 297,602. including grants of \$ 0. ) (Revenue \$ 0. ) IC.A.R.E. MENTORING - IC.A.R.E. MENTORING PROGRAM PROVIDES SUMMIT COUNTY STUDENTS IN GRADES K-12 WITH NURTURING AND SUPPORTIVE ROLE MODELS. UNLIKE OTHER MENTORING PROGRAMS, WHICH GENERALLY INVOLVE ACTIVITIES OUTSIDE OF SCHOOL HOURS, IC.A.R.E. WORKS WITHIN THE SCHOOL SYSTEM, COORDINATING WITH ADMINISTRATORS TO ENSURE THAT STUDENTS CAN SPEND TIME WITH THEIR MENTORS WITHOUT TAKING TIME AWAY FROM THEIR ACADEMIC WORK.

4d Other program services (Describe in Schedule O.) (Expenses \$ 773,378. including grants of \$ 0. ) (Revenue \$ 0. )

4e Total program service expenses 7,864,561.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> 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>b</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	
<b>c</b> 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
<b>d</b> 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	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question ID, description, sub-questions (1a-14b), and Yes/No columns. Includes rows for backup withholding, employee reporting, foreign accounts, 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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (44); 1b Enter the number of voting members included in line 1a, above, who are independent (44); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (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); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: KELLY HENDERSON, CFO - 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTINE AMER MAYER BOARD CHAIR	6.00	X						0.	0.	0.
(2) MARK KROHN VICE-CHAIR	4.00	X						0.	0.	0.
(3) BROCK STEERE SECRETARY	2.00	X						0.	0.	0.
(4) MICHAEL MAZZEO TREASURER	2.00	X						0.	0.	0.
(5) VISHAL BHATT TRUSTEE	1.00	X						0.	0.	0.
(6) TRACI J. BUCKNER TRUSTEE	1.00	X						0.	0.	0.
(7) CYNTHIA FLYNN CAPERS TRUSTEE	2.00	X						0.	0.	0.
(8) PAUL CATANIA TRUSTEE	2.00	X						0.	0.	0.
(9) MICHELE CERMINARO TRUSTEE	2.00	X						0.	0.	0.
(10) STEVEN M. CHARLES TRUSTEE	1.00	X						0.	0.	0.
(11) ANNE CLARK TRUSTEE	1.00	X						0.	0.	0.
(12) WILLIAM CONSIDINE TRUSTEE	1.00	X						0.	0.	0.
(13) ROBERT COOPER TRUSTEE	1.00	X						0.	0.	0.
(14) LAURA CULP TRUSTEE	1.00	X						0.	0.	0.
(15) JENNIFER DALE FOX TRUSTEE	1.00	X						0.	0.	0.
(16) T. CLIFFORD DEVENY TRUSTEE	1.00	X						0.	0.	0.
(17) LAURA DUDA TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DUSTIN FOX TRUSTEE	1.00	X						0.	0.	0.
(19) STUART C. GLAUBERMAN TRUSTEE	4.00	X						0.	0.	0.
(20) EMMANUEL GLOVER TRUSTEE	1.00	X						0.	0.	0.
(21) DALE HIGHSMITH JR. TRUSTEE	1.00	X						0.	0.	0.
(22) DANIEL HORRIGAN TRUSTEE	1.00	X						0.	0.	0.
(23) DAVID JAMES SR. TRUSTEE	1.00	X						0.	0.	0.
(24) HALLE JONES CAPERS TRUSTEE	1.00	X						0.	0.	0.
(25) DOUGLAS KRAPF TRUSTEE	1.00	X						0.	0.	0.
(26) RICHARD J. KROCHKA TRUSTEE	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								229,045.	0.	41,314.
<b>d Total (add lines 1b and 1c)</b>								229,045.	0.	41,314.

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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) BRANT LEE TRUSTEE	1.00	X						0.	0.	0.
(28) BILL LOWERY II TRUSTEE	4.00	X						0.	0.	0.
(29) PHILIP MAYNARD TRUSTEE	1.00	X						0.	0.	0.
(30) MARC MERKLIN TRUSTEE	2.00	X						0.	0.	0.
(31) DONALD MOUL TRUSTEE	1.00	X						0.	0.	0.
(32) ILENE SHAPIRO TRUSTEE	1.00	X						0.	0.	0.
(33) JACQUELINE SILAS-BUTLER TRUSTEE	1.00	X						0.	0.	0.
(34) DONNA SKODA TRUSTEE	1.00	X						0.	0.	0.
(35) JOHN SLAGTER TRUSTEE	1.00	X						0.	0.	0.
(36) TIM STOVER TRUSTEE	1.00	X						0.	0.	0.
(37) KATIE SWARTZ TRUSTEE	1.00	X						0.	0.	0.
(38) LINDA TEODOSIO TRUSTEE	1.00	X						0.	0.	0.
(39) SYLVIA TRUNDLE TRUSTEE	1.00	X						0.	0.	0.
(40) THEODORE F. WALTER TRUSTEE	1.00	X						0.	0.	0.
(41) ANGELA WELLS TRUSTEE	1.00	X						0.	0.	0.
(42) PAMELA WILLIAMS TRUSTEE	1.00	X						0.	0.	0.
(43) BRADLEY WRIGHT TRUSTEE	1.00	X						0.	0.	0.
(44) STEPHANIE YORK TRUSTEE	1.00	X						0.	0.	0.
(45) JIM MULLEN CEO	45.00			X				150,248.	0.	31,359.
(46) KELLY HENDERSON CFO	40.00			X				78,797.	0.	9,955.
Total to Part VII, Section A, line 1c .....								229,045.		41,314.

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 172,390.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 33,551.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 10,408,543.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	492,025.					
	<b>h Total.</b> Add lines 1a-1f .....	▶	10,614,484.				
	<b>Program Service Revenue</b>	<b>2 a</b> PROG. SERV. REVENUE-RELATED-990 .....	<b>Business Code</b> 900099	227,609.	227,609.		
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....		▶	227,609.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶	200,123.			200,123.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶					
	<b>5</b> Royalties .....	▶					
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		5,066.					
		<b>b</b> Less: cost or other basis and sales expenses .....	0.				
		<b>c</b> Gain or (loss) .....	5,066.				
	<b>d</b> Net gain or (loss) .....	▶	5,066.			5,066.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....	▶				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....	▶					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....	▶					
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS REVENUE .....	900099	9,158.	9,158.				
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....	▶	9,158.					
<b>12 Total revenue.</b> See instructions. .....	▶	11,056,440.	236,767.	0.	205,189.		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,573,913.	5,573,913.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	316,036.	137,454.	127,911.	50,671.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,850,979.	805,049.	749,156.	296,774.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	194,196.	84,462.	78,598.	31,136.
<b>9</b> Other employee benefits	432,322.	188,030.	174,976.	69,316.
<b>10</b> Payroll taxes	160,688.	69,888.	65,036.	25,764.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	15,270.		15,270.	
<b>c</b> Accounting	16,516.		16,516.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	40,382.	17,563.	16,344.	6,475.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	87,346.	51,814.	16,431.	19,101.
<b>12</b> Advertising and promotion	185,627.		185,627.	
<b>13</b> Office expenses	139,137.	60,515.	56,314.	22,308.
<b>14</b> Information technology	52,469.	22,820.	21,236.	8,413.
<b>15</b> Royalties				
<b>16</b> Occupancy	156,005.	67,851.	63,141.	25,013.
<b>17</b> Travel	25,289.	10,999.	10,235.	4,055.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	75,317.	32,758.	30,483.	12,076.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	134,852.	58,652.	54,579.	21,621.
<b>22</b> Depreciation, depletion, and amortization	108,471.	47,177.	43,902.	17,392.
<b>23</b> Insurance	12,999.	5,654.	5,261.	2,084.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> INTERNAL PROGRAM COSTS	447,335.	447,335.		
<b>b</b> ENGAGEMENT & EVENTS	140,161.	140,161.		
<b>c</b> STAFF DEVELOPMENT	67,628.	29,278.	27,469.	10,881.
<b>d</b> DUES & SUBSCRIPTIONS	21,394.	9,305.	8,659.	3,430.
<b>e</b> All other expenses	8,926.	3,883.	3,613.	1,430.
<b>25</b> Total functional expenses. Add lines 1 through 24e	10,263,258.	7,864,561.	1,770,757.	627,940.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,050,553.	<b>1</b>	1,984,210.
	<b>2</b> Savings and temporary cash investments .....	876,011.	<b>2</b>	352,141.
	<b>3</b> Pledges and grants receivable, net .....	5,177,930.	<b>3</b>	4,033,185.
	<b>4</b> Accounts receivable, net .....	243,487.	<b>4</b>	16,363.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	42,802.	<b>9</b>	66,189.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,049,248.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,117,335.	<b>10c</b>	931,913.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	4,487,911.	<b>12</b>	4,729,274.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,070,785.	<b>15</b>	2,142,595.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	15,552,292.	<b>16</b>	14,255,870.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,145,446.	<b>17</b>	1,121,732.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	243,305.	<b>21</b>	10,158.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	96,424.	<b>25</b>	94,425.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,485,175.	<b>26</b>	1,226,315.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	9,555,118.	<b>27</b>	10,020,679.
	<b>28</b> Temporarily restricted net assets .....	1,366,243.	<b>28</b>	1,867,839.
	<b>29</b> Permanently restricted net assets .....	1,145,756.	<b>29</b>	1,141,037.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	12,067,117.	<b>33</b>	13,029,555.	
<b>34</b> Total liabilities and net assets/fund balances .....	15,552,292.	<b>34</b>	14,255,870.	

**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	11,056,440.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,263,258.
3	Revenue less expenses. Subtract line 2 from line 1	3	793,182.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,067,117.
5	Net unrealized gains (losses) on investments	5	169,256.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,029,555.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2017)





**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	13114825.	13742490.	12376146.	11926097.	10614484.	61774042.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	13114825.	13742490.	12376146.	11926097.	10614484.	61774042.
<b>5</b> 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) .....						1978808.
<b>6 Public support.</b> Subtract line 5 from line 4.						59795234.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	13114825.	13742490.	12376146.	11926097.	10614484.	61774042.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	247,355.	364,497.	439,353.	129,726.	200,123.	1381054.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	285.			7,122.	9,158.	16,565.
<b>11 Total support.</b> Add lines 7 through 10						63171661.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,331,146.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	94.66 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	97.74 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)



<b>Name of organization</b>  <b>UNITED WAY OF SUMMIT COUNTY</b>	<b>Employer identification number</b>  <b>34-1169257</b>
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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/>	\$ 668,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 241,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF SUMMIT COUNTY</b>	Employer identification number  <b>34-1169257</b>
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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  <b>UNITED WAY OF SUMMIT COUNTY</b>	Employer identification number  <b>34-1169257</b>
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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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

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

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

Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

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

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

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

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

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

**Yes**     **No**

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

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

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

**Yes**     **No**

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

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

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

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

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

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

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

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

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

	Amount
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	1,467,745.	1,395,448.	1,595,029.	1,604,956.	1,489,755.
b Contributions					
c Net investment earnings, gains, and losses	121,291.	118,266.	-79,065.	59,949.	180,559.
d Grants or scholarships					
e Other expenditures for facilities and programs	44,762.	45,969.	120,516.	69,876.	65,358.
f Administrative expenses					
g End of year balance	1,544,274.	1,467,745.	1,395,448.	1,595,029.	1,604,956.

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  27.21 %
- c Temporarily restricted endowment  72.79 %

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"/>

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		194,922.		194,922.
b Buildings		1,195,508.	681,071.	514,437.
c Leasehold improvements				
d Equipment				
e Other		658,818.	436,264.	222,554.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				931,913.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) BOARD HELD INVESTMENTS	4,729,274.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>4,729,274.</b>	

**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)		
<b>Total.</b> (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	598,321.
(2) INVESTMENTS HELD BY AKRON COMMUNITY FOUNDATION	1,544,274.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>2,142,595.</b>

**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 )	94,425.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>94,425.</b>

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	8,599,819.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 173,975.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 25,000.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> -4,719.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	194,256.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	8,405,563.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 40,382.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 2,610,495.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	2,650,877.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	11,056,440.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	7,637,381.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b> 25,000.		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	25,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	7,612,381.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 40,382.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 2,610,495.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	2,650,877.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	10,263,258.

**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 -4,719.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DIRECTED CONTRIBUTIONS 2,610,495.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DIRECTED CONTRIBUTIONS 2,610,495.



**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACCESS, INC. 230 WEST MARKET STREET AKRON, OH 44303	34-1395246	501(C)(3)	63,618.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
AKRON AREA YMCA 50 SOUTH MAIN STREET AKRON, OH 44308	34-0714727	501(C)(3)	281,648.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
AKRON ART MUSEUM ONE SOUTH HIGH STREET AKRON, OH 44308	34-0813426	501(C)(3)	14,606.	0.			DONOR DESIGNATIONS
AKRON CHILDREN'S MUSEUM LOCK 3 PARK AKRON, OH 44308	46-3118462	501(C)(3)	7,964.	0.			DONOR DESIGNATIONS
AKRON CIVIC THEATRE - COMMUNITY HALL FOUNDATION PROGRAM ENDOWMENT - 182 SOUTH MAIN STREET - AKRON, OH 44308-1316	34-1015948	501(C)(3)	10,687.	0.			DONOR DESIGNATIONS
AKRON COMMUNITY FOUNDATION 345 WEST CEDAR STREET AKRON, OH 44307-2407	34-1087615	501(C)(3)	42,397.	0.			DONOR DESIGNATIONS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 160.**

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

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

**Schedule I (Form 990) (2017)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE - 440 VERNON ODOM BOULEVARD - AKRON, OH 44307	34-0714522	501(C)(3)	152,775.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
AKRON INNER CITY SOCCER CLUB 865 ROSLYN AVENUE AKRON, OH 44320	34-1875816	501(C)(3)	10,178.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
AKRON PREGNANCY SERVICES 105 EAST MARKET STREET AKRON, OH 44308	34-1439564	501(C)(3)	7,937.	0.			DONOR DESIGNATIONS
AKRON PUBLIC SCHOOLS 70 NORTH BROADWAY STREET AKRON, OH 44308-1911	27-2808059	CITY OF AKRON	10,067.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
AKRON ZOOLOGICAL PARK 500 EDGEWOOD AVENUE AKRON, OH 44307	34-6003866	501(C)(3)	10,984.	0.			DONOR DESIGNATIONS
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	58,045.	0.			DONOR DESIGNATIONS
AMERICAN ENDOWMENT FOUNDATION AEF P.O. BOX 911 HUDSON, OH 44236-5911	34-1747398	501(C)(3)	21,000.	0.			DONOR DESIGNATIONS
AMERICAN HEART ASSOCIATION, GREAT RIVERS AFFILIATE, NORTHEASTERN OH - 3505 EMBASSY PARKWAY - AKRON, OH 44333	13-5613797	501(C)(3)	18,847.	0.			DONOR DESIGNATIONS
AMERICAN RED CROSS OF SUMMIT, PORTAGE & MEDINA COUNTIES #35384 - FEDERATED PLEDGE PROCESSING - CHICAGO, IL 60673-7857	34-0714526	501(C)(3)	34,562.	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
ARCHBISHOP HOBAN HIGH SCHOOL 1 HOLY CROSS BOULEVARD AKRON, OH 44306-1500	34-0770684	501(C)(3)	33,897.	0.			DONOR DESIGNATIONS
ASIAN SERVICES IN ACTION, INC. AKRON - 730 CARROLL STREET - AKRON, OH 44304	34-1798850	501(C)(3)	37,980.	0.			DONOR DESIGNATIONS
BALLET EXCEL OHIO FKA CUYAHOGA VALLEY YOUTH BALLET - P.O. BOX 3131 - CUYAHOGA FALLS, OH 44223	34-1318396	501(C)(3)	10,000.	0.			DONOR DESIGNATIONS
BATTERED WOMEN'S SHELTER OF SUMMIT AND MEDINA COUNTIES - 974 EAST MARKET STREET - AKRON, OH 44305	34-1249342	501(C)(3)	122,843.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
BIG BROTHERS BIG SISTERS OF SUMMIT, MEDINA & STARK COUNTIES - 50 SOUTH MAIN STREET - AKRON, OH 44308	34-1104356	501(C)(3)	68,231.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
BOY SCOUTS OF AMERICA GREAT TRAIL COUNCIL - P.O. BOX 68 - AKRON, OH 44309-0068	34-0737790	501(C)(3)	67,392.	0.			DONOR DESIGNATIONS
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306-3606	34-1351557	501(C)(3)	139,583.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 44307-2569	27-4254089	501(C)(3)	107,398.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
CAN DO MULTIPLE SCLEROSIS P.O. BOX 5860 AVON, CO 81620	74-2337853	501(C)(3)	5,052.	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
CATHOLIC CHARITIES COMMUNITY SERVICES OF CUYAHOGA/GEAUGA COUNTY - 7911 DETROIT AVENUE - CLEVELAND, OH 44102	34-1318541	501(C)(3)	5,100.	0.			DONOR DESIGNATIONS
CATHOLIC CHARITIES COMMUNITY SERVICES OF SUMMIT COUNTY - 812 BIRUTA STREET - AKRON, OH 44307-1104	34-0714562	501(C)(3)	61,414.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
CATHOLIC CHARITIES HEALTH & HUMAN SERVICES, DIOCESE OF CLEVELAND - 7911 DETROIT AVENUE - CLEVELAND, OH 44102	34-0718368	501(C)(3)	8,966.	0.			DONOR DESIGNATIONS
CATHOLIC COMMUNITY FOUNDATION/CLEVELAND ROOTED IN FAITH, FORWARD IN HOPE - 1404 EAST NINTH STREET - CLEVELAND, OH	34-1908579	501(C)(3)	14,702.	0.			DONOR DESIGNATIONS
CHARTER OAK UNITED METHODIST CHURCH - 449 FRYE FARM ROAD - GREENSBURG, PA 15601	25-1202027	501(C)(3)	26,670.	0.			DONOR DESIGNATIONS
CHILD GUIDANCE & FAMILY SOLUTIONS 18 NORTH FORGE STREET AKRON, OH 44304-1317	34-0726083	501(C)(3)	199,884.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
CHILDREN'S HOSPITAL OF AKRON DEVELOPMENT OFFICE AKRON, OH 44308-1062	23-7114013	501(C)(3)	128,072.	0.			DONOR DESIGNATIONS
CHRIST COMMUNITY CHAPEL, HUDSON CAMPUS - 750 WEST STREETSBORO STREET - HUDSON, OH 44236-2057	34-1339610	501(C)(3)	12,350.	0.			DONOR DESIGNATIONS
CHRIST UNITED METHODIST CHURCH P.O. BOX 1151 FRANKLIN, PA 16323-5151	25-0987228	501(C)(3)	7,269.	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
CHURCH OF CHRIST HEMPFIELD TOWNSHIP - 144 HUGH BLACK ROAD - GREENSBURG, PA 15601	25-1184065	501(C)(3)	7,350.	0.			DONOR DESIGNATIONS
CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91010	95-3435919	501(C)(3)	22,495.	0.			DONOR DESIGNATIONS
CLEVELAND CLINIC AKRON GENERAL ONE AKRON GENERAL AVENUE AKRON, OH 44307-2433	34-1127047	501(C)(3)	19,841.	0.			DONOR DESIGNATIONS
COLLEGE SCHOLARS, INC. 333 NORTH PORTAGE PATH AKRON, OH 44303-1250	34-1897856	501(C)(3)	16,000.	0.			DONOR DESIGNATIONS
COMMUNITY LEGAL AID SERVICES, INC. 50 SOUTH MAIN STREET AKRON, OH 44308	34-0753560	501(C)(3)	51,974.	0.			DONOR DESIGNATIONS
COMMUNITY SUPPORT SERVICES, INC. 150 CROSS STREET AKRON, OH 44311	23-7029146	501(C)(3)	8,311.	0.			DONOR DESIGNATIONS
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK (CVNP) - 1403 WEST HINES HILL ROAD - PENINSULA, OH 44264	34-1917257	501(C)(3)	8,074.	0.			DONOR DESIGNATIONS
CONXUS NEO FKA SUMMIT WORKFORCE 277 E. MILL STREET AKRON, OH 44308	34-2019627	501(C)(3)	50,000.	0.			GRANT ALLOCATIONS
CORE FURNITURE BANK - COMMUNITY OUTREACH RESOURCES EXCHANGE - 2900 STATE ROAD - CUYAHOGA FALLS, OH 44223	26-3368942	501(C)(3)	7,025.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS

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

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COUNTRYSIDE CONSERVANCY 4965 QUICK ROAD PENINSULA, OH 44264	34-1896395	501(C)(3)	40,021.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
DENISON UNIVERSITY 100 WEST COLLEGE STREET GRANVILLE, OH 43023	31-4379459	501(C)(3)	7,000.	0.			DONOR DESIGNATIONS
EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION - 550 SOUTH ARLINGTON STREET - AKRON, OH 44306-1740	34-1365690	501(C)(3)	62,281.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
EMBRACING FUTURES, INC. 50 SOUTH MAIN STREET AKRON, OH 44308	34-6543299	501(C)(3)	17,980.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
EMERGE COUNSELING SERVICES, EMERGE MINISTRIES, INC. - 900 MULL AVENUE - AKRON, OH 44313	34-1213335	501(C)(3)	15,000.	0.			DONOR DESIGNATIONS
EXALTING CHRIST MINISTRIES 13315 MANCHESTER AVENUE GRANDVIEW, MO 64030-3592	34-1889771	501(C)(3)	12,800.	0.			DONOR DESIGNATIONS
FAMILY & COMMUNITY SERVICES, INC. 705 OAKWOOD STREET RAVENNA, OH 44266	34-1902451	501(C)(3)	48,868.	0.			DONOR DESIGNATIONS
FAMILY PROMISE OF SUMMIT COUNTY P.O. BOX 1266 AKRON, OH 44309-1266	75-3101718	501(C)(3)	19,285.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
FIRST CONGREGATIONAL CHURCH OF TALLMADGE INC. - 85 HERITAGE DRIVE - TALLMADGE, OH 44278	34-0811459	501(C)(3)	6,167.	0.			DONOR DESIGNATIONS

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FIRST PRESBYTERIAN CHURCH 1101 SOMERSET AVENUE WINDBER, PA 15963-1548	25-1051735	501(C)(3)	7,560.	0.			DONOR DESIGNATIONS
FURNACE STREET MISSION, INC. & SAFETY FORCES CHAPLAINCY CENTER - 150 FURNACE STREET - AKRON, OH 44304-1208	34-6001192	501(C)(3)	9,460.	0.			DONOR DESIGNATIONS
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-1256	34-0726094	501(C)(3)	50,203.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
GRACE CHURCH OF GREATER AKRON 211 NORTH CLEVELAND-MASSILLON ROAD AKRON, OH 44333	23-7153982	501(C)(3)	7,463.	0.			DONOR DESIGNATIONS
GREEN WELFARE ASSOCIATION 6233 REDBIRD TERRACE CLINTON, OH 44216	51-0164456	501(C)(3)	5,060.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311	34-0714398	501(C)(3)	337,440.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
HABITAT FOR HUMANITY OF SUMMIT COUNTY - 2301 ROMIG ROAD - AKRON, OH 44320	34-1518873	501(C)(3)	5,136.	0.			DONOR DESIGNATIONS
HAVEN OF REST MINISTRIES, INC. P.O. BOX 547 AKRON, OH 44309-0547	34-0750345	501(C)(3)	20,809.	0.			DONOR DESIGNATIONS
HEART TO HEART COMMUNICATIONS, INC. - 40 UNIVERSITY AVENUE - AKRON, OH 44308-1613	34-1630357	501(C)(3)	6,891.	0.			DONOR DESIGNATIONS

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HERITAGE UNITED METHODIST CHURCH 107 SOUTH MARKET STREET LIGONIER, PA 15658	25-1182221	501(C)(3)	12,923.	0.			DONOR DESIGNATIONS
HUMANE SOCIETY OF SUMMIT COUNTY 7996 DARROW ROAD TWINSBURG, OH 44087	23-7060744	501(C)(3)	19,947.	0.			DONOR DESIGNATIONS
INFO LINE, INC. 703 SOUTH MAIN STREET AKRON, OH 44311	34-1170391	501(C)(3)	256,517.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
INTERFAITH CAREGIVERS PROGRAM OF SUMMIT COUNTY, FAITH IN ACTION - 50 NORTH PROSPECT STREET - AKRON, OH 44304	34-1452616	501(C)(3)	16,751.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
INTERNATIONAL INSTITUTE OF AKRON, INC. - 207 EAST TALLMADGE AVENUE - AKRON, OH 44310-3298	34-0733161	501(C)(3)	28,443.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
INTERNATIONAL SOAP BOX DERBY, INC. 1000 GEORGE WASHINGTON BOULEVARD AKRON, OH 44312	34-1141558	501(C)(3)	17,308.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
JEWISH COMMUNITY BOARD OF AKRON 750 WHITE POND DRIVE AKRON, OH 44320-1128	34-1884695	501(C)(3)	26,336.	0.			DONOR DESIGNATIONS
JEWISH FAMILY SERVICE OF AKRON 750 WHITE POND DRIVE AKRON, OH 44320-1128	34-0714444	501(C)(3)	20,018.	0.			DONOR DESIGNATIONS
JOHN CARROLL UNIVERSITY DEVELOPMENT OFFICE UNIVERSITY HEIGHTS, OH 44118-4520	34-0714681	501(C)(3)	25,115.	0.			DONOR DESIGNATIONS

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JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC. - P.O. BOX 26006 - AKRON, OH 44319	34-0940986	501(C)(3)	6,430.	0.			DONOR DESIGNATIONS
KENT STATE UNIVERSITY FOUNDATION P.O. BOX 5190 KENT, OH 44242-0001	34-6576307	501(C)(3)	6,375.	0.			DONOR DESIGNATIONS
LAW & LEADERSHIP INSTITUTE, LLC AKRON OHIO OFFICE - 150 UNIVERSITY AVENUE - AKRON, OH 44325	26-4709314	501(C)(3)	15,182.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
LEADERSHIP AKRON 54 EAST MILL STREET AKRON, OH 44308	31-1655877	501(C)(3)	13,177.	0.			DONOR DESIGNATIONS
LEGACY III, INC. 733 WEST MARKET STREET AKRON, OH 44303	34-1824527	501(C)(3)	37,222.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
LET'S GROW AKRON, INC. 467 HARVEY AVENUE AKRON, OH 44314	34-1632443	501(C)(3)	40,009.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
MARIETTA COMMUNITY FOUNDATION 100 PUTNAM STREET MARIETTA, OH 45750	74-3054287	501(C)(3)	25,000.	0.			DONOR DESIGNATIONS
NATIONAL MULTIPLE SCLEROSIS SOCIETY OHIO BUCKEYE CHAPTER - 6155 ROCKSIDE ROAD - INDEPENDENCE, OH 44131	34-0801307	501(C)(3)	9,302.	0.			DONOR DESIGNATIONS
NEIGHBORHOOD NETWORK OF UNIVERSITY PARK - 350 OPPORTUNITY PARKWAY - AKRON, OH 44307-2234	34-1369388	501(C)(3)	25,000.	0.			GRANT ALLOCATIONS

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NORFOLK AREA UNITED WAY, INC. NORFOLK NE - P.O. BOX 1041 - NORFOLK, NE 68702-1041	47-0492054	501(C)(3)	27,515.	0.			DONOR DESIGNATIONS
NORTHERN OHIO HEMOPHILIA FOUNDATION INC. - 5000 ROCKSIDE ROAD - INDEPENDENCE, OH 44131	34-1018501	501(C)(3)	26,411.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
OLD TRAIL SCHOOL P.O. BOX 827 BATH, OH 44210-0827	34-0737805	501(C)(3)	8,526.	0.			DONOR DESIGNATIONS
OPEN M 941 PRINCETON STREET AKRON, OH 44311	34-1046107	501(C)(3)	30,156.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
PALM DESERT COMMUNITY PRESBYTERIAN CHURCH - 47321 HIGHWAY 74 - PALM DESERT, CA 92260	95-2287741	501(C)(3)	7,000.	0.			DONOR DESIGNATIONS
PLANNED PARENTHOOD OF GREATER OHIO, NORTHEAST OHIO OFFICE - 444 WEST EXCHANGE STREET - AKRON, OH 44302	34-1015976	501(C)(3)	88,153.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
PREGNANCY SOLUTIONS & SERVICES 3515 MANCHESTER ROAD AKRON, OH 44319	34-1830073	501(C)(3)	7,290.	0.			DONOR DESIGNATIONS
PROJECT LEARN OF SUMMIT COUNTY 60 SOUTH HIGH STREET AKRON, OH 44326	34-1491695	501(C)(3)	63,516.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
REACH OPPORTUNITY CENTER AT SUMMIT LAKE - 390 WEST CROSIER STREET - AKRON, OH 44311	34-6000029	501(C)(3)	6,266.	0.			DONOR DESIGNATIONS

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RONALD MCDONALD HOUSE OF AKRON, INC. - 141 WEST STATE STREET - AKRON, OH 44302	34-1860682	501(C)(3)	7,958.	0.			DONOR DESIGNATIONS
SAINT HILARY PARISH FOUNDATION, DIOCESE OF CLEVELAND - 2750 WEST MARKET STREET - FAIRLAWN, OH 44333	34-1212411	501(C)(3)	10,841.	0.			DONOR DESIGNATIONS
SAINT JUDE'S CHILDRENS RESEARCH HOSPITAL - 501 SAINT JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	14,551.	0.			DONOR DESIGNATIONS
SAINT NICHOLAS ORTHODOX CHURCH 755 SOUTH CLEVELAND AVENUE MOGADORE, OH 44260-1584	34-1007393	501(C)(3)	6,667.	0.			DONOR DESIGNATIONS
SAINT SEBASTIAN CATHOLIC CHURCH & FOUNDATION - 476 MULL AVENUE - AKRON, OH 44320-1213	23-7115850	501(C)(3)	11,161.	0.			DONOR DESIGNATIONS
SAINT VINCENT SAINT MARY HIGH SCHOOL - 15 NORTH MAPLE STREET - AKRON, OH 44303-2326	34-1686290	501(C)(3)	29,788.	0.			DONOR DESIGNATIONS
SARAH'S HOUSE, INC. 414 PINE STREET AKRON, OH 44307-2446	27-1948149	501(C)(3)	5,947.	0.			DONOR DESIGNATIONS
SHAW JEWISH COMMUNITY CENTER OF AKRON - 750 WHITE POND DRIVE - AKRON, OH 44320-1128	34-0174521	501(C)(3)	113,770.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
SHELTER CARE, INC. 32 SOUTH AVENUE TALLMADGE, OH 44278	34-1172458	501(C)(3)	6,887.	0.			DONOR DESIGNATIONS

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SOUTH STREET MINISTRIES, INC. 130 WEST SOUTH STREET AKRON, OH 44311-1964	26-2660679	501(C)(3)	10,024.	0.			DONOR DESIGNATIONS
STAN HYWET HALL & GARDENS 714 NORTH PORTAGE PATH AKRON, OH 44303-1399	34-0819149	501(C)(3)	5,976.	0.			DONOR DESIGNATIONS
STEWART'S CARING PLACE 2955 WEST MARKET STREET AKRON, OH 44333	20-0181338	501(C)(3)	33,079.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
STOW ALLIANCE FELLOWSHIP OF THE CHRISTIAN & MISSIONARY ALLIANCE - 4460 STOW ROAD - CUYAHOGA FALLS, OH 44224-1877	34-1126688	501(C)(3)	9,500.	0.			DONOR DESIGNATIONS
SUMMA HEALTH P.O. BOX 2090 AKRON, OH 44309-2090	34-1219001	501(C)(3)	17,848.	0.			DONOR DESIGNATIONS
SUMMIT COUNTY DEPT OF JOBS AND FAMILIES - 1180 S. MAIN STREET - AKRON, OH 44301-1256	34-6002767	SUMMIT COUNTY	6,000.	0.			GRANT ALLOCATIONS
SUMMIT COUNTY FATHERHOOD INITIATIVE - COUNTY OF SUMMIT DJFS - AKRON, OH 44310	34-6002767	SUMMIT COUNTY	26,268.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
SUMMIT COUNTY PUBLIC HEALTH FAIRWAY CENTER AKRON, OH 44313	34-6002767	SUMMIT COUNTY	29,700.	0.			GRANT ALLOCATIONS
SUMMIT COUNTY REENTRY NETWORK OFFICE OF REENTRY AKRON, OH 44308	34-1334919	501(C)(3)	35,011.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS

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SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET AKRON, OH 44308-1745	34-1843220	501(C)(3)	111,321.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
SUMMIT FOR KIDS 1180 S. MAIN STREET AKRON, OH 44301-1256	34-6002767	501(C)(3)	15,000.	0.			GRANT ALLOCATIONS
TEMPLE ISRAEL, AKRON HEBREW CONGREGATION - 91 SPRINGSIDE DRIVE - AKRON, OH 44333	34-0719171	501(C)(3)	10,260.	0.			DONOR DESIGNATIONS
THE AKRON ROTARY CAMP FOR SPECIAL CHILDREN, INC. - 4460 REX LAKE DRIVE - AKRON, OH 44319	34-6557819	501(C)(3)	13,834.	0.			DONOR DESIGNATIONS
THE ARC OF OHIO, SUMMIT AND PORTAGE COUNTIES - 2717 SOUTH ARLINGTON ROAD, SUITE E - AKRON, OH 44312-4725	31-0642964	501(C)(3)	44,458.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
THE CHAPEL, INC. 135 FIR HILL AKRON, OH 44304-1561	34-0828420	501(C)(3)	7,554.	0.			DONOR DESIGNATIONS
THE LIPPMAN SCHOOL 750 WHITE POND DRIVE AKRON, OH 44320-1128	34-0968632	501(C)(3)	51,513.	0.			DONOR DESIGNATIONS
THE MULTIPLE MYELOMA RESEARCH FOUNDATION INC. - 383 MAIN AVENUE - NORWALK, CT 06851-1586	06-1504413	501(C)(3)	7,000.	0.			DONOR DESIGNATIONS
THE OHIO FOUNDATION OF INDEPENDENT COLLEGES, INC. - 250 EAST BROAD STREET - COLUMBUS, OH 43215-3722	31-4441082	501(C)(3)	6,500.	0.			DONOR DESIGNATIONS

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THE OHIO STATE UNIVERSITY FOUNDATION - 1480 WEST LANE AVENUE - COLUMBUS, OH 43221	31-1145986	501(C)(3)	5,122.	0.			DONOR DESIGNATIONS
THE SALVATION ARMY SUMMIT COUNTY 190 SOUTH MAPLE STREET AKRON, OH 44302	13-5562351	501(C)(3)	92,186.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
THE UNIVERSITY OF AKRON FOUNDATION DEPARTMENT OF DEVELOPMENT AKRON, OH 44325-2603	34-6575496	501(C)(3)	41,992.	0.			DONOR DESIGNATIONS
TRANS WORLD RADIO P.O. BOX 8700 CARY, NC 27512-8700	22-1690564	501(C)(3)	12,200.	0.			DONOR DESIGNATIONS
TRINITY ASSEMBLY OF GOD 70 MARANATHA DRIVE WHITE HALL, WV 26554-7990	55-0610420	501(C)(3)	6,300.	0.			DONOR DESIGNATIONS
TRULY REACHING YOU MINISTRIES, INC. (TRY) - P.O. BOX 814 - AKRON, OH 44309-0814	75-3223368	501(C)(3)	20,260.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
UNITED DISABILITY SERVICES, INC. 701 SOUTH MAIN STREET AKRON, OH 44311-1019	34-1374195	501(C)(3)	96,275.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
UNITED WAY OF ASHTABULA COUNTY ASHTABULA OH - 2801 C COURT - ASHTABULA, OH 44004-4571	34-0846640	501(C)(3)	6,558.	0.			DONOR DESIGNATIONS
UNITED WAY OF BEAVER COUNTY MONACA PA - 3582 BRODHEAD ROAD - MONACA, PA 15061-2523	25-1086798	501(C)(3)	22,816.	0.			DONOR DESIGNATIONS

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UNITED WAY OF BERKS COUNTY READING PA - 501 WASHINGTON STREET - READING, PA 19603-0702	23-1655375	501(C)(3)	58,674.	0.			DONOR DESIGNATIONS
UNITED WAY OF CENTRAL INDIANA INDIANAPOLIS IN - P.O. BOX 88409 - INDIANAPOLIS, IN 46208-0409	35-1007590	501(C)(3)	7,318.	0.			DONOR DESIGNATIONS
UNITED WAY OF CENTRAL OHIO COLUMBUS OH - 360 SOUTH THIRD STREET - COLUMBUS, OH 43215-5412	31-4393712	501(C)(3)	11,607.	0.			DONOR DESIGNATIONS
UNITED WAY OF COLLIER COUNTY, INC. NAPLES FL - 9015 STRADA STELL COURT - NAPLES, FL 34109	59-1026096	501(C)(3)	6,000.	0.			DONOR DESIGNATIONS
UNITED WAY OF ERIE COUNTY ERIE PA 420 WEST SIXTH STREET ERIE, PA 16507-1216	25-1053091	501(C)(3)	11,026.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER CLEVELAND CLEVELAND OH - 1331 EUCLID AVENUE - CLEVELAND, OH 44115-1854	34-6516654	501(C)(3)	85,877.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER LORAIN COUNTY, INC. LORAIN OH - 642 BROADWAY AVENUE - LORAIN, OH 44052	34-1011104	501(C)(3)	9,015.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER STARK COUNTY CANTON OH - 401 MARKET AVENUE NORTH - CANTON, OH 44702	13-4254191	501(C)(3)	82,655.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER TOLEDO TOLEDO OH - 424 JACKSON STREET - TOLEDO, OH 43604-1410	34-4427947	501(C)(3)	25,371.	0.			DONOR DESIGNATIONS

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UNITED WAY OF HARRISON COUNTY, INC. CLARKSBURG WV - 301 WEST MAIN STREET - CLARKSBURG, WV 26301	55-0421431	501(C)(3)	7,463.	0.			DONOR DESIGNATIONS
UNITED WAY OF LAKE COUNTY, INC. MENTOR OH - 9285 PROGRESS PARKWAY - MENTOR, OH 44060-1854	34-1105038	501(C)(3)	29,939.	0.			DONOR DESIGNATIONS
UNITED WAY OF LANCASTER COUNTY LANCASTER PA - 630 JANET AVENUE - LANCASTER, PA 17601-4589	23-1352093	501(C)(3)	5,607.	0.			DONOR DESIGNATIONS
UNITED WAY OF LAWRENCE COUNTY NEW CASTLE PA - 223 NORTH MERCER STREET - NEW CASTLE, PA 16101-2226	25-0987221	501(C)(3)	6,484.	0.			DONOR DESIGNATIONS
UNITED WAY OF LINCOLN & LANCASTER COUNTY LINCOLN NE - 206 SOUTH 13TH STREET - LINCOLN, NE 68508-2004	47-0376624	501(C)(3)	32,819.	0.			DONOR DESIGNATIONS
UNITED WAY OF MARION COUNTY FAIRMONT WV - 112 ADAMS STREET - FAIRMONT, WV 26554	55-0368459	501(C)(3)	19,993.	0.			DONOR DESIGNATIONS
UNITED WAY OF MEDINA COUNTY MEDINA OH - 728 EAST SMITH ROAD - MEDINA, OH 44256	34-6516654	501(C)(3)	38,348.	0.			DONOR DESIGNATIONS
UNITED WAY OF MONONGALIA & PRESTON COS. MORGANTOWN WV - 278 SPRUCE STREET - MORGANTOWN, WV 26505-7500	55-0462065	501(C)(3)	19,516.	0.			DONOR DESIGNATIONS
UNITED WAY OF NORTHERN NEW JERSEY MORRISTOWN NJ - P.O. BOX 6835 - BRIDGEWATER, NJ 08807	22-1487247	501(C)(3)	7,250.	0.			DONOR DESIGNATIONS

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UNITED WAY OF PORTAGE COUNTY, INC. RAVENNA OH - P. O. BOX 845 - RAVENNA, OH 44266-0845	34-1024769	501(C)(3)	26,343.	0.			DONOR DESIGNATIONS
UNITED WAY OF SOUTHWESTERN PENNSYLVANIA PITTSBURGH PA - P.O. BOX 735 - PITTSBURGH, OH 15230-0735	25-1043578	501(C)(3)	16,128.	0.			DONOR DESIGNATIONS
UNITED WAY OF SOUTHWESTERN PENNSYLVANIA, WESTMORELAND COUNTY, GREENSBURG PA - 1011 OLD SALEM ROAD - GREENSBURG, PA 15601-1017	25-6069120	501(C)(3)	37,292.	0.			DONOR DESIGNATIONS
UNITED WAY OF THE LAUREL HIGHLANDS, INC. JOHNSTOWN PA - 422 MAIN STREET - JOHNSTOWN, PA 15901-1824	25-0965383	501(C)(3)	6,982.	0.			DONOR DESIGNATIONS
UNITED WAY OF TRUMBULL COUNTY WARREN OH - 3601 YOUNGSTOWN ROAD SE - WARREN, OH 44484-2832	34-1083629	501(C)(3)	9,214.	0.			DONOR DESIGNATIONS
UNITED WAY OF UNION COUNTY, INC. MARYSVILLE OH - 648 CLYMER ROAD - MARYSVILLE, OH 43040-1661	31-0682004	501(C)(3)	13,088.	0.			DONOR DESIGNATIONS
UNITED WAY OF WASHINGTON COUNTY MD, INC. HAGERSTOWN MD - 33 WEST FRANKLIN STREET - HAGERSTOWN, MD 21740-4863	52-0691704	501(C)(3)	7,302.	0.			DONOR DESIGNATIONS
UNITED WAY OF WAYNE AND HOLMES COUNTIES WOOSTER OH - P. O. BOX 548 - WOOSTER, OH 44691-0548	34-0946973	501(C)(3)	9,983.	0.			DONOR DESIGNATIONS
UNITED WAY OF YORK COUNTY YORK PA 800 EAST KING STREET YORK, PA 17405-1663	23-1352588	501(C)(3)	13,482.	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 YOUNGSTOWN & THE MAHONING VALLEY YOUNGSTOWN OH - 255 WATT STREET - YOUNGSTOWN, OH 44505-3049	34-0714598	501(C)(3)	21,780.	0.			DONOR DESIGNATIONS
UNITED WAY SERVICES OF GEAUGA COUNTY CHARDON OH - 209 CENTER STREET - CHARDON, OH 44024-1189	20-5575556	501(C)(3)	12,799.	0.			DONOR DESIGNATIONS
VANTAGE AGING, FKA MATURE SERVICES, INC. - 2279 ROMIG ROAD - AKRON, OH 44320	51-0148544	501(C)(3)	80,347.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
VICTIM ASSISTANCE PROGRAM, INC. 150 FURNACE STREET AKRON, OH 44304-1208	38-3142753	501(C)(3)	8,791.	0.			DONOR DESIGNATIONS
WESTERN RESERVE ACADEMY 115 COLLEGE STREET HUDSON, OH 44236-2926	34-0714390	501(C)(3)	5,250.	0.			DONOR DESIGNATIONS
WESTMINSTER COLLEGE DEVELOPMENT OFFICE - 319 SOUTH MARKET STREET - NEW WILMINGTON, PA 16172	25-0981156	501(C)(3)	5,400.	0.			DONOR DESIGNATIONS
WESTMORELAND COUNTY FOOD BANK, INC. - 100 DEVONSHIRE DRIVE - DELMONT, PA 15626-1607	25-1422682	501(C)(3)	6,242.	0.			DONOR DESIGNATIONS
WOMEN'S LEADERSHIP COUNCIL UNITED WAY OF WESTMORELAND COUNTY - 1011 OLD SALEM ROAD - GREENSBURG, PA 15601-1017	25-6069120	501(C)(3)	6,599.	0.			DONOR DESIGNATIONS
WOODRIDGE RECREATION ASSOCIATION P.O. BOX 44 PENINSULA, OH 44264	34-1239410	501(C)(3)	5,939.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS

Schedule I (Form 990)



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

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

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

PART I, LINE 2:

FOR ANNUAL ALLOCATIONS TO FUNDED AGENCIES, EACH FUNDING REQUEST INCLUDES A DETAILED BUDGET OF HOW THE AWARDED DOLLARS WILL BE SPENT IN TERMS OF LINE ITEMS (SALARIES, RENT, ETC), WHAT OUTCOMES WILL BE GENERATED AND HOW MANY INDIVIDUALS OR FAMILIES WILL BE SERVED. AT THE END OF EACH YEAR, WHEN REQUESTING FUNDING FOR THE COMING YEAR, THE REQUESTING AGENCY MUST REPORT ACTUAL RESULTS OF OUTCOMES AND NUMBER OF BENEFICIARIES SERVED AGAINST THE ORIGINAL EXPECTATIONS. IF OUTCOMES/NUMBERS SERVED ARE IN LINE OR IF SIGNIFICANT VARIANCES REASONABLY EXPLAINED, THE ASSUMPTION IS THAT THEY

**Part IV** Supplemental Information

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

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b> X	
<b>2</b> 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? .....	<b>2</b> X	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	X
<b>8</b> 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 .....	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JIM MULLEN CEO	(i)	150,248.	0.	0.	10,702.	20,657.	181,607.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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

**2017**

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](http://www.irs.gov/Form990) for 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	37	282,025.	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 .....	X	1	210,000.	APPRAISAL
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

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:

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. UNITED WAY OF SUMMIT COUNTY IS PART OF THIS NATIONAL MOVEMENT LIAISING WITH NATIONAL BANKING, REGULATORY, AND NONPROFIT ORGANIZATION PARTNERS TO EXPAND BANKING ACCESS AND CONNECT IT TO MUNICIPAL ENTITIES AND SERVICES. BANK ON FOCUSES ON UNBANKED FAMILIES THAT HAVE NEITHER A CHECKING NOR SAVINGS ACCOUNT. THROUGH THE ESTABLISHED BANK ON COALITION, UNITED WAY OF SUMMIT COUNTY FOCUSES ON ASSET MAPPING, GROWING MEMBERSHIP, DEVELOPING PRODUCTS, MARKETING TOOLS AND DATA.

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.

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

UNITED WAY OF SUMMIT COUNTY

Employer identification number

34-1169257

## VOLUNTARY INCOME TAX ASSISTANCE - THE VOLUNTEER INCOME TAX ASSISTANCE

(VITA) PROGRAM OFFERS FREE TAX HELP TO PEOPLE WHO GENERALLY MAKE

\$60,000 OR LESS, 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

FISCAL YEAR, UNITED WAY OF SUMMIT COUNTY COMPLETED 894 TAX RETURNS

TOTALING \$1,271,569 IN FEDERAL AND STATE REFUNDS FOR RESIDENTS OF

SUMMIT COUNTY.

## FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

UNITED WAY OF SUMMIT COUNTY DISCONTINUED THE GETTING AHEAD PROGRAM IN

AUGUST 2017 TO REDIRECT THE WORK OF GETTING AHEAD INTO THE MORE ROBUST

PROGRAMMING TAKING PLACE IN OUR FINANCIAL EMPOWERMENT CENTERS.

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

PACK DRIVE RALLIED 246 VOLUNTEERS TO COLLECT, SORT AND DELIVER HEALTHY

SNACK TO THE STUDENTS IN 9 ELEMENTARY SCHOOLS, GUARDING AGAINST FOOD

INSECURITY DURING THE HOLIDAY BREAK. THE PAGE IT FORWARD BOOK DRIVE

BROKE RECORDS WITH MORE THAN 23,358 BOOKS COLLECTED, SORTED AND

DISTRIBUTED BY 131 VOLUNTEERS TO EVERY CHILD IN 9 AKRON PUBLIC SCHOOLS.

WE ARE FURTHER EXPANDING OUR ENGAGEMENT EVENTS CALENDAR FOR THE

UPCOMING YEAR, IN CELEBRATION OF UNITED WAY OF SUMMIT COUNTY'S 100TH

YEAR IN THE COMMUNITY.

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

IMAGINATION LIBRARY - THROUGH THIS PROGRAM, SUMMIT COUNTY CHILDREN AGES

Name of the organization UNITED WAY OF SUMMIT COUNTY	Employer identification number 34-1169257
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BIRTH TO FIVE YEARS ARE ELIGIBLE TO RECEIVE FREE BOOKS. EACH MONTH, A BRAND NEW, AGE APPROPRIATE BOOK IS MAILED TO EVERY CHILD ENROLLED. WITH THE ARRIVAL OF THE FIRST BOOK, THE CLASSIC "THE LITTLE ENGINE THAT COULD," CHILDREN BEGIN TO EXPERIENCE THE JOY OF FINDING THEIR VERY OWN BOOK IN THEIR MAILBOXES. THESE MOMENTS CONTINUE EACH MONTH UNTIL THE CHILD TURNS FIVE, WHEN THE LAST BOOK THEY RECEIVE IS "LOOK OUT KINDERGARTEN, HERE I COME." DURING THIS FISCAL YEAR, 157,010 BOOKS WERE MAILED TO ENROLLED CHILDREN IN SUMMIT COUNTY.

EXPENSES \$ 297,447. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

BRIDGES SUMMIT COUNTY - BRIDGES SUMMIT COUNTY IS AN INITIATIVE THAT PROVIDES A FRAMEWORK TO HELP EMPLOYERS, COMMUNITY ORGANIZATIONS, SOCIAL SERVICE AGENCIES AND INDIVIDUALS LEARN HOW TO EFFECTIVELY REACH AND SUPPORT ADULTS AND FAMILIES WHO ARE STRIVING TO GO FROM FINANCIAL DEPENDENCE TO INDEPENDENCE. OUR GOAL IS FOR SUMMIT COUNTY TO BECOME A PLACE WHERE ALL SECTORS COME TOGETHER TO STABILIZE OUR COMMUNITY. THIS REQUIRES INDIVIDUALS, BUSINESSES, COURTS, SOCIAL SERVICE AGENCIES, FAITH-BASED, EDUCATIONAL, AND HEALTH CARE ORGANIZATIONS TO IMPLEMENT BRIDGES SUMMIT COUNTY IN THEIR OWN SETTINGS. THIS WORK IS ALREADY TAKING SHAPE ACROSS OUR COMMUNITY. DURING THIS FISCAL YEAR, 658 PEOPLE ATTENDED BRIDGES WORKSHOPS TO LEARN HOW TO SUPPORT THESE POPULATIONS IN OUR COMMUNITY.

EXPENSES \$ 125,094. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

GETTING AHEAD - GETTING AHEAD CLASSES PROVIDE SKILLS AND RESOURCES TO PEOPLE WORKING TO GAIN FINANCIAL INDEPENDENCE. ON AVERAGE, THOSE WHO COMPLETE THE 16-WEEK COURSE, WHICH MEETS TWICE A WEEK, HAVE LOWER UNEMPLOYMENT RATES AND GO ON TO EARN SIGNIFICANTLY HIGHER INCOMES.

Name of the organization UNITED WAY OF SUMMIT COUNTY	Employer identification number 34-1169257
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DURING THIS FISCAL YEAR, 101 INDIVIDUALS COMPLETED THE COURSE AND GRADUATED FROM THE PROGRAM. UNITED WAY OF SUMMIT COUNTY DISCONTINUED THE GETTING AHEAD PROGRAM IN AUGUST 2017 TO REDIRECT THE WORK OF GETTING AHEAD INTO THE MORE ROBUST PROGRAMMING TAKING PLACE IN OUR FINANCIAL EMPOWERMENT CENTERS.

EXPENSES \$ 90,016. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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. UNITED WAY OF SUMMIT COUNTY IS PART OF THIS NATIONAL MOVEMENT LIAISING WITH NATIONAL BANKING, REGULATORY, AND NONPROFIT ORGANIZATION PARTNERS TO EXPAND BANKING ACCESS AND CONNECT IT TO MUNICIPAL ENTITIES AND SERVICES. BANK ON FOCUSES ON UNBANKED FAMILIES THAT HAVE NEITHER A CHECKING NOR SAVINGS ACCOUNT. THROUGH THE ESTABLISHED BANK ON COALITION, UNITED WAY OF SUMMIT COUNTY FOCUSES ON ASSET MAPPING, GROWING MEMBERSHIP, DEVELOPING PRODUCTS, MARKETING TOOLS AND DATA.

EXPENSES \$ 74,960. 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

Name of the organization

UNITED WAY OF SUMMIT COUNTY

Employer identification number

34-1169257

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.

EXPENSES \$ 72,453. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

VISTA - SINCE ITS FOUNDING MORE THAN 50 YEARS AGO, THE AMERICORPS VISTA (VOLUNTEERS IN SERVICE TO AMERICA) PROGRAM HAS ENGAGED THOUSANDS OF SKILLED, PASSIONATE INDIVIDUALS IN THE FIGHT TO END POVERTY IN AMERICA. THROUGHOUT A YEAR-LONG, FULL-TIME COMMITMENT, VISTA MEMBERS FOCUS THEIR EFFORTS ON BUILDING THE CAPACITIES OF ORGANIZATIONS THAT FIGHT ILLITERACY, IMPROVE HEALTH SERVICES, FOSTER ECONOMIC DEVELOPMENT, AND OTHERWISE ASSIST LOW-INCOME COMMUNITIES. UNITED WAY OF SUMMIT COUNTY CHANNELS THE PASSION AND TALENTS OF THESE DEDICATED VOLUNTEERS INTO CONCERTED, LASTING COMMUNITY IMPACT. VISTAS ADVANCE UNITED WAY'S MISSION TO IMPROVE EDUCATION, INCOME AND HEALTH IN SUMMIT COUNTY BY PROVIDING CRITICAL SUPPORT TO UNITED WAY PROGRAMS AND INITIATIVES. THIS FISCAL YEAR, 15 UNITED WAY-SPONSORED VISTAS HAVE CONTRIBUTED THOUSANDS OF HOURS OF SERVICE TO THE SUMMIT COUNTY COMMUNITY

EXPENSES \$ 65,900. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

VOLUNTARY INCOME TAX ASSISTANCE - THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM OFFERS FREE TAX HELP TO PEOPLE WHO GENERALLY MAKE \$60,000 OR LESS, 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

Name of the organization

UNITED WAY OF SUMMIT COUNTY

Employer identification number

34-1169257

FISCAL YEAR, UNITED WAY OF SUMMIT COUNTY COMPLETED 894 TAX RETURNS

TOTALING \$1,271,569 IN FEDERAL AND STATE REFUNDS FOR RESIDENTS OF

SUMMIT COUNTY.

EXPENSES \$ 47,508. 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.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS DETERMINED BY OUR ADMINISTRATIVE COMMITTEE AND IS BASED ON



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

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

Department of the Treasury  
Internal Revenue Service

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

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

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

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

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

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>UNITED WAY OF SUMMIT COUNTY</b>	Employer identification number (EIN) or <b>34-1169257</b>
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. <b>37 NORTH HIGH STREET - SUITE A</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>AKRON, OH 44308</b>	

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 EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **FEBRUARY 15, 2019**, 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, 2017**, and ending **MAR 31, 2018**.

**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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

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